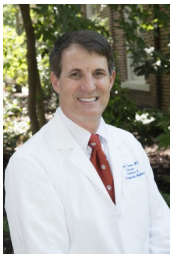
DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

SLEEPY TIMES

VOLUME 12, ISSUE 4 APRIL 2018

Inside This Issue:

MESSAGE FROM THE CHAIRMAN: IMPROVE YOUR COMMUNICATION SKILLS



-SCOTT T. REEVES, MD, MBA

I am constantly thinking of topics for my monthly *Sleepy Times* opening statements. Occasionally, I get lucky as happened this month when I came across the Improve@MUSC quarterly newsletter outside of the cafeteria.

In the latest edition, quick tips are given regarding how to improve one's communication skills. These are valuable pointers whether we are in the operating room with our surgeons, interacting with each other, or at home with our families.

1. Watch your body language! Our nonverbal clues frequently reveal what we are actually thinking. For example: saying we are listening but constantly checking our cell phones. Ouch!
2. Ask questions and restate. Asking questions and repeating the other person's last few words shows you are interested in what they are saying. It also allows time to make sure that you are understanding the context of the discussion.
3. Tailor your message to your audience and try to keep the other person's background and perspective in mind when trying to get across your message. We have different approaches for talking with our children, our spouses, or our supervisors.
4. Up your empathy. If you practice taking the opposing viewpoint, you can start to understand even the unspoken parts of your communication.
5. **Listen, Really Listen.** I bolded this one because I agree this is the best thing we can do to improve our communication skills: pay attention. Let the other person talk without interruption. There are 4 types of active listening:

    A. Empathetic
        i. Involves relationships
        ii. Shares feelings
        iii. Reflects the needs of others

    B. Comprehensive
        i. To understand the material presented
        ii. Recognize facts, ideas, and themes shared

    C. Critical
        i. To evaluate ideas
        ii. Develop judgments or opinions on what is shared

    D. Appreciated
        i. Listening for pleasure
        ii. Stimulates the mind and senses

MEET OUR NEWLY MATCHED INTERNS FOR 2018-2019

2018-2019 Anesthesiology Interns

Madison Aspiri
University of Virginia

Jerad Beall
University of North Texas Fort Worth

Drew Boehmer
University of North Texas Fort Worth

Taylor Carter
Louisiana State University

Eugene 'Tripp' Cicardo
Louisiana State University

Edward 'Dudley' Colhoun
MUSC

Dodson 'Hill' Felton
MUSC

Matthew Graves
Jagiellonian University

Kendall Headden
MUSC

Matthew Johnson
Alabama College of Osteopathic Medicine

James 'Jimmy' Kennis
MUSC

Matthew 'Matt' Kofoed
MUSC

Nicholas 'Jim' Papadea
University of South Carolina

Clay Stafford
University of South Carolina Greenville

Blake Winkles
MUSC

MEET THE NEW CHIEF RESIDENTS FOR 2018-2019

BY GJ GULDAN, M.D.

It is with great pleasure that I announce our newly elected Chief residents for the 2018-2019 year. Drs. Lee Cumbee, Kirsten Dahl, and Brooks Duff will be transitioning into their new roles in the upcoming month. I know they will do a fantastic job and will make a great team supporting our program. Also, please take a minute to thank our outgoing Chiefs who have done an amazing job this year. Drs. Feeman, Abro and Wilson will be a tough act to follow, and I will miss working with them.

Jasper Leland Cumbee IV was born and raised in Awendaw, SC. He attended Wando High School where he first became interested in medicine through a family friend. He then went to College of Charleston where he graduated in 2011 with a major in Biochemistry. He subsequently attended medical school at MUSC. His wife, Rebecca, is a Physician Assistant in the Urology Department at MUSC. Outside of residency he enjoys outdoor activities such as hunting, fishing, surfing and other water sports.

LEE CUMBEE, M.D.

Originally born in Florida, Kirsten spent the majority of her childhood growing up in Dallas, TX. She did undergrad at Baylor University in Waco, TX where she majored in Biology and minored in both Chemistry and Medical Humanities as well as competing on the Baylor Water Ski Team. Moving further south, she completed medical school at The University of Texas Health Science Center San Antonio where her love for Tex-Mex food truly developed. She has two younger brothers, one is a Navy helicopter pilot and the other works for a Public Relations and Marketing firm in Dallas. In her free time, she enjoys running outside, lounging at the beach with friends, and enjoying Charleston's awesome food scene.

