



# SLEEPY TIMES

VOLUME 17, ISSUE 4    APRIL 2023



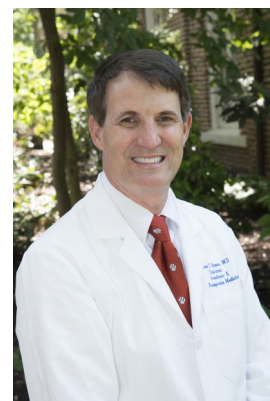
## Inside This Issue:

Opening Statement	1
Faculty Promotions	2-4
Battle on the Bricks for MUSC Children's Hospital	4
Stanford Physician Wellness Initiative	5
Stanford Physician Leadership Course	5
Honduras Military Trip	6-7
Match Results	8
Anesthesia Tech Week	9
MUSC Doctor Revolutionizes Bone Marrow Transplantation	10-11
Know the Ropes	12-13
Cultural Awareness and Education	14
Research Corner	15
Grand Rounds	16
I Hung the Moon	17

## MESSAGE FROM THE CHAIRMAN: BRAVE ENOUGH

-SCOTT T. REEVES, MD, MBA

Dr. Sasha Shillcutt will be presenting at our resident lecture series on Monday, April 11 and giving grand rounds on Tuesday, April 12. She is an amazing woman and good friend. Our friendship has developed through our various leadership roles together in the Society of Cardiovascular Anesthesiologists (SCA). She is Professor and the Vice Chair of Strategy in the Department of Anesthesiology at the University of Nebraska Medical Center. She is a very accomplished cardiac anesthesiologist, but her passion is “helping women physicians, professionals, and mothers overcome burnout, take control of their calendars, and create daily time for themselves.” Hence, she created a company call Brave Enough to help achieve those goals.



She has described herself this way;

Successful Anesthesiologist. Wife to a great husband. Mom to four amazing kids. Roles as a daughter, sister, friend...BUT IT WASN'T ENOUGH.

I couldn't understand why — despite all my external achievements — I was so miserable. I was exhausted, overcommitted, and empty. It took me a lot of self-reflection and hard work, but I came to understand that I had been hiding. I'd lost my authentic self, and it was time to find that real Sasha again.

And when I did, I became committed to helping women walk their path back to themselves. Now, I reach tens of thousands of women annually through my podcast, courses, events, book, and membership community.

I want to give you a foretaste of what is to come by supplying the link to her TedxUNO talk, Resilience: The Art of Failing Forward.

[https://www.ted.com/talks/sasha\\_shillcutt\\_resilience\\_the\\_art\\_of\\_failing\\_forward](https://www.ted.com/talks/sasha_shillcutt_resilience_the_art_of_failing_forward)

In this talk, Sasha covers how when we are vulnerable in sharing our professional (and personal) failures, we become more resilient. We allow ourselves to learn from our mistakes, we open diversity in solutions by talking to others, we avoid failure blindness, and we release self-shame. She discusses how perfectionism leads to burnout, through our inability to accept that failure is part of growth. This talk will encourage resilience and inspire the audience to see failure as a path to resilience.

She will have life lessons for us all. Please join me in welcoming her.



**ONEMUSC**  
INNOVATION | IMPACT | INFLUENCE

Follow @MUSC\_Anesthesia

**FACULTY PROMOTIONS**

Gabe Hillegass, MD  
Professor

Dr. Hillegass completed his anesthesiology residency at MUSC (chief resident 2010-2011) before moving on to complete his subspecialty training in interventional pain management at Brigham & Women's Hospital. He then started his career in academic medicine with the U.S. Navy at Naval Medical Center Portsmouth, VA where he was appointed as an assistant professor at the Uniformed Services University of the Health Sciences. Over these 4 years he served as the division officer for pain medicine and assistant program director for the pain medicine fellowship. He also managed to log 6 months of sea time serving aboard the USNS Comfort as an anesthesiologist for the Continuing Promise 2015 mission.

Dr. Hillegass returned to MUSC in 2016 to join the faculty and initially enjoyed a combined anesthesiology and pain medicine practice. In 2018, Dr. Hillegass was appointed as medical director of the chronic pain clinics and subsequently earned an associate professor promotion. His practice also transitioned to full-time pain medicine. The ensuing 5 years have been a period of consistent growth within the pain medicine division. The practice has expanded from its long-time RT9 clinic location to two additional clinical sites. The number of pain providers has also steadily increased to its current staffing level of 3 full-time physicians and 2 APPs. A physician assistant pain medicine fellowship has successfully

trained our 2 talented APP colleagues. Efforts are currently underway to implement an ACGME-accredited physician pain medicine fellowship and to recruit a 4th full-time physician. The development of a comprehensive pain program that serves the MUSC enterprise is another current priority.

