



SLEEPY TIMES

VOLUME 17, ISSUE 10 OCTOBER 2023



MESSAGE FROM THE CHAIRMAN: COMPREHENSIVE DIVISION CHIEF

-SCOTT T. REEVES, MD, MBA



Recently, I had the pleasure to announce that Dr. Julie McSwain has been appointed as the Comprehensive Division Chief. The Comprehensive Division is our largest faculty division and encompasses a wide variety of case mixes. Dr. McSwain will be responsible for the division’s faculty development, research initiatives, mentoring and deployment. I am looking forward to welcoming her input into the faculty leadership team.

Dr. Julie McSwain graduated from the University of North Carolina-Chapel Hill medical school in a dual MD/MPH program in 2004, and completed her anesthesiology residency at University of North Carolina-Chapel Hill in 2008. After working for a year as an attending at UNC, she then came to MUSC in 2009. As one of 6 inaugural members of the Comprehensive Division in 2010 (called the General Team at the time), she has watched the division not only triple in size, but exponentially grow in scope of practice over the past 13 years. She is extremely proud to be a part of this immensely talented team and honored to take over the role of Division Chief. She would like to especially thank Dr. Tod Brown for his mentorship and dedication as division chief for the past several years.



Inside This Issue:

Opening Statement	1
Chronic Pain Fellowship Approved	2
Expansion of CT Fellowship	2
CoM Resident of the Month	3
Welcome to the Department	4
APP Week	5
New SJCH CRNA Manager	5
Employee Recognition	6
NC/SC/TN Annual Meeting	7
Research Corner	8-9
MUSC Progress Notes	10-12
New Anesthesia Record Linking for Transition from Epidural to C-Section Procedures	13
T+L Named CHS #1	14
Flu Shot Info	15
Grand Rounds	16
I Hung the Moon	17

CHRONIC PAIN FELLOWSHIP APPROVED BY MERON SELASSIE, MD

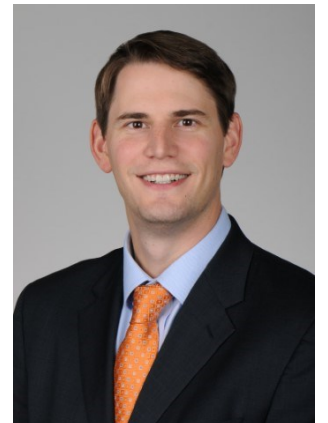
We are excited to share that ACGME has approved a multidisciplinary pain fellowship at MUSC. We would like to thank Dr. Reeves, Dr. Guldan, and our education office for their guidance and support through this process. Our 12-month fellowship is available to two graduates from accredited Anesthesiology, Physical Medicine and Rehabilitation, or Neurology residency programs. Dr. Selassie will serve as the Program Director. To be considered a multidisciplinary fellowship, our core faculty are comprised of four specialties of medicine: PM&R, Psychiatry, Neurology and Anesthesiology with additional faculty in Palliative Care, Sports Medicine and Neuroradiology. We are excited about collaborating with these specialties as they offer clinical experiences in acute, chronic and cancer pain in a variety of clinical settings and populations to maximize the educational impact of the fellowship year. Furthermore, we believe this multidisciplinary teamwork will ultimately benefit the patients we serve.



Our mission is to train compassionate and proficient future pain medicine physicians for successful careers that deliver high quality, patient-centered care and nurture a spirit of inquiry that advances our specialty. We are developing didactics, journal clubs and educational materials that broadly cover pain medicine boards topics. Our clinical rotations provide opportunities to learn foundational surgical and procedural skills and training in advanced interventional pain procedures. Additionally, fellows will have protected research time as well as opportunities to present QI projects or additional research at regional pain conferences. We will review qualified applicants outside of the match for the 2024-2025 fellowship year with plans to enter the match in the next cycle.

