DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

SLEEPY TIMES

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Inside This Issue:

MESSAGE FROM THE CHAIRMAN: WHAT IS EMOTIONAL INTELLIGENCE AND WHY DOES IT MATTER?

-Scott T. Reeves, MD, MBA

I recently returned from the Southeastern University Department of Anesthesiology Chairs (SUDAC) annual meeting. This year it was hosted by the Department of Anesthesiology at the University of Virginia in Charlottesville. It is nice to be able to discuss common issues with other chairs (~ 15 attended) and their administrators. One of the lectures mentioned the book by Daniel Goleman, *Emotional Intelligence: Why It Can Matter More Than IQ*. It is a powerful book that delves into the power of emotions and their impact on our personal and professional lives.

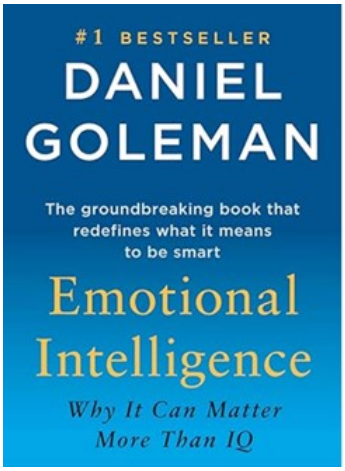
Chat GPT summarizes the book as follows.

Emotions and the Human Brain:

- Emotions are strong impulses that guide our actions, helping us survive. Each emotion primes us for a specific type of action.
- Our biological makeup has evolved over 50,000 generations, but our lifestyle has changed rapidly in recent generations. This disconnect can lead to problems when emotions are out of sync with the situation.
- We have two minds: the emotional mind (intuitive and impulsive) and the rational mind (thoughtful and analytical). Emotional hijacking occurs when we act impulsively before our logical brain assesses the situation.

What Is Emotional Intelligence?

- Emotional intelligence refers to our ability to:
  - ✦ Exert self-control.
  - ✦ Regulate our moods.
  - ✦ Empathize with others.
  - ✦ Motivate ourselves to persist despite setbacks.
- Research suggests that IQ accounts for only 20% of success in life; the remaining 80% comes from non-IQ factors, including emotional intelligence.



Developing Emotional Intelligence:

- Self-awareness: Understand your emotions and their impact on your behavior.
- Self-regulation: Manage your emotions effectively.
- Motivation: Stay focused and resilient.
- Empathy: Understand and connect with others' emotions.
- Social skills: Build strong relationships and communicate effectively.

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OPENING STATEMENT CONTINUED

So, you may ask why does it matter? Many believe that emotional intelligence is critical for the development of strong relationships and one's overall wellbeing. A person with a high level of emotional intelligence is also more resistant to burn out. I really enjoyed the book and highly recommend it to all of us to review. It has the power to modify our perspective on both personal and professional issues.

REGIONAL FELLOWSHIP ACGME APPROVAL RENUKA GEORGE, MD

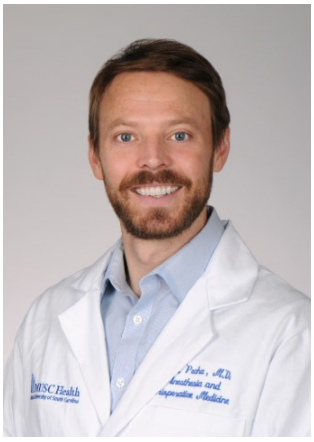
The Regional Anesthesia and Acute Pain Fellowship is proud to announce that it received ACGME approval in April 2024. This was no small feat and Fellowship Director, Dr. Renuka George thanks Drs. Scott Reeves, Sylvia Wilson and GJ Guldan for their advice and support, Jenny Ann Smoak for making sense of the numbers and the Education Office - Elizabeth Morrison, Kim Bartlett, Erin Meyer and Mollie Hartley for all their efforts with the GME paperwork.