Dr. Hillegass is board certified in anesthesiology, pain medicine, and pain and interventional musculoskeletal ultrasound. He has co-authored 10 peer-reviewed manuscripts, 11 book chapters, and performed dozens of formal educational speaker engagements including lectures, presentations, moderated panel sessions, and a keynote address. He has provided editorial services for RAPM and Anesthesia & Analgesia Case Reports and most recently served for 2 years on ASRA's annual pain medicine meeting's pain abstract review subcommittee. He remains engaged in advocacy and interprofessional educational work through his director role in the Pain Society of the Carolinas since 2017.

Promotion to professor is a tremendous honor and reflects the support and hard work of many people with whom Dr. Hillegass has collaborated over the years. It's certainly a marathon effort with many lessons learned along the way. He is appreciative of the many professional and personal relationships forged including his colleagues, mentees, learners, and most especially his family who have endured many late nights and weekends with a preoccupied father and spouse. Finally, the efforts of Glennda Ross, Dr. Hebbard, and the department's promotion committee are especially valued for the guidance and administrative efforts required to successfully navigate this cumbersome process. We are fortunate to have the professional and altruistic support of this committee.

## FACULTY PROMOTIONS



Loren Francis, MD  
Associate Professor

Dr. Loren Francis, MD, FASE graduated from Brown University and then attended New York Medical College before moving south to Charleston, SC to complete her Anesthesiology Residency and Cardiothoracic Anesthesiology Fellowship training. She has been a proud member of the Cardiothoracic Anesthesia Division for five years. During that time, she has also functioned as the Director of Heart and Lung Transplant Anesthesia and the Clinical Director of Vascular Anesthesia, served as vice chair of the Anesthesia Residency Clinical Competency Committee and the chair of the Cardiothoracic Fellow Clinical Competency Committee, directed the Vascular Anesthesia resident rotation followed by the ART Cardiothoracic resident rotation, been appointed the Associate Program Director of the Cardiothoracic Anesthesia Fellowship Program, and worked to bring regional anesthesia techniques to cardiac surgery patients. She has benefited from the love and unwavering support of her husband and is kept on her toes by her two sons Ellis (2) and Leon (6 months). She is grateful to have an extensive support network at MUSC, not limited to but especially Dr. Alan Finley, who has been a vital long-standing mentor (but don't tell him she said that). Drs. Hebbar, Wilson, McSwain, and Whitener have provided excellent examples of clinical excellence and helped immensely with her professional development. Ms. Glennnda Ross offered invaluable help putting together a promotion packet. Dr. Francis looks forward to continuing to grow as a clinician and educator.

After growing up in a small town in Kansas, I decided to flee to the U (University of Miami) for undergrad and then hop up to Baltimore, MD for graduate school and medical school. Moving south, I explored a couple of residencies and ultimately completed my anesthesiology residency at VCU in Richmond, VA. I ventured to Ohio for my pediatric anesthesia and pediatric cardiac anesthesia fellowships at Cincinnati Children's Hospital Medical Center. After fellowship, my family and I relocated to Charleston, SC and I joined the anesthesia department at the Medical University of South Carolina. Over the past seven and a half years I have enjoyed the breadth and complexity of pediatric cases, the collaborative nature of the pediatric heart center and being a part of the opening of the Shawn Jenkins Children's Hospital. I enjoy working with and teaching the residents and fellows during the pediatric rotation, while on call at the main hospital and through the mock oral exams. When not at the hospital, I enjoy rock climbing, running and exploring the nation's National Parks.

I would like to thank the department of pediatric anesthesia and Dr. Reeves for encouraging me in my academic pursuits. I would also like to thank Dr. Hebbar for her mentorship, advice and guidance. Additionally, I am so thankful for the assistance and the many hours Ms. Glennnda Ross has spent compiling my promotions packet. I would also like to thank Drs. Rovner, Wilson and Gutman for their support and assistance with achieving this goal. I would be remiss if I didn't send the biggest thank you to my husband and four kids who have helped me find balance and perspective in the lovely chaos.



Deborah Romeo, MD  
Associate Professor



## FACULTY PROMOTIONS



Joel Sirianni, MD  
Associate Professor

Originally from Pittsburgh, PA, I attended college at Penn State University and medical school at Drexel prior to moving to Charleston in 2014 where I completed my anesthesiology residency at MUSC and stayed on as faculty. Time has flown by while working at just about every MUSC hospital, serving as residency APD, and as a member of the liver transplant and obstetric anesthesiology teams. I'm extremely fortunate to have such supportive, friendly, and passionate colleagues in our CRNAs, residents, techs, faculty, and administrative staff. Everyone has been instrumental in my day-to-day wellness while many have served as mentors and sponsors. I want to give special thanks to Drs. Latha Hebbar, Sylvia Wilson, and David Stoll for guidance over the years and through the humbling promotion process. Thank you also to Ms. Ross for the tremendous amount of administrative support and Drs. Reeves and Guldan for support and confidence in my leadership and educational pursuits. Outside of work, I like to play ice hockey, golf, ride beach cruisers with my wife Megan, get endless kisses from our Shih Tzu-Maltese Stella, and watch Pittsburgh sports, but we're expecting our first child in April so I'm positive my time spent will change!