EXPANSION OF CARDIAC ANESTHESIOLOGY FELLOWSHIP APPROVED BY GEORGE WHITENER, MD

I am pleased to announce that the Adult Cardiothoracic Anesthesiology Fellowship received approval from the ACGME for expansion from 2 to 3 fellows. We have already recruited and received a commitment for a 3rd fellow to fill our new spot starting the summer of 2024. They will be joining two outstanding candidates who matched with us during the last interview cycle. The CT surgical volume continues to grow especially in transplantation, heart failure, and structural heart procedures. Adding a 3rd fellow will be a welcome addition to our program from a clinical standpoint and allow our fellows to better balance academic and educational opportunities. Thanks to all who help make our fellowship a strong one.



AUGUST 2023 COM RESIDENT OF THE MONTH—AUSTIN HOGAN, MD



College of Medicine

Weekly Update
September 19, 2023



[« Back to cover page](#)

Resident of the Month

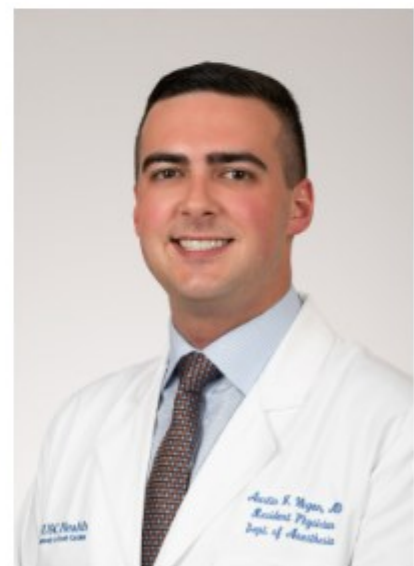
Austin J. Hogan, M.D., PGY2 in Anesthesia, has been chosen GME Resident of the Month for August, 2023. He had multiple nominations. Below are highlights from some of the comments:

"Austin was always available for PACU staff when needed. He rounded on all patients. He also went around and spoke with staff, forming relationships and trust. He took our concerns and recommendations into account. He had great bedside manner and made patients feel comfortable. He took time to teach us when appropriate. We all miss him in PACU."

"Austin Hogan is an exemplary employee of MUSC. He sets the bar with his professionalism, encouragement for teamwork, and respect for all interdisciplinary team members. He frequently checks in with his patients and nurses to see if he can lend a helping hand and make sure everyone is comfortable. His friendly demeanor is comforting and makes for a more positive and inclusive work environment. MUSC is lucky to have him as a representation of their residency program."

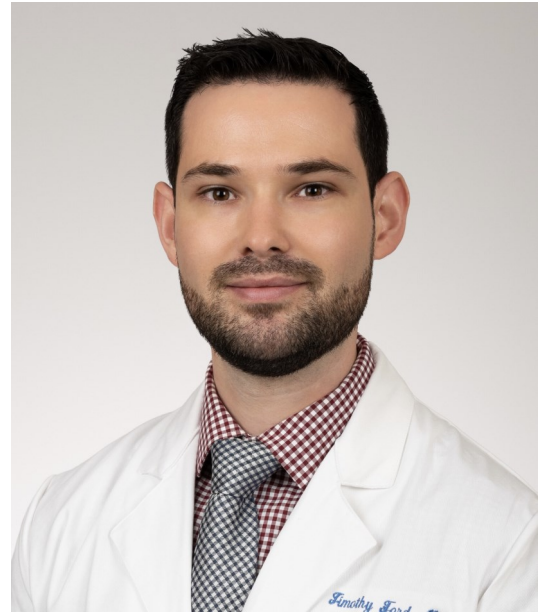
"Dr. Hogan was always one step ahead of everything. Very attentive and kind."

Congratulations, Dr. Hogan, and thank you for all you do on behalf of our students and patients!



WELCOME TO THE DEPARTMENT

I have lived all over the country, but Madison, Wisconsin is home and where most of my family still resides. I attended the University of Wisconsin for undergraduate and subsequently attended medical school at Georgetown University. I then, returned home to complete residency training at the University of Wisconsin. My twin brother and his wife moved to South Carolina approximately eight years ago and their love for South Carolina prompted my investigation into MUSC as a possible institution for fellowship and ultimately brought me here for my Anesthesiology Critical Care Medicine Fellowship. I am excited and honored to join the faculty here at MUSC with the Critical Care Division. My clinical interests include clinical informatics and the utilization of machine learning and artificial intelligence as an additional tool in our clinical toolbox to augment clinical decision making perioperatively and in the intensive care unit. I enjoy the beach, cycling, music, and spending time with my family - my wife and I are expecting our first child towards the end of November!