KIRSTEN DAHL, M.D.

BROOKS DUFF, M.D.

Brooks was born and raised in Augusta, Georgia. He has two brothers, one older and one younger. His mom is a CPA and the bookkeeper for his high school, and his dad is a financial advisor who played professional baseball with the Mets organization when he was younger. Sports were a huge part of Brooks upbringing, with soccer occupying the majority of his free time. He played traveling soccer in Atlanta, as well as with the Olympic development team. He eventually landed a soccer scholarship to Furman University where he studied biochemistry and pre-med. He went back to Augusta for medical school at the Medical College of Georgia and eventually made it to MUSC for residency. In his free time, he loves to travel (he has been to almost all 50 states), play golf (requires much less running compared to soccer and it is acceptable to drink beer while playing), binge-watch Netflix (he has seen The Office at least 30 times all of the way through so don't challenge him in trivia), and eat/drink his way through Charleston.

2018 ECHO WEEK, SOCIETY OF CARDIOVASCULAR ANESTHESIOLOGISTS

The annual 2018 Echo Week for the Society of Cardiovascular Anesthesiologists (SCA) was held the last week in February in Atlanta, GA. Two of our department members, Drs. George Whitener and Tim Heinke were fortunate enough to attend. The meeting was an excellent opportunity for teaching and advancing perioperative echocardiography.

Dr. Whitener, who recently was awarded the Fellowship of the American Society of Echocardiography (FASE) designation, gave a lecture on "Hemodynamic Evaluation of Prosthetic Valves" and led a problem based learning discussion on "Moderate Aortic Stenosis." Dr. Whitener was excited to represent our department at Echo Week.

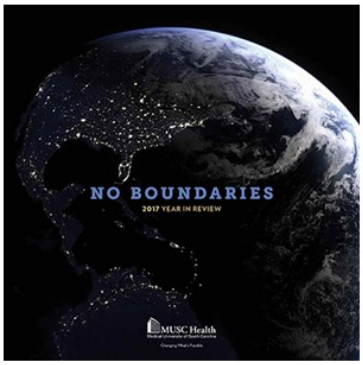
NO BOUNDARIES 2017 ANNUAL REPORT

Progressnotes eNewsletter:

No boundaries

Don't Miss the MUSC Health 2017 Year in Review

Please click the image to the right to access a digital copy of the *No Boundaries 2017 Annual Report* for MUSC.



MASS CASUALTY INCIDENT UPDATE

BY CORY FURSE, M.D.

Recently a multidisciplinary committee was formed within the department with the goal of establishing a plan for mass casualty incident (MCI) response.

A mass casualty incident is defined as any incident in which the number of casualties exceeds the local resources and capabilities of a healthcare system in a short period of time. The challenge is, therefore, to provide a structure that can be used to scale up healthcare delivery and availability of resources rapidly in order to provide access for what is usually an unknown number of patients.

Kathy Lehman-Huskamp, a pediatric emergency medicine physician, is the Director of Emergency Preparedness at MUSC and is responsible for our hospital-wide Emergency Operations plan. This plan has as its primary goal "treat as many victims of an MCI rapidly and efficiently using all resources and capability possible to prevent death and permanent disability". Depending on the size and type of event, the hospital plan includes communication with state and federal authorities for ongoing support. While this plan is modified as needed on a routine basis, the weekend of the Bridge Run (among other events) provides an opportunity to more closely examine the plan each year.

The departmental MCI committee has developed MCI leadership positions, leadership job sheets and supporting identification and communication protocols. Soon, these plans and tools will be located in an MCI tackle box and stored in a place that has yet to be determined. That way, when an MCI event is recognized a response structure can be put in place without delay.

In addition to establishing the structure as provided within the plan, an MCI page will go out to our departmental leaders, and members of the MCI committee.

MCI leadership positions: Once each of these positions is assigned, then the individual holding the position should remain in place with an open line of communication until another person replaces them after adequate handoff information and notification to others has occurred.