## BATTLE ON THE BRICKS FOR MUSC CHILDREN'S HOSPITAL CAREY BREWBAKER, MD

On April 6th at TD Arena (C of C basketball stadium downtown) a charity boxing match will occur with the proceeds going to MUSC Children's Hospital and College of Charleston Athletic Scholarship Fund. Our very own, Dr. Carey Brewbaker was asked to participate and, despite some initial hesitation and complete lack of experience, will be fighting in one of the matches (24 boxers, 12 fights in total, 3 rounds a piece).

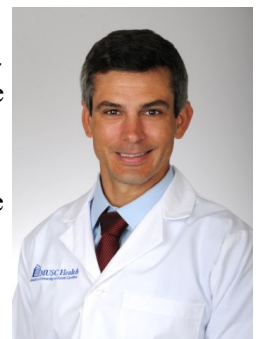
The main goal of the event is to raise money for the kids. Please consider buying a ticket to the fight and contributing to the fundraiser in Carey's name. The links to his fighter page for background info, donations and tickets/event info is below. The attendance goal is two thousand people. Surely, there are at least a few of you that would enjoy seeing Carey getting punched.

Carey has been training at Back Bay Boxing for about a month already and is having a great time doing it despite never having boxed. His coach has offered to put a class together for a small donation going to the charities if any of you would like to come out and join in a training session at the boxing gym (non-contact, just exercise). It is really great exercise and a fun experience...let Carey know if there is any interest, and he will work to find a Saturday to do a training session for an MUSC group.

<https://give.botbchs.com/fundraiser/433027>

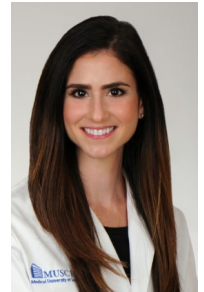
<https://www.chsboxing.com>

[Link to Battle of the Bricks Hype Video](#)



**STANFORD PHYSICIAN WELLNESS INITIATIVE BY TOBY STEINBERG, MD**

In the fall, I was accepted to and had the opportunity to participate in a virtual six-week Physician Well-Being Director Course led by Stanford Medicine. The course, framed by the Stanford Model of Professional Fulfillment, is an educational series aimed at equipping leaders with knowledge and tools to catalyze changes at the local level. The WellMD and WellPhD Center's approach to well-being extends far beyond reducing burnout. Learning objectives included understanding factors that contribute to physician well-being, interpreting current organization science on promoting professional fulfillment, developing familiarity with evidence-based approaches to professional fulfillment for physicians, recognizing the importance of diversity, equity, inclusion, and belonging in achieving the goals of professional fulfillment and well-being, and integrating basic principles of improvement science into approaching local physician well-being initiatives.



I was named the Director of Well-being for our anesthesia residency program. Working along with Drs. Guldán, Sirianni, and Hurt, I created a research initiative project proposal for fiscal year 2023. To improve well-being, residency programs must focus on addressing multiple domains including professional development, relationships, physical, and mental health. During this project, we suggest intentionally and diligently addressing these multiple domains, starting with the following initial goals:

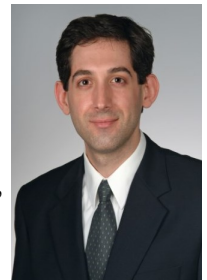
1. Redesigning our mentorship program to foster academic, career, and psychosocial support
2. Improving and creating workspaces to cultivate community in the workplace
3. Initiating a wellbeing curriculum which provides resources to promote resiliency and self-care through didactics, validated gratitude applications, and access to workshops

Be on the lookout for information for our redesigned mentorship program, forthcoming in March. By implementing evidence-based burnout initiatives and multi-strategy approaches toward total wellbeing, I am optimistic we can promote meaningful change in the residency program. Additionally, I am hopeful what we learn together we can apply in the future to the entire department.

**STANFORD PHYSICIAN LEADERSHIP COURSE BY MARC HASSID, MD**

I recently started an on-line class on leadership. The course description sums it up perfectly:

The Stanford Physician Leadership Certificate program is a 6-month cohort-based foundational learning experience. The program provides participants with an evidence-based framework for personal growth, key management and leadership skills, and deep connection with peers. The program utilizes cases and simulations, plus peer and professional coaching that altogether provide a holistic support for the participants to understand, practice and cultivate effective interpersonal, management, and leadership skills.