How does ACGME approval impact our fellowship? In order to appreciate the answer to this question, we must understand the process a fellowship undergoes to achieve approval. In the fall of 2023, Drs. Reeves, Guldan and George along with Jenny Ann Smoak had to first present to and gain approval from MUSC's GME Strategic Manpower (SMP) Committee – responsible for reviewing all program funding requests. The presentation justified ACGME approval as a priority area – enhancing clinical care, research and education. Given the increase in both MUSC's patient population and the expansion of surgeon requests for regional anesthesia – the volume and return on investment are more than adequate to support ACGME approval. Ultimately, the SMP Committee granted approval for two ACGME approved spots to the fellowship.

The application for ACGME approval is extensive requiring input and insight from all members of the Regional Anesthesia team. Dr. George is grateful for the efforts put forth by her colleagues in their contributions. In order to qualify for ACGME approval, the team had to demonstrate consistent and high quality research, education and clinical care. Those who volunteered as Core Faculty for the fellowship conveyed their dedication and passion for teaching and mentoring via time and effort spent improving the fellowship, the division and the specialty as a whole.

Returning to the original question – while the fellowship has always proved itself a high return on investment, ACGME approval entails standardization, dedicated time for research, education and electives with increased pathways for inter-departmental communication and education. While much of the fellowship still relies on procedural skills, ACGME approval allows the fellows to expand other skills like Point of Care Ultrasound, consulting as an acute pain specialist and building working relationships with surgical colleagues to improve patient outcomes. The time and support required by ACGME for these pursuits would cement MUSC's Regional Anesthesia and Acute Pain division as a leader in the specialty. In short, it is an exciting time to join the division as a fellow, grow your knowledge base and skillset and ultimately expand the possibilities for your career.

RUTLEDGE TOWER MEDICAL DIRECTOR—DR. TRAVIS PECHA



Travis Pecha, MD

I am excited to take over the role of RT medical director and look forward to working with new people and my colleagues in a different fashion. Most of you know me by now, but if not—I grew up in the mountain west (Wyoming) and went to college in Colorado. It took a hot minute for me to figure out what I wanted to do with my life, so I spent some time living out of my '98 suburban climbing rocks, skiing, and generally engaging in activities I wouldn't tell my mom about. Eventually realizing I wasn't immortal, I decided to go to medical school at the University of Washington. I then landed in Salt Lake City at the University of Utah for residency and stayed for another couple of years completing a fellowship in advanced perioperative echocardiography and working in the department. My wife is a pediatric ENT at MUSC, and it was the job search once she finished fellowship that landed us on the eastern side of the country.

I look forward to this new role within MUSC and our department and hope to continue the great work done by my predecessors!

ASSOCIATE RESIDENCY PROGRAM DIRECTOR—DR. ROBERT BOWEN

Robert Bowen, MD

Hailing from Omaha, Nebraska, Rob Bowen went to medical school at the University of Nebraska, with a brief respite to complete a Master's in Public Health at Columbia University. He went on to residency at NewYork-Presbyterian/Weill Cornell Medical Center where he was a chief resident and completed fellowships in critical care and cardiothoracic anesthesiology at Washington University in St. Louis. He stayed in St. Louis as faculty and the associate program director for the cardiothoracic anesthesiology fellowship. In 2022, he and his family moved to Charleston and began working at the Medical University of South Carolina. Over the past two years he has acclimated to the Charleston area and the department and is eager to find opportunities to improve the already excellent educational experience in the residency program. He is excited to work with department and program leadership to ensure residents receive the best possible education. He enjoys cooking and baking, weight training and swimming, exploring Charleston's restaurant scene and combing Charleston's beaches.

ELIZABETH POINDEXTER, PA-C COMPLETES MUSC'S ADVANCED LEADERSHIP PROGRAM

Elizabeth Poindexter, PA-C, completed MUSC's Advanced Leadership Program for the 2023-2024 cohort. Her groups' innovation poster recognized the need for additional support for our critically ill patients and proposed the creation of an "Advocate's Journal" to improve outcomes in ICU survivors who develop PICS (Post Intensive Care Syndrome).