Tim Ford, MD



Lexi Schorg, Research Assistant

My name is Lexi Schorg, and I recently joined the Department of Anesthesia and Perioperative Medicine Research Program as a Research Assistant. I am originally from Omaha, Nebraska. I recently graduated from Creighton University this past May with a degree in Biology and Spanish. During my time at Creighton, I was involved in Creighton's Presidential Scholars Program as well as clinical research at the University of Nebraska Medical Center. I'm excited to be a part of the Department of Anesthesia Research Program.

ADVANCED PRACTICE PROVIDER WEEK; SEPTEMBER 25-29, 2023

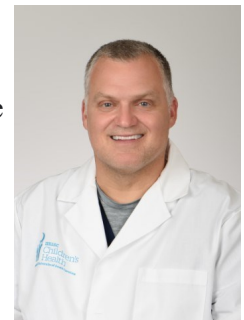
This Advanced Practice Provider week we celebrate ourselves and the contribution we provide to patients and wellness. Through our education, training, and experience we provide an unparalleled degree of care. I hope we have had time to reflect on our mission and service. Our mission, cause, and reasons are respectful and to be respected. Take this opportunity to celebrate yourself and the decision you made to be what we are.

Dr. Dennis McKenna - Director of Anesthesia Providers and Support Personnel



NEW PEDIATRIC CRNA MANAGER JOEY SEYMORE CRNA

October will present many changes to the Shawn Jenkins CRNA practice. After many years of exemplary leadership, Tammy Lamont, MHS, CRNA will be stepping down as CRNA Manager of the practice. She will transition to a position at the Summey Medical Pavilion, a practice she helped establish. Although she has greatly enjoyed the challenge of leadership, she looks forward to returning to the daily rewards of a clinical practice. Tammy has been in practice here since 1996. She has held various clinical positions in the University Hospital prior to the opening of the Rutledge Tower unit. Prior to her transition to Manager of SJ practice, she was the CRNA Manager of Rutledge Tower. We are pleased to announce Tammy will be succeeded in the manager's position by Joey Seymour.



Joey has been in practice with MUHA for 16 years. He obtained his Master of Science in Nurse Anesthesia (MSNA) from the University of Tennessee in 2007. He has experience from University Hospital, Rutledge Tower, and Shawn Jenkins. He and his wife, Amy, reside in Mount Pleasant with their four children: Caroline (21) who attends College of Charleston, Max (19) a sophomore at Clemson, Olivia (16) and Gracie (14). They also have an exchange student, Marta, from Spain. In his free time, you will find Joey on the sidelines of their soccer and lacrosse games. His favorite pastime involves working on automobiles.

GREAT JOB!

William T. Basco, MD, MSCR
Professor of Pediatrics
Director, Division of General Pediatrics
Department of Pediatrics
135 Rutledge Avenue, MSC 561
Charleston, SC 29425
(843) 876-8512 Ph
(843) 876-8907 Fax
MUSCkids.org

September 14, 2023

Scott T Reeves, MD
Professor and Chair,
Department of Anesthesia and Perioperative Medicine
Medical University of South Carolina

Dear Scott,

I want to recognize two of the CRNAs with whom I have worked on two consecutive Wednesday evenings, September 6 and 13, 2023. Ms Kelly Stamper and Ms Leslie Sykes were outstanding to work with, and they helped both us and two families deliver and receive ideal care, respectively.

In both cases, patients were undergoing sedated imaging, and the CRNAs and anesthesia staff agreed to keep the patients in the MRI holding room to allow us to do sedated lumbar punctures after imaging. Ms Stamper and Ms Sykes were supportive, professional, and most importantly very patient as I talked trainees through these LPs. Having the opportunity to do these procedures in a controlled environment allowed us to quickly obtain and send important studies for these patients.

I hope that I thanked them enough on both evenings, but I wanted to express my appreciation to them and let you and Dr Sabbagh know that it was a pleasure to get to work with them.

