DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

SLEEPY TIMES

VOLUME 20, ISSUE 4 APRIL 2026

Inside This Issue:

OPENING STATEMENT: ANOTHER GREAT RESIDENT MATCH

-Scott T. Reeves, MD, MBA

In this edition of *Sleepy Times*, I will highlight our recent resident match results. This year we interviewed almost 200 applicants for our 18 positions. At the end of the first round of the match, all categorical positions in anesthesiology in the country filled. We had a very successful match which highlights the high-quality program at MUSC. We all should be proud!

A few demographics:
Every year we select competitive candidates from other medical schools to do an elective rotation with us. This year 5 of our 18 matched residents were "visiting" students. Six students were from MUSC. Eight were AOA, being in the top 10-15% of their medical school academically. Four were recognized as Gold Humanism. 60% (11) were women consistent with the make-up of medical school graduating classes in 2026. The class composite along with their medical school is shown below.

Also in this edition of *Sleepy Times*, GJ Guldan describes our recent resident in service examination results. Also, learn more about our new chief residents.

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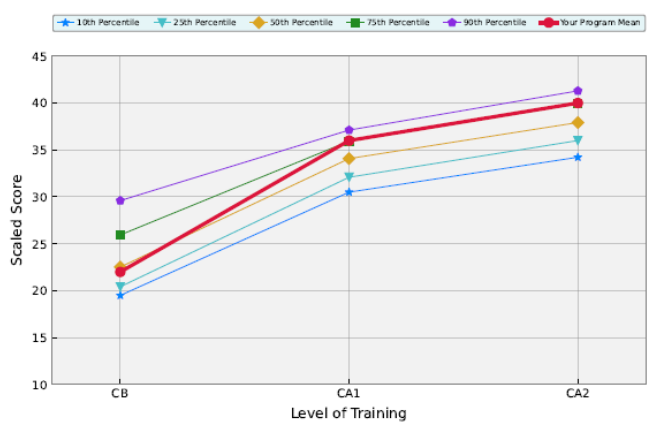
OPENING STATEMENT CONTINUED

The results for the 2026 ABA ITE indicate our residents did outstanding as a group once again. Our CA3's are in the top 10% as a class, and our CA2's are in the top 25% nationally. Our CA-1 class was in the top 30% nationally as a group which prepares them well for success on the Basic exam. We have multiple residents in each class above the 90th percentile individually including some perfect raw scores off 50 and one intern who scored a 47/50 raw score . This is a testament to the hard work of residents to better themselves and to our faculty who teach them. Congratulations everyone on a job well done!

THE AMERICAN BOARD OF ANESTHESIOLOGY
2026 Reports to Program Directors
Growth in Knowledge of CA2 Residents

Program Number: 147001

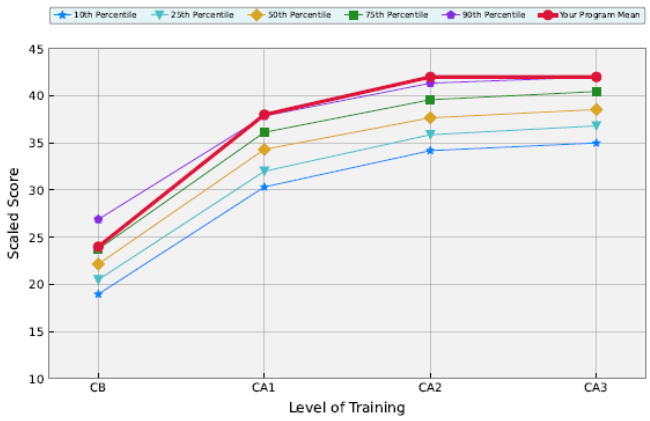


Level of Training

	CB	CA1	CA2
Number of Residents	18	18	18
Average Scaled Score	22	36	40
Standard Deviation of Scores	6	5	5

THE AMERICAN BOARD OF ANESTHESIOLOGY
2026 Reports to Program Directors
Growth in Knowledge of CA3 Residents

Program Number: 147001



Level of Training

	CB	CA1	CA2	CA3
Number of Residents	13	17	17	17
Average Scaled Score	24	38	42	42
Standard Deviation of Scores	4	7	5	5

12 residents scored over the 90th percentile nationally. This is an incredible accomplishment. Please congratulate them.

CA3s: Dr. Couper (perfect raw score), Dr .Gianos (perfect raw score), Dr. Hames, Dr .Maxner (perfect raw score), Dr. Reynolds (perfect raw score).

CA2s: Dr. Brenny, Dr. Goldin, and Dr. Harper

CA1s: Dr. Alnemer, Dr. Southard-Goebel

Interns: Dr. Caruso, Dr. Perisetla (raw score of 47!)

Fantastic job team!!!!

MEET THE NEW CHIEF RESIDENTS

Riley Graham

I'm a Charleston native and grew up on Isle of Palms. I went to Clemson University for college and then returned home to attend medical school at MUSC. Outside of work, I enjoy spending time with my husband, Walt, and our hound dog, Maggie—often at a local brewery. In our free time, we enjoy helping with foster dogs for a local animal shelter, getting out on the water, and traveling to new countries.

Zach Harper

I grew up in Grand Rapids, Michigan, though much of my family lives in South Carolina, so it's great to be back in the South. I studied Neuroscience as an undergraduate before attending Michigan State for medical school. My wife, Christina, and I are looking forward to welcoming our first child later this spring and are grateful to be putting down deeper roots here in Charleston. Outside of work, I enjoy exploring the area with our cavapoo, Milo, as well as running, surfing, and traveling.