MUSC Health
Medical University of South Carolina
Charleston

Reduction in Post Intensive Care Syndrome (PICS): A Caregiver Intervention

Submitters: David Dolan MSN, RN; Lindsey M. Hamil, PhD; Libby K. Infinger, MD, MPH; Quinton Irick, MHA, CPhT; Elizabeth Poindexter, MPA, MPAS, PA-C

Subcategory: Quality

PROBLEM / OPPORTUNITY

The united name for all chronic disabilities that may appear because of critical illness is named the post-ICU syndrome (PICS)[1]. This includes:

- Cognitive decline (up to 1/2 ICU survivors)[3]
- Psychiatric Disorders, including post-traumatic stress disorder (PTSD) & depression (up to 1/3)[3]
- Physical Impairment
- Neuromuscular dysfunction

Research varies but up to 70% of patients who receive care in the ICU will acquire PICS.[4] MUSC cares for over 3,000 critically ill patients a year, with FY22 & FY23 CMI average of 4.3.

In addition to its impact on patients, unfortunately PICS can affect families as well (PICS-F), with up to 33% caregivers reporting PTSD-type symptoms.[4]

IDEA SUMMARY

PICS evidence supports the use of patient care diaries to reduce PTSD symptoms following critical illness. Management and completion of the diary by family during an ICU stay can give the patient context to potentially fragmented memories from their hosptialization.[2]

Our goal is to create a MUSC-specific ICU journal which includes:

- Daily care logs: treatments, significant events, visitors, etc.
- Medical term index with definitions and associated pictures
- Interdisciplinary team introductions
- Caregiver support including self-care tips, prayer/meditation page, and advocacy services.

VALUE PROPOSITION / BENEFITS

The financial burden of PICS affects both patients, families, and healthcare systems. According to the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment (SUPPORT), for ICU survivors:

- Up to 50% require long-term or inpatient rehab
- 31% depleted their savings accounts
- 29% were unable to return to work
- 20% had family members leave employment to establish caregiver roles.

IMPLEMENTATION PLAN

Currently in the development stage, the journal would be offered to patients and/or their caregivers upon admission to the ICU to use throughout their hospital stay and any other applicable sub-acute areas. Once delivered, the journal would be maintained and updated by the patient/ family and not be linked to any medical records.

SUSTAINABILITY PLAN

Initially the journal would be printed and maintained within the unit(s) in which it is being offered.

For long term sustainability, and with additional funding, the journal can shift to an electronic format.

Application development would be the ultimate long-term goal as it would enable the program to be used across other specialty and patient care areas.

METRICS / RESULTS

Currently, there are no comparative programs on campus thus no available metrics. However, there are future opportunities for QI and research initiatives evaluating outcomes of journal usage.

BUDGET / FINANCIALS

Initial costs will include printing and binding of the physical journal. Website design would require (approx.) $5,000 for initial development/hosting. Additional funding would be required to develop an application.

LESSONS LEARNED

Potential barriers to project success/sustainability include:

- Caregivers/family presence at bedside to obtain the journal (current state)
- Caregivers willingness and ability to participate in written journaling (for physical copy) or access to a smart device (for future versions)
- Caregivers would need remain active in patient's care throughout their entire journey and/or transition the journal between the patient's support team to provide continuity.

ADDITIONAL INFORMATION

Division: Charleston; Department: Advanced Leaders Program

References:
(1) Preiser, J.-Charles., Herridge, Margaret., & Azoulay, Elie. (Eds.). (2020). *Post-Intensive Care Syndrome* (1st ed. 2020.). Cham: Springer International Publishing.
(2) Jones, C., Backman, C., Capuzzo, M. *et al.* Intensive care diaries reduce new onset post traumatic stress disorder following critical illness: a randomised, controlled trial. *Crit Care* **14**, R168 (2010). https://doi.org/10.1186/cc9260
(3) Huggins, E. L., Bloom, S. L., Stollings, J. L., Camp, M., Sevin, C. M., & Jackson, J. C. (2016). A Clinic Model: Post-Intensive Care Syndrome and Post-Intensive Care Syndrome-Family. *AACN advanced critical care*, *27*(2), 204–211. United States: AACN Publishing.
(4) Myers, E. A. , Smith, D. A. , Allen, S. R. & Kaplan, L. J. (2016). Post-ICU syndrome. *Journal of the American Academy of Physician Assistants*, *29* (4), 34-37. doi: 10.1097/01.JAA.0000481401.21841.32.