W. BASCO, M.D.

William T Basco, Jr. MD, MS
Professor and Director, Division of General Pediatrics
Associate Dean for Continuing Medical Education
Medical University of South Carolina

CC: Michael Sabbagh; Mark Scheurer; Scott Russell

CONGRATS ELIZABETH MORRISON!

Congratulations to our Education Manager, Elizabeth Morrison, for passing The National Boards for Certification of Training Administrators of Graduate Medical Education. TAGME establishes standards for the profession, to acknowledge the expertise needed to successfully manage GME programs, and to recognize those training administrators who have achieved competence in all areas related to their profession. Way to go Elizabeth!



**SOUTH CAROLINA/NORTH CAROLINA/ TENNESSEE ANNUAL MEETING BY
SCOTT REEVES, MD**

GJ, Joel and I had the opportunity to host our CA1's at the annual meeting of the NC/SC/TN societies in Asheville, North Carolina. It was a fun and relaxing weekend for all of us. This annual event with the CA1's is the only time they are all together officially outside of work. They are a nice-looking group.



The North Carolina, South Carolina and Tennessee
Societies of Anesthesiologists present

CAROLINAS & TENNESSEE ANESTHESIOLOGY

2023

EXCELLENCE IN ANESTHESIA

September 15-17, 2023
GROVE PARK INN • ASHEVILLE, NC

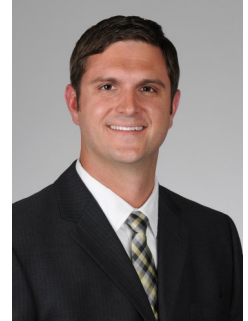
RESEARCH CORNER

Acute Pain Medicine

■ SPECIAL ARTICLE

Practice Advisory for Preoperative and Intraoperative Pain Management of Thoracic Surgical Patients: Part 1

Benu Makkad, MBBS, MD,* Timothy Lee Heinke, MD,† Raiyah Sherifdeen, MD,‡ Diana Khatib, MD,§ Jessica Louise Brodt, MD,|| Marie-Louise Meng, MD,¶ Michael Conrad Grant, MD,# Bessie Kachulis, MD,** Wanda Maria Popescu MD,†† Christopher L. Wu, MD,‡‡ and Bruce Allen Bollen, MD§§



Tim Heinke, MD

Pain after thoracic surgery is of moderate-to-severe intensity and can cause increased postoperative distress and affect functional recovery. Opioids have been central agents in treating pain after thoracic surgery for decades. The use of multimodal analgesic strategies can promote effective postoperative pain control and help mitigate opioid exposure, thus preventing the risk of developing persistent postoperative pain. This practice advisory is part of a series developed by the Society of Cardiovascular Anesthesiologists (SCA) Quality, Safety, and Leadership (QSL) Committee's Opioid Working Group. It is a systematic review of existing literature for various interventions related to the preoperative and intraoperative pain management of thoracic surgical patients and provides recommendations for providers caring for patients undergoing thoracic surgery. This entails developing customized pain management strategies for patients, which includes preoperative patient evaluation, pain management, and opioid use-focused education as well as perioperative use of multimodal analgesics and regional techniques for various thoracic surgical procedures. The literature related to this field is emerging and will hopefully provide more information on ways to improve clinically relevant patient outcomes and promote recovery in the future. (Anesth Analg 2023;XXX:00–00)

Original Article

Normalizing Arterial Blood Pressure in Patients with Aortic Stenosis Does Not Prevent Grading Discrepancies Between Pre-Cardiopulmonary Bypass Transesophageal Echocardiography and Transthoracic Echocardiography

George B. Whitener, Bethany J. Wolf¹, Loren R. Francis, Tim L. Heinke, Jared S. McKinnon, George J. Guldán

Departments of Anesthesia and Perioperative Medicine and ¹Public Health Sciences, Medical University of South Carolina, Charleston, SC, United States