The cohort I am enrolled with is a diverse group of physicians, many are from Stanford, but there are folks from all over the country. So far, some of the topics are new to me like “power and influence” and some like “implicit bias” we have all learned about. In the end, I’m sure I’ll come away with a number of ways to do my job better.

One of the more engaging aspects of the course are the individual and small group sessions. These are zoom sessions, typically in the evenings and weekends, where small groups of enrollees get together and work through individual challenges with some of the ideas and tools we have learned in the course. I’m in a group with a pediatrician, a trauma surgeon, and a neurologist. We are early in the process, but we’ve all learned a lot through our shared experiences.

**HONDURAS MILITARY DEPLOYMENT: A REPORT FROM THE FIELD BY PATRICK BRITELL, MD**

A report from the field

By Patrick E Britell MD.

Major, US Army

As many of you have noticed, I haven't been around for the last five months. No... I haven't gotten really good at sneaking out early or been assigned to the mall to push propofol. In October, the United States Army mobilized me to active duty and sent me to Honduras. I was deployed to Joint Task force Bravo (JTF Bravo) on Soto Cano Air Base in a counter drugs/ counter narcotics capacity until the end of February.

First off, let me say that the views expressed here are my own and not those of the US Army, the Department of Defense, the United States or any other government for that matter. None of this is Classified and in fact, most of it is google-able. They even have a map of the base on google maps. How's that for operational security!

JTF Bravo is located on Soto Cano Air Base which was established in 1982. In fact, it's one of the oldest temporary bases outside of the continental United States. It is temporary in that we are guests of the Honduran government who actually owns the base. Their constitution prevents us from building a permanent base there, so it is shared between us and the Honduran Air force. In the 80's, Oliver North ran Iran Contra out of a shack down by the airstrip (which I got a great selfie in front of). JTF Bravo consists of an Aviation element, an Air Base Squadron, who runs the air strip, and an Army Forces Battalion (ARFOR). Contained within ARFOR is a Forward Surgical Section (FSS) to which I was assigned. A Forward Surgical Section is composed of a Surgeon, an Anesthesiologist (me), two OR nurses and two Scrub Techs. It can be augmented with a preventative medicine detachment (they catch bugs and test water) and a bio med detachment to fix all of the stuff that we break and all of the Honduran equipment that succumbed to entropy over the years.

Our mission there was first to provide support for US servicemembers who were injured in the line of duty. This ranged from treating soldiers who were injured operationally to treating those who were injured more recreationally. Most of that I can't talk about due to operational security and HIPPA, but let me just say that onewheels can be surprisingly dangerous!

It is, however, hard to fill your days resetting the clavicles of aviators who fell off their scooters, so in our free time we provided medical care to the Honduran people. The great thing about a FSS is that we are mobile. We can take all the OR and anesthesia equipment on the road. So, for a week at a time we would go out to a local Honduran hospital and for \$15 (including anesthesia) we would fix the hernias of the local population or take out their gallbladders. I actually found this to be pretty rewarding. The patients were very grateful to have "American Medicine." Most of the gallbladders they do down there are open surgeries with hypobaric bupivacaine spinal anesthesia (which still seems mildly risky). The care we provided them seemed to be a welcome change.

Participating in care for the local nationals (or surgical readiness training exercises (SURGRETE) as the Army likes to call these missions) is a large part of the mission of JTF Bravo. We were there to win the hearts and minds of the Hondurans and keep them on the side of the USA. I will spare you the geopolitics, except to say that the Russians are providing support and training in Nicaragua and the Chinese are all over El Salvador (which is also not classified and is also on google). America has a very weak toe-hold in Central America that we are trying to preserve.



## HONDURAS MILITARY DEPLOYMENT: A REPORT FROM THE FIELD BY PATRICK BRITELL, MD

During my time in Honduras we provided five weeks of SURGRETE missions and one mission with the USNS Comfort (the Navy's Hospital Ship). We fixed a hundred or so hernias and took out some pretty sad looking gallbladders.

But as Jack Nicholson said in *The Shining*, "All work and no play make's Jack a dull boy." When we weren't on a mission or operating, we got to travel the country. We spent some time ziplining over water falls and kayaking on high mountain lakes. I even got to spend a little time out on Roatan (an island in the Caribbean Sea). The golf course out there was "four star" despite the myriad of stray dogs. Honduras is a beautiful country and the people are for the most part very friendly. Despite what the State Department says, the country is lovely and mostly harmless. I am, however, grateful to be back.