Anesthesiologist in Charge: If the event occurs during the daytime, then this will be the DOD on initial assignation. After hours, it will be the IHC person.

Upon notification of an event, the Bold 1, Bold 2, Liver Resident, and Peds CRNA will be asked to come into the hospital.

MCI leadership positions should be determined and associated vests/communication devices distributed.

Surgeons with cases currently underway will be notified and asked to expedite care and be prepared to abort surgery if it is needed and safe to do so. Other cases will be put on hold.

Number of trauma rooms set up for incoming cases should be increased from 1 to 4.

CRNA in Charge: If the event occurs during the daytime, then this will be the COD on initial assignation. After hours, it will be the 24hr CRNA.

After meeting as a group, the CRNA in Charge will help to ensure that 4 trauma rooms are set up, with hands-on staff at the ready for patient care.

Anesthesia Tech in Charge: To be assigned by the team after consultation with the techs on hand.

After meeting as a group, the Anesthesia Tech in Charge will assess equipment reserves, and assist with setting rooms up and helping to care for incoming patients.

PACU Nurse in Charge: PACU charge nurse

Initially the PACU Nurse in Charge will, along with the Anesthesia/PACU liaison, assess which patients, if any, currently in the PACU are eligible for expedited discharge to the floor or home. Then they can assess equipment and staffing resources in preparation for potentially taking care of patients who need medical care in monitored beds or patients that are coming out of the OR.

For the remainder of the MCI event, they will concentrate on equipment and staff resource management.

MASS CASUALTY INCIDENT UPDATE CONTINUED

BY CORY FURSE, M.D.

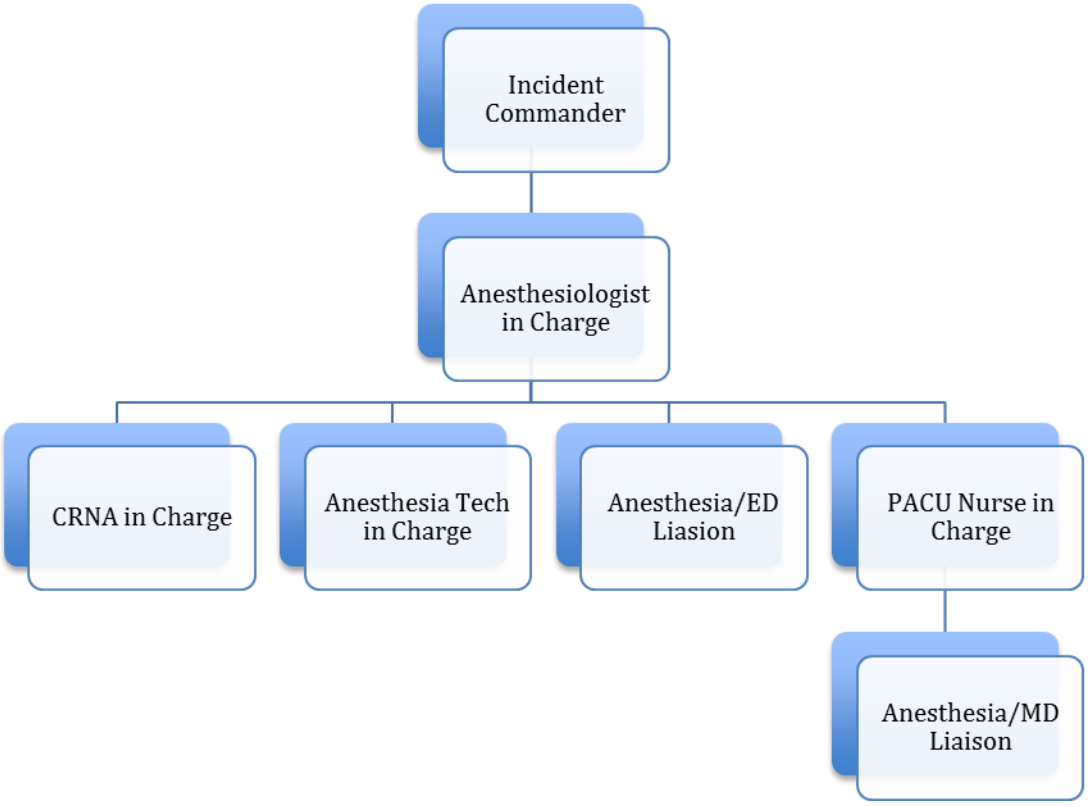
Anesthesia/PACU Liaison: Chief/Senior resident on call

After working with the PACU Nurse in Charge on their initial task, this CA-3 position with shift their focus toward working with individual nurses for direct patient care.