2024 APP ACUTE & CRITICAL CARE CONFERENCE

MUSC's APP Acute and Critical Care Conference was held 3/13 and 3/14. We had a wonderful group of presenters including Anesthesia and Critical Care attending Tim Ford, MD, who presented on 'Hemodynamics and Monitoring.'

SOAP ANNUAL MEETING BY DAVID GUTMAN, MD

SOAP was held in Denver, Colorado, and MUSC had a very strong representation.

16 Case report abstracts were submitted -> 14 were accepted -> 13 were presented

The points of emphasis were on ***"the patient experience,"*** and this was spearheaded by Susan Burton, the creator of "The Retrievals" Podcast *(I strongly recommend a listen)*

Another *(surprising)* point of emphasis was leadership, staff turnover, and maintenance of a cohesive department.

Some additional clinical pearls and/or topics for consideration that came up:

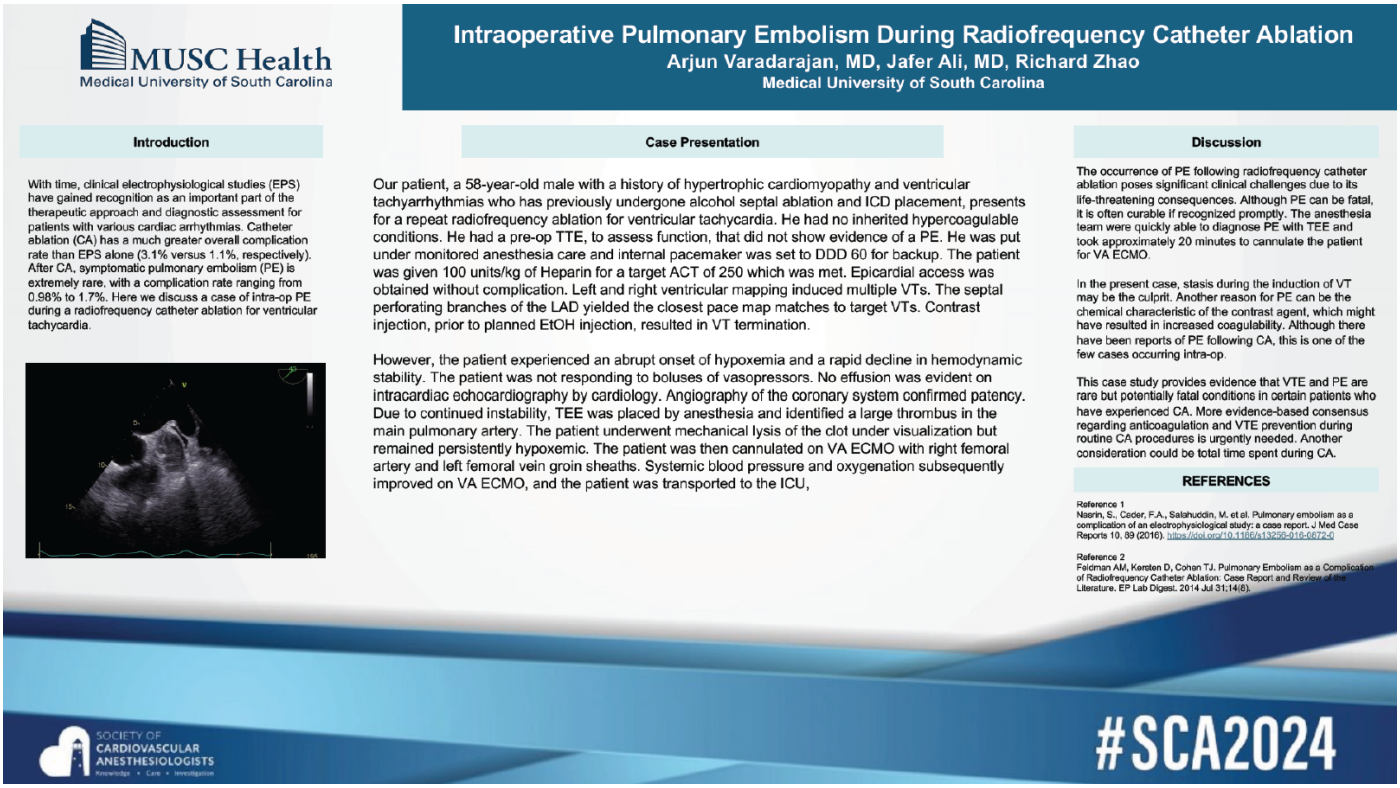
- Mandatory pre-anesthesia pregnancy testing should be reconsidered *(especially post Roe v Wade)*
- Benefits of Suggamadex use during non-OB surgery in pregnant patients likely outweighs the risks
- There is no clinical benefit to pre-emptive TXA administration
- 32.6% of academic physicians indicate a moderate or high *"Intention to Leave"* their academic practice
- Periumbilical skin sparing encountered in tubal ligations under neuraxial may be embryologic in origin -> Have OBs give local at the Alice clamp sites, and the deeper tissue block should work as expected
- Parturients who desaturate with movement but are saturating normally when not moving may be profoundly hypovolemic and may be an impeding code
- Fibrinogen factor concentrates should be utilized readily during massive transfusion protocol activations
- Programmed Intermitted Epidural Bolus (PIEB) is the present and future *(and may be heading to an MUSC labor room near you)*
- Buprenorphine is a cool neuraxial adjunct and is gaining traction in place of Morphine/Dilaudid *(equal duration, but ceiling respiratory depression effect)*