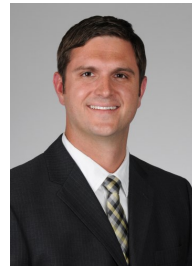
George Whitener, MD



Bethany Wolf, PhD



Loren Francis, MD



Tim Heinke, MD



Jared McKinnon, MD



GJ Guldán, MD

RESEARCH CORNER


 RAPID Response

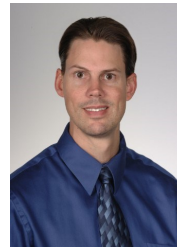
Unusual Cause of Endotracheal Tube Cuff Inflation Failure

August 18, 2023

Christopher L. Heine, MD, MBA; Cory M. Furse, MD, MPH, FAAP



Chris Heine, MD



Cory Furse, MD

› Int J Obstet Anesth. 2023 Aug 3;103917. doi: 10.1016/j.ijoa.2023.103917. Online ahead of print.

Role of cosyntropin in the management of postpartum post-dural puncture headache: a two-center retrospective cohort study

C Pancaro ¹, K Balonov ², K Herbert ², N Shah ², S Segal ², R Cassidy ², M C Engoren ², V Manica ², A S Habib ²

Affiliations + expand

PMID: 37625985 DOI: 10.1016/j.ijoa.2023.103917



Katie Hatter, MD

Particulate Gastric Contents in Patients Prescribed Glucagon-Like Peptide 1 Receptor Agonists After Appropriate Perioperative Fasting: A Report of 2 Cases

Phillip Ryan Wilson ¹, Kathryn H Bridges, Sylvia H Wilson



Ryan Wilson, MD



Katie Bridges, MD



Sylvia Wilson, MD

MUSC PROGRESS NOTES: LESS PAIN FOR MARROW DONORS

With radically improved pain control, bone marrow donors can gift stem cells without worry of undue pain or opioid use



Nicole McCoy, M.D., uses a needle to perform a QL block on her patient prior to bone marrow harvesting. Credit: Brennan Wesley

by **Shawn Oberrath**

Sharing gifts is a favorite way to sustain connection across peoples and cultures worldwide, but with bone marrow donation the gift-giving act is accompanied by uncomfortable side effects to the donor, making it a truly selfless expression of kindness. Recognizing this good will and wanting to improve the donor experience, [Nicole McCoy, M.D.](#), an anesthesiologist at MUSC, started looking for a new way to manage pain during and after the harvest procedure.

MUSC PROGRESS NOTES: LESS PAIN FOR MARROW DONORS

In a recent [article](#) published in *Frontiers in Medicine*, she and her colleagues describe a pain control method that has revolutionized the experience for donors and slashed the need for opioids.

“We were able to really decrease the amount of IV pain medicine we gave in the operation as well as IV and oral pain medicine that we gave in the recovery room,” McCoy said. “And it came down to almost zero.”

Bone marrow transplant can be a lifesaver for patients with cancers like leukemia or lymphoma or for people with certain blood or immune system diseases, but it still relies on collection of stem cells from the patient or a donor, either related or unrelated. And while stem cells can be collected from the blood or the bone marrow, oncologists may prefer the bone marrow option because it decreases the risk of a dangerous complication called graft-versus-host disease.

McCoy and her colleagues believed that improved pain management would mean a better experience for donors and might lead to more willingness to donate among other people who were previously fearful of the pain.

This fear was not unwarranted before, as the donation process could indeed cause significant pain. Bone marrow is harvested by targeting the richest area for bone marrow in the body: the back portion of the pelvic region or hip bones. A physician inserts a needle through the skin and then into the bone to harvest the bone marrow, which is full of stem cells and red blood cells. But to gather enough stem cells, the needle must pull from different locations in the bone, requiring up to 50 punctures on each side.

In their study, McCoy and her team took a regional anesthesia technique called a quadratus lumborum block, or QL block, and applied it to their bone marrow harvest procedure. Before patients underwent anesthesia for the donation procedure, an anesthesiologist performed the QL block by injecting an anesthetic into both sides of the lower back or rib area, using ultrasound to guide the needle to the correct location.

To use the technique for stem cell harvest, McCoy needed to determine if the medicine would reach the site of bone marrow collection, the posterior iliac crest, as this had not been documented before. But with reports of adequate coverage in a nearby area for lumbar laminectomy, she believed that the medication’s effects would extend far enough.