Anesthesia/ED Liaison: Senior resident or senior CRNA

This position will help to directly communicate the types and severity of patients that are coming into the ED in order to help determine the speed with which we should further escalate OR resources beyond our opening plan.

They will work directly with the surgical chief in the ED (Incident Commander), and could possibly assist with triage or short term medical care.



More detailed information can be found in the hospital's emergency operations plan:

https://www.musc.edu/medcenter/emergencyManagement/new/source/Forms-Plans/AnnexM_MassCasualtyIncident-MCI-17.pdf

Plans specific to the Bridge Run weekend will be sent via e-mail. For high visibility weekends, it is useful to notify individuals ahead of time as to their responsibilities in case of an event. This will also include information concerning alternate routes for transportation and communication.

MISSION TRIP TO NICARAGUA

Dr. Reeves,

I wanted to relay to you some details of the amazing once-in-a-lifetime trip to Nicaragua. The second I received the email about working in Nicaragua, I knew this was an incredible opportunity. I had no idea what to expect or if I would even be selected. Once I found out I was selected, I was worried how I should prepare for Nicaragua. I was unable to dwell on this with the ITE the day before departure.

It was nice to meet the Charleston contingency and more of the team in Atlanta. We had all the assorted medical professionals necessary for the completion and rehabilitation of joint replacements. We developed comradery almost immediately. As we flew over Managua, the sun had already set and the city was a sight to behold. There were giant, bright neon trees all around the city and a water park along the lake. We took a very interesting bus ride to Granada while eating pizza. The traffic and standard operating procedure for moving down the road was different; most traffic signals are taken as mere suggestions. Motorcycles, mopeds, and bicycles frequent the streets. The drivers use the car horns as a form of pleasant communication and after a week, you can understand the language of the car horns. The roads are tight, frequently not smooth, and the speed limit is higher than most people would feel comfortable driving. The trip along the countryside did not adequately prepare us for the experience of the streets of Granada. The streets were even smaller than the country roads and full of cars. We were all in awe of the bus driver's skills in navigating through gaps in cars with inches to spare, and parallel parking the bus. Dinner was the first of many meals which we ate together and were able to get to know each other. It was intriguing to see all the people selling wares on the street. Most of us purchased items and were impressed with the honesty and integrity of the Nicaraguan people. They would go out of their way to assure that we received proper change for our purchases at the agreed upon price.

We were pleasantly surprised with a boat trip on Lake Nicaragua prior to the bus trip to Estelí. We were also afforded the opportunity to feed some monkeys on an island. It was curious that the monkeys couldn't swim and were reliant on tourists' hand-outs. The monkeys were extremely well-fed, and this allowed them to be particular about what food they desired. In fact, on multiple occasions, monkeys took food from people's hands and threw it into the lake just to finally be offered what they desired to eat. That afternoon, we had a long bus ride up to Estelí and saw the countryside living conditions. Estelí is a very poor town outside of the tourist destinations. There are houses that outwardly seemed to rival those in Charleston, while others seemed to be precariously held together with sheet metals or tarps. The vast poverty of the Nicaraguan people started to hit home for us. Almost all constructed buildings have bars, gates, large padlocks, and razor wire fences.

We stopped at the hospital to unload supplies for Monday's cases. Surgeons were operating at the time of our visit that evening, and we had our first experience with the PACU and pre-op area. We prepared as best we could for the next day's cases. With the Nicaragua Anesthetist assistance, we were able to get the cases going in a reasonable amount of time. The available medications in the hospital varied from our own and dosing as well. Without a trusty OR Pharmacist, we had to prepare our own medications from the available supplies. The anatomy of the Nicaraguans proved to be quite challenging in placing spinals with the amount of scoliosis, kyphosis, and lordosis present. They were very patient with us and eagerly awaited their procedures. We were able to successfully place spinals in every patient. Most patients were able to have the entire procedure done under the spinal and block with minimal to no sedation and no propofol as it was not available. After the procedures, the patients expressed their genuine gratitude. It was extremely rewarding to witness postop day one patients ambulating with PT. We were able to get patients safely discharged on postop day one.