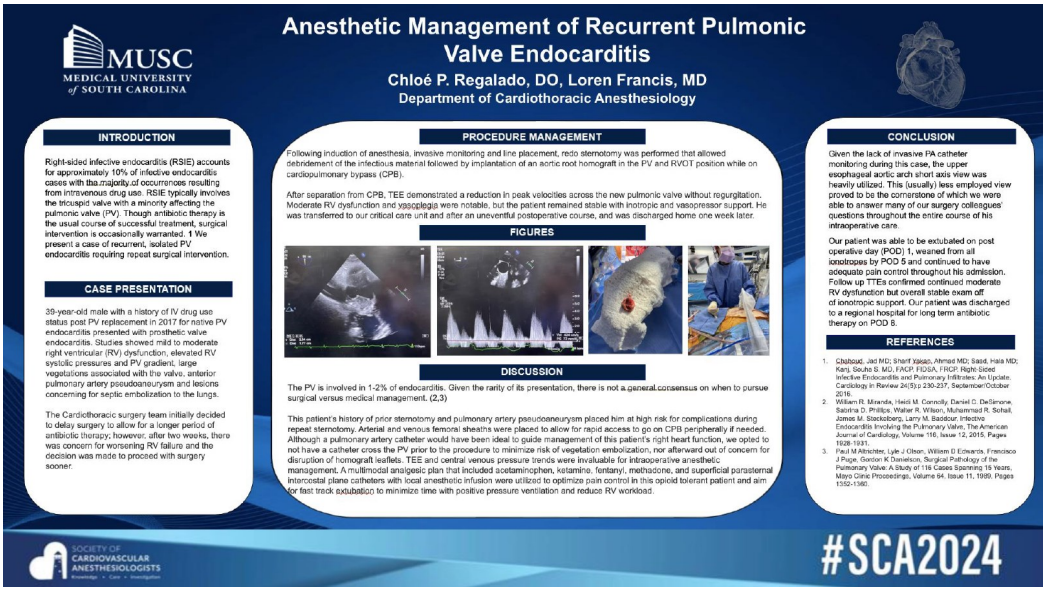
SAMBA ANNUAL MEETING BY DEREK SHIREY, DO