## MATCH RESULTS



## WELCOME OUR 2023-2024 INTERNS!



**Matthew Barfield**  
USCSOM -  
Columbia



**Nikke Bowerman**  
University of  
Texas SOM



**Joel Brenny**  
UAB SOM



**Brian Bumpous**  
University of  
Arkansas COM



**Corey Carney**  
Oakland University  
SOM



**Stephanie Chavez**  
Lake Erie College of  
Osteo



**Harrison Gaines**  
MUSC



**John Goldin**  
Medical College  
of Georgia



**Riley Graham**  
MUSC



**Zach Harper**  
Michigan State  
University



**Chase McClendon**  
University of Texas  
- Houston



**Luke Mills**  
USCSOM -  
Columbia



**Jaimie Navid**  
Loyola University  
SOM



**Maxwell Rubin**  
Arizona College of  
Osteo



**Brent Russell**  
University of  
Tennessee COM



**Lizzie Whiteside**  
USCSOM -  
Greenville



**Mikaela Woods**  
East Tennessee  
State Univ COM



**Jordan Wordekemper**  
Edward Via College of  
Osteo - Auburn

WELCOME OUR NEW 2023-2024  
CA-1s!

**Alex Berghorst, DO**  
Medical School:  
Rocky Vista Univ College of Osteo  
Intern Year:  
University of Kentucky



**Drew Gianos, MD**  
Medical School:  
MUSC  
Intern Year:  
MUSC



**Remi Kessler, MD**  
Medical School:  
Icahn School of Medicine at Mt Sinai  
Intern Year:  
Cleveland Clinic



**ANESTHESIA TECH WEEK MARCH 27-31**

CONGRATULATIONS TO ALL THE ANESTHESIA TECHNICIANS

CELEBRATE YOUR WEEK!!

The Department wishes all our Anesthesia Technicians a wonderful week!

We want to recognize you for the work and your role as part of the practice. Our anesthesia technicians cover all areas and provide strategic support to all providers. From peds, to cardiac, to trauma you will always find our anesthesia technicians with helpful hands, knowledgeable minds, and possessing a “can do” spirit. With supply chain issues, staffing issues, and increasing case numbers, our technicians continue to demonstrate how they are an integral part of our system.

Thanks to the members of each practice group and their leaders.

Chief CRNA, Sonja McCaslin, put together a breakfast to celebrate our UH techs with the help of our UH



**MUSC DOCTOR REVOLUTIONIZES BONE MARROW TRANSPLANTATION**

CHARLESTON, S.C. (WCBD) — One doctor's breakthrough research on bone marrow transplantation at the Medical University of South Carolina (MUSC) is making its way into hospitals across the nation.

A bone marrow transplant replaces unhealthy blood stem cells with healthy ones, according to national marrow donor program [Be the Match](#).

Health experts say the procedure is essential for treating a variety of blood disorders and cancers, including leukemia and sickle cell disease.

"It's so important to have a large pool of bone marrow donors so that we can ideally provide every patient who needs a bone marrow transplant with their available match," said Dr. Nicole McCoy, a pediatric anesthesiologist at MUSC.

However, the procedure can be painful and inconvenient for donors. In fact, Dr. McCoy said pain is one of the procedure's main side effects, along with fatigue and reactions to anesthesia, like nausea.

While most donors who are giving bone marrow to save the life of a relative are not as hesitant about the procedure, the difficult recovery process may prevent unrelated donors from giving bone marrow altogether, she said.

For this reason, Dr. McCoy, who is now in her fourth year of practice at MUSC, conducted a study in the hopes of changing that.

"What my dream would be is for this to become the standard of care, especially for our unrelated donors," she said. "It was absolutely amazing how successful the project was."

Research findings from the two-year project, which involved over 30 patients, helped Dr. McCoy develop a new technique for bone marrow transplants. This redesigned protocol significantly decreases both the severity of pain after the procedure and the number of opioids needed during recovery.

"We know how to make your pain much less, or even eliminate it immediately after this procedure, so for that reason, you should not be hesitant to donate," she said. Now, that protocol is being taught in other institutions around the country, including pediatric anesthesia and oncology departments, Dr. McCoy said.

"For us to be the premier leading institution, providing care for patients that other institutions can then use and educate their providers, and have these outcomes, I think is amazing," she said.

It's a feat that amazes patients and their families, too — like Tiffany Mullins, whose 6-year-old son Lincoln was diagnosed with leukemia last year.





**MUSC DOCTOR REVOLUTIONIZES BONE MARROW TRANSPLANTATION**

“To have our female anesthesiologist...changing what’s possible and changing the world, it’s huge to be involved in that,” Mullins said.

Mullins has been a nurse at MUSC for over a decade herself and was thankful to be able to put her son’s health in the hands of Dr. McCoy, her own colleague.

“She’s a pediatrician, she’s a doctor, she’s a mother and she goes above and beyond for her patients,” Mullins said. “She’s one to show — this is why we have women in this profession.”

Dr. McCoy said she has been by Lincoln’s side — who is roughly halfway through his cancer treatment — through a variety of procedures.

“To see him grow and fight, and now be doing so well, it is so heartwarming. I have a lot of patients who I take care of with these amazing stories, and it’s definitely one of my most favorite parts of my job,” Dr. McCoy said.