She and her team carefully chose their first patient and mapped out a pilot procedure that would use the QL block for pain management as well as a multipronged approach to IV medication, and they had a full pain rescue plan in case it was needed.

“She ended up doing great,” said McCoy. “The QL block worked so well that none of the contingency plans were ever needed.”

[Michelle Hudspeth, M.D.](#), the director of blood and marrow transplants at MUSC, worked with McCoy and her colleagues to develop the new pain protocol, and she attributes the success of the study to a strong collaborative spirit.

“As an oncologist and a transplant physician, I’m an expert on the harvest procedure, but I’m not in the OR every day,” Hudspeth said. “And the people who do work in the OR every day, they’re the experts in that environment. So, we’ve got to work together, and at the end of the day, it’s the patients who benefit.”

MUSC PROGRESS NOTES: LESS PAIN FOR MARROW DONORS

McCoy and her team refined and trialed their method on 13 patients, and they used data from 19 previous donors who had undergone standard anesthetic practices for comparison. They monitored vital signs during the donation procedure and kept track of opioid use between the two patient populations.

The decrease in opioid use was dramatic: among the 13 patients who underwent the new protocol, only three needed any opioid medication at all. And even for those three the usage levels were significantly lower than the levels seen with the previous protocol. Overall, the number of patients who received any opioids decreased from 84% to 23%.

McCoy also saw marked changes while patients were under anesthesia. As an anesthesiologist, McCoy monitors patients during the harvest procedure, and she looks for large spikes in the heart rate or blood pressure that indicate pain and the need for further medication even though the patient is asleep. But with the new procedure incorporating the QL block, she no longer saw spikes in vital signs.

“We saw a decrease in the need for narcotics or opioids during the procedure because we simply didn't see the heart rate spikes and blood pressure spikes anymore,” said McCoy. “It's very obvious that the patients are stable and there is good pain control while they're having their procedure done.”

And patients were much more comfortable in the recovery room and at home in the day or two after the procedure. The effects of the QL block last 24 to 48 hours, so the acute pain from the procedure was managed well even after patients left the hospital. And almost no patients needed to take opioid pain relievers during their recovery. Stacey Warneke is a nurse coordinator at MUSC who educates and informs donors before the procedure and follows up with them after the procedure. She said that the difference in her patients has been like night and day.

“This has really changed the way that I educate donors,” Warneke said. “Any time we recruit new donors, whether they are related to patients or signing up for the unrelated registry, the first thing they always ask is, ‘Doesn't this hurt a lot?’ And now I can say to them, ‘Well, it used to, but we've changed a lot of things and it's gotten a lot better over the years.’”

She also saw a dramatic difference during follow-up. Before the QL block was implemented, donors were feeling a lot of pain in the days following the procedure.

“It was all they could focus on, and they would call for more prescriptions for pain medications,” Warneke said. “Now we give very few pain pills, and they end up typically not even taking them.”

Warneke hasn't had anyone request an opioid refill since the beginning of the new protocol, and many of her patients tell her that they would donate again. With pain control providing such a respite to bone marrow donors, Hudspeth has high hopes for the future of the field.

“What we really hope is that this will change the way that we manage and take care of donors throughout the United States,” she said. “For me, bone marrow donation signifies the very best of humanity, so to be able to elevate that patient experience is incredibly rewarding.”

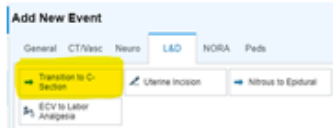
“It's huge,” said McCoy. “We can help people who are recruiting donors and people already on a donor registry by letting them have very few side effects to a procedure that really has no benefit to themselves except knowing that they have done a kind thing for someone else.”