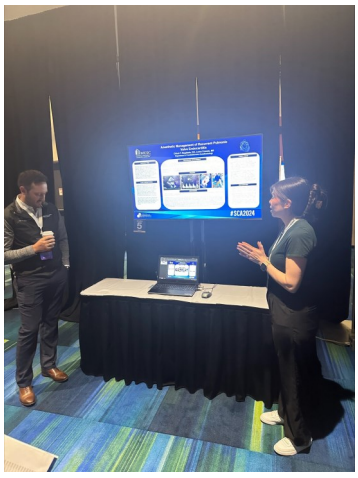
The annual Society of Ambulatory Anesthesia (SAMBA) meeting was held in Savannah in April. Several faculty members and regional fellows made the short drive to Georgia to hear debates on top issues facing ambulatory anesthesiologists, discuss the latest research in the field, and participate in hands-on workshops including a POCUS course. MUSC had a large presence throughout the conference with several presentations and contributions on many committees. Dr. Ellen Johnson stood out among the attendees as the recipient of the inaugural "Dr. Rebecca S. Twersky Research Award." Awarded to the junior attending with the highest rated research, Dr. Johnson's work on the analgesic impact of QL vs PENG/LFC blocks for primary total hip replacements was applauded by the international crowd. Dr. Katie Bridges served as a moderator and abstract award judge while Drs. Melissa Mahajan, Carey Brewbaker, Chris Wolla, and Derek Shirey all presented posters on their recent research. Additionally, Drs. Katie Bridges, Ryan Wilson, Tara Kelly, and Chris Wolla all contributed to various committee work including the Meeting, Scientific Papers, Affiliations, Website, Non-Operating Room Anesthesia, and Resident committees. Finally, Drs. Jackson Condrey and William Barrett arrived for the weekend sessions and POCUS training. The annual meeting was a fantastic opportunity to connect with previous colleagues and continue to promote MUSC as an institution dedicated to creating the safest and most effective anesthetic experience for our patients.

SCA 2024 ANNUAL MEETING

Members of our cardiac division along with our CT fellows had the opportunity to attend the joint meeting of the Society of Cardiovascular Anesthesiologists (SCA) and the American Association of Thoracic Surgeons (AATS) in Toronto, Canada.





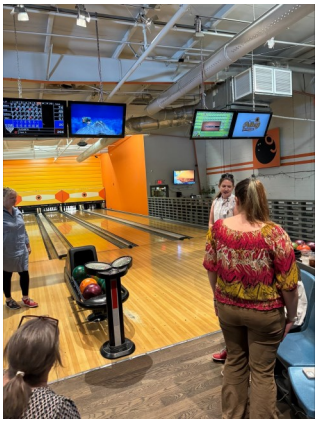


INTERN 101 BY ROBERT HARVEY, MD

Springtime on campus at MUSC brings warmer weather, beautiful flowers, and very excited medical students within the final hours of their course of study participating in Intern 101: Approach to the Unstable Patient. Dr. Robert Harvey, course director, and Drs. Hannah Bell, Burke Gallagher, Travis Pecha, Clinton Pillow, Joel Sirianni, and Stephanie Whitener led over 90 medical students through simulated scenarios to help these future interns learn to recognize the unstable patient and to provide these patients with the escalated care they may require. The team was delighted to present a revamped course this year that included refreshened didactics, as well as new clinical scenarios featuring common situations the students will encounter in their new roles as interns. Many thanks to Drs. Hannah Bell and Stephanie Whitener, as well as Dr. Catherine Tobin and the Simulation Center staff for their hard work in revising our course this year.

ADMINISTRATIVE STAFF OUTING

The Anesthesia Administrative team enjoyed a fun outing at The Alley in downtown. We were lucky to enjoy it one last time before it closed its doors. Lots of laughs, team bonding and terrible throws were made. In true Jenny Ann fashion, she had the highest score of 160.



REMEMBERING THE LIFE OF DR. ZACH LEWIS; CHARLESTON POST AND COURIER

A very nice life celebration was held for Zach at the College of Charleston Tennis Facility on Saturday, May 4. Many of us had the opportunity to attend. The Post and Courier did a very nice write up of the event.

Hundreds of people dressed in vibrant colors poured into the stands at the College of Charleston's tennis courts on May 4.

Instead of gearing up to watch a quick-paced collegiate tennis match, the crowd settled into wooden chairs to celebrate the life of Dr. Zachary Lewis, a former tennis standout and Medical University of South Carolina resident who died earlier this spring.

The 30-year-old was reported missing on March 31, and his body was found in the Charleston Harbor on April 1. The cause and manner of his death is still pending, the Charleston County Coroner's Office told The Post and Courier on May 2.