While we were traveling on an off day, we came across an 18 year old girl who needed a ride to Estelí. While assisting her with transport, she told me about being recently diagnosed with a sickness of her right eye and needing a surgery. She reported that she was unable to afford the surgery because she was unable to work. She also was unable to study given her vision. She told us the procedure would cost her $16. We thankfully found ourselves in a comfortable position to be able to assist her. After finishing discharging the last of 38 total knee arthroplasties, we headed to Montelimar on Saturday for a beach day. It was at this point when things finally slowed down that we could begin to reflect on what we had accomplished together. While surfing at the beach, there was a rainbow at sunset, and it made clear to me how truly blessed we were to be able to be privileged to attend this trip and help all of these people.

Thank you,

Patrick Bise

P.S. A luggage bag makes for a very small anesthesia supply room.

MISSION TRIP TO NICARAGUA CONTINUED...

POINT OF CARE ULTRASOUND WITH VISITING LECTURER DR. NADIA HERNANDEZ

RESEARCH CORNER

Contents lists available at ScienceDirect

Perioperative Care and Operating Room Management

journal homepage: www.elsevier.com/locate/pcorm

Dr. Reeves

Distracted doctoring: The role of personal electronic devices in the operating room

Tara N. Cohen[a,*], Scott A. Shappell[b], Scott T. Reeves[c], Albert J. Boquet[d]

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[b] Department of Human Factors, Embry-Riddle Aeronautical University, 600S. Clyde Morris Blvd, Daytona Beach, FL 32117, United States
[c] Department of Anesthesia and Perioperative Medicine Medical University of South Carolina, Charleston, SC 29425, United States
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INFECTION CONTROL & HOSPITAL EPIDEMIOLOGY

ORIGINAL ARTICLE

The Influence of Traffic, Area Location, and Other Factors on Operating Room Microbial Load

Kevin Taaffe, PhD;[1] Brandon Lee, MS;[2] Yann Ferrand, PhD;[2] Lawrence Fredendall, PhD;[2] Dee San, MBA, BSN, RN, CSSBB;[3] Cassandra Salgado, MD, MS;[4] Dotan Shvorin, PhD;[5] Amin Khoshkenar, MS;[5] Scott Reeves, MD, MBA, FACC, FASE;[6] and the Realizing Improved Patient Care through Human-Centered Design in the Operating Room (RIPCHD.OR) Study Group[7]

ANNUAL MYQUEST TRAINING DUE BY JUNE 30, 2018

It is time again to complete our MUSC Annual Mandatory Training courses which can be accessed through MyQuest. Training modules are tailored for specific roles in the organization and are due on or before June 30, 2018.

To access your required training modules, use the MyQuest icon found on your desktop and login using your netID and password. Your specific modules will be displayed in the *Enrollments* section of your home screen as seen below.

Remember, these are mandatory and must be completed by June 30.

CONGRATULATIONS, DR. HILTON!

Please congratulate Dr. Ebony Hilton for being selected into the South Carolina Alpha Chapter of the Alpha Omega Alpha Medical Honor Society. Way to go!

PERIOPERATIVE SERVICES FEATURED IN CLINICAL CONNECTIONS

MUSC Health
Medical University of South Carolina
Changing What's Possible

Clinical Connections
MUSC Health E-newsletter

Perioperative Services Patient Experience Scores on Quite a RUN

Operations Message from the Chief Perioperative Officer

Perioperative Services Patient Experience scores have been on an impressive 12-month run. Maura Hasenfuss, Perioperative Services Patient, Family and Employee Engagement Coordinator, 15 months ago looked at the top four drivers for our surgical patients. Identified were:

- Information about delays.
- Information about what was done.
- Explanation prior to surgery.
- Waiting time before procedure.