NEW ANESTHESIA RECORD LINKING FOR TRANSITION FROM EPIDURAL TO C-SECTION PROCEDURES

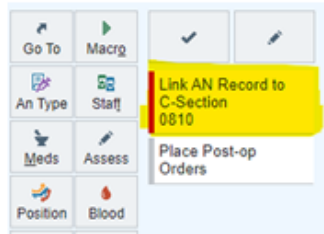
WHO: L&D Anesthesia Providers documenting transition from Epidural to C-Section all locations

WHEN: Monday, September 18, 2023

WHY: Enable a way for anesthesia providers to easily link the transition from Epidural to C-Section records



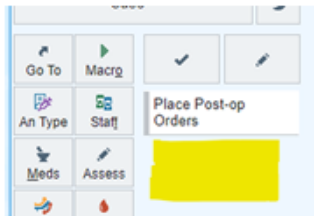
When anesthesia is providing a Labor Epidural for an OB patient that transitions to a C-Section, you will now be guided and enabled to link the anesthesia encounter to the C-Section case after selecting the "Transition to C-Section" event.



Once the "Transition to C-Section" event has been started, the anesthesia provider will see a reminder pop up that will prompt them to "LINK AN RECORD TO C-SECTION" as highlighted below.



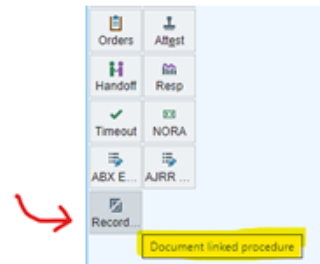
If you hover on the reminder "LINK AN RECORD TO C-SECTION", you will see the option to "Jump to Record Linker" or "Delete".



If you choose "Delete" the reminder will disappear.



If you click "Jump to Record Linker" AND the case for the C-Section has been created (if the C-Section case hasn't been created, you will not see the C-Section procedure option), the window will open for you to "link" your Epidural to C-Section and attach your anesthesia record to the C-Section by clicking the correct (C-Section) procedure "box" and Save & Refresh Workspace at the bottom of the window.



In addition, if you had clicked "Delete" when you initially got the reminder because a C-Section case had not yet been created, you have a new "Record" icon that you can also use to link your anesthesia encounter. If you "hover" over the "Record" icon it shows "Document linked procedure". If you click this icon, it will open the ATTACHED PROCEDURES and allow you to link the correct procedure as in the above screenshot.

THIS SOUTH CAROLINA DESTINATION WAS JUST NAMED THE NO. 1 CITY IN THE U.S. BY TRAVEL+LEISURE READERS — HERE'S WHY

Charleston, South Carolina, has once again charmed *Travel + Leisure* readers, winning the top spot in the [2023 World's Best Awards'](#) favorite cities in the U.S. category for the 11th year in a row. Last year, the South Carolina city earned a coveted spot in the [WBA Hall of Fame](#).

Readers especially loved Charleston's thriving culinary scene and easy walkability, all doused with Southern charm. The dining scene, of course, spotlights Southern cuisine, with fried green tomatoes, shrimp and grits, hush puppies, and she-crab soup as staples. [Charleston's must-try dishes](#) include the okra soup at [Bertha's Kitchen](#); biscuits from [Callie's Hot Little Biscuits](#); deviled crabs from [Dave's Carry-Out](#); and crab rice from [Hannibal's Soul Kitchen](#).



The restaurant hype continues to surge with several new openings in the last few years, like [Bevi Bene Brewing](#); [Sorelle](#), which just opened in February 2023 with a wine room and a pizza counter; and [Raw Lab](#), an omakase-style raw bar. Perhaps the biggest restaurant news of this year is the opening of Filipino restaurant [Kultura](#), by *Chopped* champion [Nikko Cagalahan](#), which just started welcoming diners this month.

Other additions to the Charleston culture scene include the long-awaited [International African American Museum](#) in June 2023. The luxury offerings are also on the rise, with a new [Soho House](#) coming in next year.

The new hot spots add a fresh perspective to a city steeped in history — another aspect that resonated with T+L readers. [Fort Sumter National Monument](#); [Historic Charleston City Market](#); [Patriots Point Naval & Maritime Museum](#); [Magnolia Plantation and Gardens](#); [Boone Hall Plantation & Gardens](#); and Rainbow Row all offer a look into Charleston's past. [The Charleston Heritage Federation](#) preserves its history through centuries-old homes and museums, while the [Historic Charleston Foundation](#) holds an annual [Festival of Houses and Gardens](#) in the spring for an inside look at some the nation's most beautiful homes.