The tennis courts were a fitting environment to honor Lewis' life, as he played the sport competitively for more than 10 years, according to Jay Bruner, the men's tennis coach at the College of Charleston.

Lewis began to shine in his hometown of Lexington, Ky., and played on the Lexington Catholic High School's team beginning as an eighth grader.

He was named the MVP five years in a row, graduating with a 100-6 record and always being inside the nation's top 100 players, Bruner told the crowd of 350 at the memorial service.

Lewis won 18 matches in his first two seasons playing in the College of Charleston's NCAA Division I program, and dominated 16 matches throughout his second two seasons, according to Bruner. He even helped the men's team earn its first Colonial Athletic Association Championship title during his senior season.

Quiet and mentally tough, he could shoot lasers across the court with the sound of a firecracker, Bruner said.

"The best part of it was not a trophy or a trip to the NCAAs, but it was the collection of memories or friendships that can never be lost or taken away," Bruner said. "He gave us all what we needed most — a lovely friend to share our life with."

REMEMBERING THE LIFE OF DR. ZACH LEWIS; CHARLESTON POST AND COURIER

Lewis also had a unique ability to remember the specific type of tennis racket every opponent he ever faced played with. Not only could he rattle off the current racket each person played with, but he remembered every racket they had ever used.

“Zack was always right. We were in disbelief,” Bruner said. “It was an amazing memory and a skill that I’ve never seen before and will never see again.”

Cornhole? He was in. Capture the flag? He was in. Tag? He was in.

He loved playing croquet, and he even had a decadeslong rivalry with one of his uncles, according to his cousin.

And he was remarkably good at winning arcade games. Bruner remembers how Lewis would play games at Dave and Buster’s for just a few minutes and return with an armful of prizes for himself and his friends.

“He just loved competing,” Bruner said. “He smiled and laughed every single time after he would score or win, like he knew it, and he thought it was so much fun that he could always pull it out in the end.”

Lewis also enjoyed getting to know the ins and outs of his friends, several of his buddies shared at the celebration of life.

“With a straight face and a deadpan tone, Zack would ask about your work life, your home life, your love life and even how your car was running,” said Dr. Riley Chambers, a Medical University of South Carolina resident and Lewis’ residency mentor.

“He would then take a 10-second pause, look at you, and resume asking about your family, your career, your aspirations and what makes you tick,” Chambers continued. “At first, all of us thought this was just his sense of humor. But after months of forking over all this information, we realized that Zack was just that passionate about life and just that loving of others.”

But Lewis wasn’t just “the man with the questions.” He also became “the man with his own language,” according to one of his high school friends, Dr. Pat Keller.

Lewis had a “particular knack” for making up his own words and phrases, according to his cousin, Dr. Josh Elder. Keller said he’s never met a person who had coined more sayings.

When their high school friend group went to separate colleges, Keller figured Lewis must have grown out of making up his own sayings. Until one friend visited him in Charleston and reported back that Lewis had his entire tennis team speaking his language.

“For a guy as reserved as Zack, it’s extremely remarkable how infectious he was,” Keller said. “When we asked him how it all caught on, he said, ‘People thought it was stupid at first. Then they loved it. You just gotta stick to your guns.’”

Lewis was kind, yet able to poke fun at his friends. Brilliant, but extremely humble, his teammate and College of Charleston roommate, Josh Record said.

“Zack was pretty much your ideal friend,” Record said.

He was fiercely loyal to his friends and family, Elder said.

Once, when he was just a tween, he counterattacked a "punk neighbor kid" who was attempting to loot his relative's tomato garden. He followed the neighbor into his home and threw juicy tomatoes at him inside, Elder recalled at the memorial service. The neighbor never bothered Lewis' family again, Elder said jokingly.

“This may be my favorite story,” Elder said. “I love that it shows Zack’s fierce loyalty to his family, even at a young age.”

Lewis met his fiance, Kylie Geddes, when he went on a family vacation to the Bahamas in college with his teammate, Hunter Geddes.

People often asked Hunter if it was strange that his best friend was dating his sister, but he said he couldn’t think of anyone better for her to be with.

“Truly two of the weirdest people I know, they were perfect for each other,” Hunter Geddes said.