For more information about Dr. McCoy, click [here](#).

To learn more about bone marrow transplantation, click [here](#).

[Link to Count on 2 News Article](#)



## KNOW THE ROPES: ARTERIAL LINE PROCEDURE NOTE

**What:** There is a new required stop in the Arterial Line procedure note.

**When:** Monday, March 13

**Why:** We have now added an "Allen's Test" question to the EPIC template for radial or ulnar arterial line placement in order to assist the provider determining the safety of placing a radial or ulnar arterial line based off a patient's hand perfusion and hopefully lessen preventable, serious complications.

**Details:** When a provider indicates that the arterial line is to be placed in a radial or ulnar artery, a REQUIRED field will appear asking them if the patient has satisfactory collateral circulation or a "positive Allen's test". These results will also be shown in the procedure note.

This field will not appear if the provider chooses a different site.

**Arterial Line**
Performed by: Anesthesiologist Four Anesthesia, MD
Authorized by: Harry A Demos, MD

hypertension requiring continuous intravenous vasodilator therapy

obesity preventing accurate NIBP

**Anesthesia**

Anesthesia method
☐ local infiltration
☐ topical anesthetic
☐ see MAR for details

**Sedation**

Patient sedated?
☐ Yes
☐ No

**Location**

Location
☐ left
☐ right
☒ radial artery
☐ brachial artery
☐ axillary artery
☐ femoral artery
☐ ulnar artery
☐ posterior tibial artery
☐ dorsalis pedis artery

Does the patient have satisfactory collateral circulation (A POSITIVE Allen's test)?
☐ Yes
☒ No

**Procedure Details**

Needle gauge
☐ 14
☐ 16
☐ 18
☐ 20
☐ 22

Real-time ultrasound used to visualize both artery and vein, guide needle into target artery, and to confirm placement.
☐ Yes
☐ No

Ultrasound image(s)
☐ stored electronically
☐ placed in patient chart

Technique
☐ Catheter over needle with integrated wire
☐ Seldinger technique used
☐ Cutdown required

Number of attempts
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more

Successful placement?
☐ Yes
☐ No

**Post-procedure**

Post-procedure
☐ line sutured
☐ dressing applied

Patient tolerated the procedure well with no immediate complications
☐ Yes
☐ No

Attending Supervision?
☐ No Attending Supervision

**Comments**

## KNOW THE ROPES: ARTERIAL LINE PROCEDURE NOTE

**Arterial Line**

Date/Time: 3/6/2023 2:31 PM  
 Performing provider: Anesthesiologist Four Anesthesia, MD  
**Universal Protocol**  
 Patient identity confirmed by: patient name  
 Verbal consent obtained  
 Consent given by: Patient  
 Correct diagnostic & radiologic test results available

**Location**  
 A-Line location: left and ulnar artery  
 Allen's test **not indicative of satisfactory collateral circulation**

**Procedure Details**  
 Needle gauge: 16  
 Supervising Provider: Harry A Demos, MD

**My Note**

Note Details  
 Date of Service: 3/6/2023 02:31 PM

**Arterial Line**  
 Date/Time: 3/6/2023 2:31 PM  
 Performing provider: Anesthesiologist Four Anesthesia, MD  
**Universal Protocol**  
 Patient identity confirmed by: patient name  
 Verbal consent obtained  
 Consent given by: Patient  
 Correct diagnostic & radiologic test results available

**Location**  
 A-Line location: left and ulnar artery  
 Allen's test **not indicative of satisfactory collateral circulation**

**Procedure Details**  
 Needle gauge: 16  
 Supervising Provider: Harry A Demos, MD

## CONVERTING PYXIS SYSTEMS

We continue to convert the Pyxis system in the anesthesia stock rooms to open shelving. Here Shawn Jenkins 3<sup>rd</sup> Floor stockroom in being converted.



## KYLE COMLEY, CRNA AND DENNIS MCKENNA, CRNA COMPLETE MUSC LEADERSHIP INSTITUTE ADVANCED LEADERSHIP PROGRAM

Mr. Comley of SJCH and Dr. McKenna, Director of MUHA Anesthesia completed the yearlong course on Friday March 24. This course is designed for nominated faculty and staff leading people or programs and identified as having potential to develop into highly effective senior leaders in academic health systems. Sessions are organized around several well-defined leadership themes: leadership principles and self-discovery, advanced leadership communication, building highly effective teams, transformation and growth, leadership processes and sustaining growth. Both participants viewed this as an effective tool in self-development to be effective leaders of change management.