Michael Denham, MS, RN

Taking these four key drivers, Maura developed one tactic. Rounding hourly within the surgical waiting rooms and communicating with family members. The results have been simply amazing.

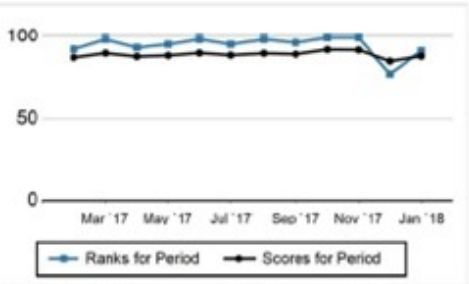
Ambulatory Surgery

87.8%
Top Box Score
Rank Goal: 50
n-Size: 134

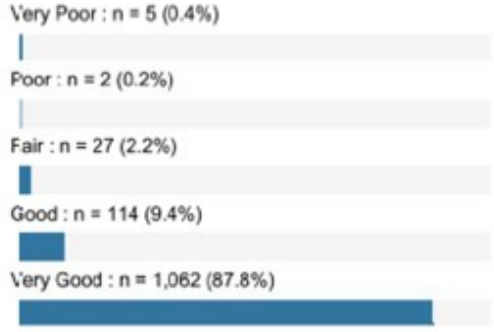
Measure:
Overall

Peer Group:
All PG Database

	Previous	Change
RANK:	77 ▲	+14
SCORE:	84.8% ▲	+3.0



Time Frame	Score	Rank	n-Size
Feb '17	87.0	92	159
Mar '17	89.6	98	198
Apr '17	87.6	93	139
May '17	88.2	95	173
Jun '17	89.7	98	153
Jul '17	88.4	95	145
Aug '17	89.6	98	146
Sep '17	89.0	96	128
Oct '17	91.8	99	165
Nov '17	91.6	99	147
Dec '17	84.8	77	148
Jan '18	87.8	91	134



Grand Rounds for the Month of April

"Fluid Management in Kidney Transplant"
April 3, 2018
Robert Mester, MD, Assistant Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

"Anesthesia for Liver Transplantation "
April 10, 2018
Andre DeWolf, MD, Professor
Department of Anesthesiology
Northwestern University

"Transplant Morbidity & Mortality Conference"
April 17, 2018
Ryan Gunselman, MD, Associate Professor
David Stoll, MD, Associate Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

"Subspecialty Team Meetings"
April 24, 2018
Division Chiefs
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

MUSC
MEDICAL UNIVERSITY of SOUTH CAROLINA

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Check out our website at:
http://www.musc.edu/anesthesia

Future Events/Lectures

Intern Lecture Series
April 5th—Obstetrics, Dr. Hebbar, SEI 314

April 19th—Psych & Substance Abuse, Dr. Heine, SEI 314

CA 1 Lecture Series
Date TBD—Basic Statistics for the Boards, Dr. Wolf, SEI 314

CA 2/3 Lecture Series
April 2nd—Chronic Medical Problems & Management in Vascular Surgery Patients PBLD, Dr. Guldan, Moodle

April 9th—Visiting Professor Lecture, All Residents, Dr. DeWolf (Northwestern), CSB 429

April 16th—Anesthesia for Liver Transplantation PBLD, Dr. Stoll, Moodle

April 23rd—Anesthetic Management of Kidney Transplantation PBLD, Dr. Mester, Moodle

April 30th—Hemodynamics in Critical Care PBLD, Dr. Reike, Moodle

Grand Rounds
April 3rd—Fluid Management in Kidney Transplant, Dr. Mester

April 10th—Visiting Professor Lecture, Anesthesia for Liver Transplantation, Dr. DeWolf (Northwestern)

April 17th—Transplant Morbidity & Mortality Conference, Drs. Gunselman & Stoll

April 24th—Subspecialty Team Meetings, Division Chiefs

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 be turned in to Kim Pompey. Thank you!

Lauren Byers, Residency Coordinator—Thank you so much for all your hard work during interview season!

Susie Watson, Residency Coordinator—Thank you so much for all your hard work during interview season!

Save the Date!

Resident Graduation 2018
Friday, June 22, 2018
Founders Hall

Holiday Party 2018
Saturday, December 1, 2018
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 May edition will be April 20, 2018.