REMEMBERING THE LIFE OF DR. ZACH LEWIS; CHARLESTON POST AND COURIER

Lewis proposed to Kylie Geddes this October after eight years together while he was in his first year of a clinical anesthesia residency and second year overall at the Medical University of South Carolina, Hunter Geddes said.

MUSC requires anesthesia residents to complete a comprehensive internship during their first year to get experience around the hospital, Elder told The Post and Courier.

Lewis was a "rising star" in his field of anesthesiology, according to Chambers.

He had a calm confidence in the operating room and a steadiness that was beyond his level of training, Chambers said. Peers who worked alongside him in the hospital could expect a shift full of excellent clinical care, plenty of laughter and far-fetched pranks, according to Chambers.

He was "universally loved" within his program and enjoyed welcoming his fellow residents to Charleston, always willing to open his home and share his boat with his friends, Chambers said.

Neither Kylie Geddes, nor his parents, Jim and Jenny Lewis, chose to speak at the celebration of life. But several speakers noted how Lewis' strong character reflected how he was raised.

Lewis' friends at MUSC will always be on-call to support his family, Chambers said.

"We cherish our warm memories of Zack, wishing he was still here by our side," Chambers said. "No matter how hard we try, how many tears we cry or how many years go by, we still can't say goodbye."

Photos of Lewis and a recording of the memorial can be found on his obituary website.

RESEARCH CORNER

ELSEVIER

Applied Ergonomics
Volume 119, September 2024, 104307

Revealing complex interdependencies in surgical instrument reprocessing using SEIPS 101 tools

Gabriel C. Segarra [a], Ken Catchpole [a], Michael F. Rayo [b], Sudeep Hegde [c], Christine Jefferies [b], Jeffrey Woodward [a], Kevin Taaffe [c]

Gabriel Segarra

Ken Catchpole, PhD

NOVEMBER 5TH ELECTIONS VIA ABSENTEE BALLOTING-CHARLESTON COUNTY

This year is a presential election. I would encourage us all to vote. Despite our desire to get to the polls, it is often difficult to make it due to our clinical schedules. I reached out to the Charleston County Election Committee about requesting an absentee ballot. Ms. Dakota Blitch's response is as follows. Please reach out now to be included in the absentee process to assure your ability to participate.

Due to a decision made by the South Carolina State Election Commission last year, absentee application requests can no longer be done electronically (online, by fax, or email). To request an absentee ballot application a voter must now do so by phone, mail, or in-person.

Please give us a call at 843-744-8683 to request an absentee ballot or mail your request to PO Box 71419 North Charleston SC 29415. In a mailed request, please include the specific election(s) you are requesting. When requesting an absentee ballot for a primary, party preference must be stated. Let us know if you have any questions.

CHS VOTES

Dakota Blitch | Absentee Services
Charleston County Board of Voter Registration and Elections
p: 843.744.VOTE
w: chsvotes.gov

GRAND ROUNDS– JUNE 2024

"Rescue TEE" - Arjun Varadarajan
"Tricuspid Valve Transcatheter Interventions" - Chloe Regalado

Arjun Varadarajan, MD, CT Fellow
Chloe Regalado, DO, CT Fellow

June 4, 2024

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

“Mitral Valve Transcatheter Edge-to-Edge Repair ”

John Foster, MD, Assistant Professor

June 11, 2024

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

“Patient Blood Management for the Anesthesiologist”

Linda Shore-Lesserson, MD, Professor

June 18, 2024

Dept. of Anesthesiology
Zucker School of Medicine at Hofstra-Northwell

“Management of Aortic Dissections and Emerging Interventions ”

Maxie Phillips, DO, Assistant Professor

June 25, 2024

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Check out our website

Future Events/Lectures

Intern Lecture Series

CA 1 Lecture Series

CA 2/3 Lecture Series

Per Rotations

Follow us on Facebook, Instagram, and Twitter:

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

Presented to : Riley Chambers

We had a crazy Sunday shift and Riley stepped up and ran the day well. We appreciate you! - Main CRNA (4/29)

Graduation
Friday, June 21, 2024
Founders Hall

Holiday Party
Saturday, December 7, 2024
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 July edition will be June 18, 2024.