## CULTURAL AWARENESS AND EDUCATION

# Closing the Gender Gaps: An Interview with Joanne M. Conroy, MD

Ellen R. Basile, DO Heather Byrd, MD Rachel Figaro, DO, MS

*"As I have evolved my leadership, I realized what we were lacking were women leaders. The next phase of my legacy is to increase the number of women leaders in health care."*

—Joanne Conroy, MD

**W**omen lead only 8.8% of Fortune 500 companies (asamonitor.pub/3UDeAwD). Equally dismal statistics cite that just 13% of health care CEOs are women, despite the fact that 80% of our health care workers are women (asamonitor.pub/3VUmxyD). Although women leadership in health care is still the minority, there are exceptions.

Joanne M. Conroy, MD, is a masterclass in health care leadership, and she currently serves as President and Chief Executive Officer of Dartmouth Health. Dartmouth Health is New Hampshire's only academic health system and the state's largest private employer. In September 2022, we spoke with Dr. Conroy to discuss her perspectives on her career, rise to leadership, and legacy.

Dr. Conroy is a licensed and ABA-certified anesthesiologist. Her leadership in academic anesthesiology began as a chief resident. She rose to become Chair of the Department of Anesthesiology at the Medical University of South Carolina. While reflecting on her early career, she mentioned she wished she had spent more time contemplating her trajectory. She said, "I wish that I had spent more time really thinking about where I wanted to end up and what I wanted to be in 20-25 years – more time thinking about the end game." Her advice to future leaders is to have clear-cut goals. She also thought it was important to have mentors or role models; people that you observe being effective leaders. Dr. Conroy is convinced that young physicians "learn early on that leadership is not about you – it's about getting things done." Bottom line: "You have to be prepared for personal and professional risks."

Transitioning to administrative leadership began for Dr. Conroy at Atlantic Health in 2001, serving as their chief medical officer. She went on to serve for more than five years as the Chief Health Care Officer for the Association of American Medical Colleges in Washington, D.C. Dr. Conroy first served as CEO for Lahey Hospital and Medical Center, and in 2017 she became the CEO and President of Dartmouth-Hitchcock and Dartmouth-



Joanne M. Conroy, MD

Hitchcock Health (now known as Dartmouth Health). Her path to leadership there was successful, in part, due to her "sponsorship" by a colleague. The former Vice President of Medical Affairs at Dartmouth-Hitchcock, a female anesthesiologist, called her and told her that Dartmouth was looking for a new CEO, and she suggested Dr. Conroy's name. Sponsorship is an active process and has proven to be essential in leadership attainment for women (*J Gen Intern Med* 2021;36:1-8).

In an effective sponsorship, both parties must be engaged. "Nobody taps you on the shoulder," said Dr. Conroy. "You may have to ask somebody to sponsor you to attain a position in leadership."

As part of her vision to help correct leadership gaps, Dr. Conroy co-founded Women of Impact (WOI), an organization dedicated to breaking the glass ceiling. The purpose of WOI is to advance female executives in the health care field. The focus of its members is to "further the impact that they want to have and make" in their careers. WOI is a platform where

women executives in health care sponsor other women.

The members are "very good at helping each other get the next job, both identifying opportunities as well as helping sponsor each other" said Dr. Conroy. Data from WOI shows that half of the women participating improved their career placements within 18 months of joining the group.

In 2020, Dr. Conroy gave the ASA's Emery A. Rovenstine Memorial Lecture – one of only four women to have done so since its inception in 1962. One of the themes she focused on was gender equality. Pay and leadership gaps remain areas for improvement in medicine, including in anesthesiology. Hertzberg et al. revealed a (-)8.3% difference, or \$32,617 lower compensation, for women anesthesiologists (*Anesth Analg* 2021;133:1009-18). McMullen et al. conducted a review of the top 20 anesthesiology journals chosen by impact factor and showed there is not now, nor has there ever been, a woman editor-in-chief (*Anesth Analg* 2022;134:956-63). We asked Dr. Conroy



Ellen R. Basile, DO  
Associate Professor, University of Central Florida, and Pediatric Anesthesiologist, Nemours Children's Health, Orlando, Florida.



Heather Byrd, MD  
Associate Professor, Augusta University, Associate Program Director, Augusta University Pediatric Anesthesia Fellowship Program, and Pediatric Anesthesiologist, Children's Hospital of Georgia, Augusta, Georgia.



Rachel Figaro, DO, MS  
CA-2 Anesthesiology Resident, HCA Florida Westside Hospital, Plantation, Florida.

to cite specific examples of the changes she had instituted at Dartmouth to equalize gender gaps. Since assuming the office, Dr. Conroy has initiated "a salary analysis for all faculty looking for race and gender discrepancies for rank and years of service," a process which she continues to this day. She also started a women's leadership group at Dartmouth Health, which in her words, provides a safe place to discuss micro-inequities.