NEW BABY IN THE DEPARTMENT!



Carey and Emily Brewbaker welcomed Lewis Graham on September 15th! Congrats!



FLU SHOT INFORMATION

All MUHA / MCP / MUSCP care team members are required to have the influenza vaccine, or have completed a declination, by **midnight December 6, 2023**. There is no recommended wait time between getting a COVID-19 vaccine and your flu vaccine.

Get your Flu Shot!



Site	Location	Days	Time
MUSC Outpt Clinics	View list of locations	Beginning 9/6	Check availability in MyChart
Employee Health Svcs	57 Bee St	Beginning 9/6	Walk-Ins from 7:30 a.m. – 3:30 p.m.
Rutledge Tower Vaccine Clinic	RT first fl (old Sinus Center rm 184)	Beginning 10/3 Tues & Thurs	9 a.m. – 3 p.m.
Lobby Events	SJCH, UH, and ART	10/30 - 11/2	7:30 a.m. - 4 p.m.
Mobile Unit-Based Rounding	See schedule	10/10 - 10/25	See schedule
22 Westedge	rm 202B	10/2	noon - 4 p.m.
for Students	Student Health Svcs (843-792-3664)	Beginning 9/6	Walk-ins

GRAND ROUNDS- OCTOBER 2023



“From Cadavers to AI: Bridging Traditional and Digital in Regional Anesthesia Education”

Monika Nanda, MBBS, Professor

October 3, 2023

**Dept. of Anesthesiology
University of North Carolina—Chapel Hill**



“TBD ”

Tara Kelly, MD, Assistant Professor

October 10, 2023

**Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**



“Approaches to the paravertebral block ”

Brenden Moore, MD, Regional Fellow

Derek Shirey, MD, Regional Fellow

October 17, 2023

**Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**



“Spinal Vs General anesthesia for hip fractures ”

Melissa Mahajan, MD, Regional Fellow

Peter Schnaak, MD, Regional Fellow

October 24, 2023

**Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**



**“Practical Tips for Regional Anesthesia Educa-
tion ”**

Brian Allen, MD, Associate Professor

October 31, 2023

**Dept. of Anesthesiology
Vanderbilt University**

DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

Email: hameedi@musc.edu
Phone: 843-792-9369
Fax: 843-792-9314



I HUNG THE MOON

Please 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

[CHECK OUT OUR WEBSITE](#)

Future Events/Lectures

Intern Lecture Series

CA 1 Lecture Series

10/4—Spinal, Epidural & Caudal Blocks—Andrew Klein

10/11—Anesthesia for Patients with Cardiovascular Disease—Toby Steinberg

10/18—Inhalation Anesthetics—Rob Bowen

10/25—Cardiovascular Physiology & Anesthesia—Hannah Bell

CA 2/3 Lecture Series

Per Rotations

Loren Francis is a calm and steady rockstar who can make lemonade out of any lemons—Jodi Weber, CRNA

Brad Miller—Brad was super helpful with a sick MSICU patient with transport and care of the patient at 4am when he had already worked all night. His expertise and knowledge was appreciated! He advocated for a patient too sick to care for himself—Heather Childress, CRNA

Bronson Kirven—Bronson is always willing and ready to help—with a smith on his face! He is a go-getter and an awesome asset to our ART team. Thanks for your hard work and positive attitude! - Heather Childress, CRNA

Lloyd Lomigo—Lloyd is so organized, attentive to detail and anesthesia needs and a great support during cases. He is a vital part to our anesthesia group. We are so thankful he is a part of the team! - Heather Childress, CRNA

Amy Frattaroli—Offering to cover a weekend 24 that was difficult to cover. Thanks! - Jennifer Jones, CRNA

Alena Hillman—Covering a last minute late shift due to a callout. Thanks! - Jennifer Jones, CRNA



Follow us on Facebook, Instagram, and Twitter:



Follow @MUSC_Anesthesia



Department Holiday Party
Saturday, December 9th, 2023
Carolina Yacht Club

[ONE MUSC 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, 2023.