Dr. Conroy is actively involved in many organizations supporting women in health care, including the Carol Emmott Foundation, the Equity Collaborative, and the Center for Women in Academic Medicine and Science. The American Hospital Association named Dr. Conroy as its Chair-Elect, which will make her Chair of the Board of Trustees in 2024. Upon inquiring about her potential agenda, not surprisingly, she said we must "focus on equity, both health equity and equity in terms of access to leadership across all of our organizations."

The specialty of anesthesiology continues to struggle with gender gaps in pay and leadership. Dr. Conroy is passionate about bringing attention to health care and leadership inequity and working hard to close the gaps. Her leadership and legacy are inspiring and will have real impact on future generations of women who aspire to lead. With all of her accomplishments, there is not much left for her to achieve, except possibly ...

U.S. Surgeon General.





Dr. Conroy, we salute you! ■



## RESEARCH CORNER

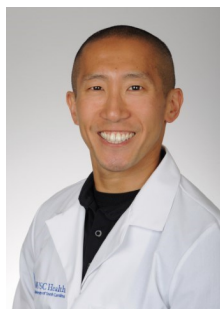
Hindawi  
Case Reports in Anesthesiology  
Volume 2022, Article ID 8547611, 4 pages  
<https://doi.org/10.1155/2022/8547611>

*Case Report***Reexpansion Pulmonary Edema following Tube Thoracostomy in a Pediatric Patient with Anterior Mediastinal Mass**

**Sung-Wook Choi <sup>1</sup>, Deborah A. Romeo <sup>1</sup>, David A. Gutman <sup>2</sup> and Jennifer V. Smith <sup>1</sup>**

<sup>1</sup>Anesthesia and Perioperative Medicine, Pediatric Anesthesia, Medical University of South Carolina, 10 McClenan Banks Drive, Suite 2190, MSC 940, Charleston, South Carolina 29425, USA

<sup>2</sup>Anesthesia and Perioperative Medicine, Obstetric Anesthesia, Medical University of South Carolina, 10 McClenan Banks Drive, Suite 2190, MSC 940, Charleston, South Carolina 29425, USA



Sung Choi, MD



Deborah Romeo, MD



Davis Gutman, MD



Jen Smith, MD

*Journal of Cardiothoracic and Vascular Anesthesia* 36 (2022) 4420–4426

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

**Journal of Cardiothoracic and Vascular Anesthesia**

journal homepage: [www.jcvaonline.com](http://www.jcvaonline.com)

*Case Report***Combined Open Repair of an Abdominal Aortic Aneurysm and Relief of a Left Ventricular Assist Device Outflow Graft Obstruction**

David Carroll, DO<sup>\*,†</sup>, Theodore J. Cios, MD, MPH, FASA, FASE<sup>†</sup>,  
Scott Coleman, DO<sup>‡</sup>, David C. Han, MD, MSc<sup>§</sup>,  
Behzad Soleimani, MD<sup>||</sup>



David Carroll, DO

## GRAND ROUNDS– APRIL 2023

**“Perioperative Ultrasound at MUSC”****April 4, 2023****Travis Pecha, MD, Assistant Professor****Dept. of Anesthesia & Perioperative Medicine  
Medical University of South Carolina****“Brave Enough: An Unexpected Path to Leadership”****April 11, 2023****Sasha Shillcutt, MD, Professor****Dept. of Anesthesiology  
University of Nebraska Medical Center****“ICU Liberation—What & Why? ”****April 18, 2023****Pritee Tarwade, MBBS, Assistant Professor****Dept. of Anesthesia & Perioperative Medicine  
Medical University of South Carolina****“Critical Care Fellows Topics TBD ”****April 25, 2023****Tim Ford, MD, CC Fellow****Jen Fiorini, MD, CC Fellow****Dept. of Anesthesia & Perioperative Medicine  
Medical University of South Carolina**

DEPARTMENT OF ANESTHESIA AND  
PERIOPERATIVE MEDICINE

Email: hameedi@musc.edu

Phone: 843-792-9369

Fax: 843-792-9314

[CHECK OUT OUR WEBSITE](#)

**Future Events/Lectures**

**Intern Lecture Series**

4/6—OB—Katie Hatter

4/13—Psych and Substance Abuse—Chris Heine

**CA 1 Lecture Series**

None

**CA 2/3 Lecture Series**

Per Rotations



Follow us on Facebook, Instagram, and  
Twitter:

<https://www.facebook.com/MUSCAnesthesia/>

<https://www.instagram.com/musc.anesthesiology/>



Follow @MUSC\_Anesthesia



**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

I'd like to acknowledge Dr. Hay, the anesthesia DOD for March 5th, 2023. Dr. Hay has been incredibly supportive of the transplant service this weekend. She got us into the OR expediently to help a 21 yo with mitochondrial disease and ESRD for a DCD Ktxp. Professional and patient focused. Great team.—Dr. Joseph Scalea



**Graduation**  
Friday, June 16th, 2023 6:00pm  
Founders Hall

**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 May edition will be April 20, 2023.