Max Rubin

I was born and raised in Denver, Colorado. I graduated from the University of Colorado (Go Buffs!), where I studied physiology and business. After 23 years of living in Colorado, I moved to Phoenix, Arizona, where I attended medical school at Midwestern University.

Since moving to Charleston, I have fallen in love with all the Lowcountry has to offer. When I'm not at the beach or eating with co-residents at Los Reyes in West Ashley, you can find me playing golf, fishing, cheering on Denver sports teams, or walking in Charlestowne Landing with my wife and our two dogs—a golden retriever and a yellow lab.

I am honored to represent my co-residents and our department as Chief Resident and am looking forward to a great year ahead.

HUMAN FACTORS RESEARCH REVEALS HOW OR, SPD, AND LOGISTICS SHAPE SURGICAL SAFETY FEATURING GABE SEGARRA, RESEARCH COORDINATOR

Sterile processing departments (SPDs) are often described in simple terms: Clean the instruments, assemble the trays, sterilize them, and deliver them to the operating room (OR) on time. However, a new human factors study suggests that the reality is far more complex and that understanding this complexity is essential for improving patient safety and infection prevention systems.

Researchers working with the Embedded Human Factors and Clinical Safety Science Unit in the Department of Anesthesia and Perioperative Medicine at the Medical University of South Carolina (MUSC) examined how sterile processing functions within a broader hospital work system. The goal was not to focus on individual errors but to understand how the system itself shapes daily work and how that affects safety for both patients and care teams.

For infection prevention and control (IPC) professionals, the findings highlight a critical reality. Instrument reprocessing and surgical readiness depend on tightly connected systems that span departments, personnel, and even external logistics networks.

A System Supporting Surgery

According to Gabe Segarra, research program coordinator and first author of the study, the motivation behind the work was to better understand the system that supports surgical care.

“The sterile processing department is really important to the hospital as a whole, particularly to the surgical department for a lot of different reasons,” Segarra told Infection Control Today® (ICT®) in an interview. “They have to provide the right instruments, keep them clean, keep them organized, and get them to the patients they need to get to.”

Segarra explained that sterile processing is essential to surgical care but is frequently misunderstood because its work occurs largely behind the scenes.

“People might try to say that sterile processing is simple, that all you have to do is clean the instruments, put them in the right trays, and get them to the right patient on time,” he said. “Those things may sound simple on the surface, but they really are not.”

Mapping a Complex Work System

The research team used a systems engineering framework known as the Systems Engineering Initiative for Patient Safety (SEIPS) model. The model helps researchers analyze complex health care work environments by examining interactions among people, processes, tools, and organizational structures.

To gather data, researchers conducted interviews with frontline staff and organizational leaders, performed on-site observations, and worked with multidisciplinary teams to synthesize findings.

“We interviewed professionals from the work environment, both leaders and frontline people,” Segarra said. “We also did in-person observations of the work being done. I went down to the SPD and watched people work and asked questions about how things function.”

Researchers also returned to staff members to validate their findings.

“We know we are not the experts. The people doing the work are the experts,” Segarra said. “So it was important to us to verify with them. Does this look like what you do? Are we missing anything?”

Three Pillars of Surgical Readiness

The analysis revealed that sterile processing cannot be viewed in isolation. Instead, the system supporting surgical care depends on three interconnected components.

“The three main parts we identified were the sterile processing department, the operating room, and the courier network that delivers instruments between them,” Segarra explained. “None of them can function correctly without coordinated input from one another.”

HUMAN FACTORS RESEARCH REVEALS HOW OR, SPD, AND LOGISTICS SHAPE SURGICAL SAFETY FEATURING GABE SEGARRA, RESEARCH COORDINATOR

For IPC professionals, this interconnectedness has important implications. Problems with instrument availability, contamination control, or workflow delays may not originate within SPD exclusively but may arise from interactions across departments.

“A lot of times people think a particular issue is just a sterile processing problem or an operating room problem,” Segarra said. “But when you look closely, people across the process are helping each other and affecting one another, and it is very complex.”

Adaptation and Real-World Workflows

Another key finding involved the gap between policy and real-world practice.

Segarra noted that staff may often adapt procedures to keep the system functioning, especially when facing operational constraints.

“Someone in leadership might say the process has to be done in this exact way,” he said. “But what we often found is there are many adaptations happening so people can actually get the work done, especially in emergency scenarios.”

For infection prevention teams, recognizing this distinction between policy and practice may be essential when designing improvement strategies.

Researchers often describe this gap as the difference between “work as imagined” and “work as done.”

“We can talk all day about how we think work is happening,” Segarra said. “But until we go see how it is actually happening and try to represent it, that is more challenging. With a human factors approach, we can help leaders and workers find ways of doing things that will work best for them and for patients.”

Implications for Infection Prevention

The study suggests that systems engineering tools could help hospitals better evaluate workflow changes, instrument tracking strategies, or sterilization processes.

“If we understand the system better before we try a new idea, we can look at how a change might affect other parts of the system and be proactive,” Segarra said.

For infection prevention professionals, this systems perspective may also help address recurring challenges such as tray errors, instrument availability, and communication gaps between the SPD and surgical teams.

Elevating the Voices Behind the Work

Segarra emphasized that one of the most important aspects of the research was highlighting the expertise and resilience of frontline staff in the OR, SPD, and courier network.

“These are people that are very skilled at what they do, and they work very hard,” he said.

The research team also collaborated with experts from Clemson University and The Ohio State University and received federal funding from the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, to support the project.

Ultimately, Segarra hopes the work will help bring greater attention to the systems that support safe surgical care.

“There are so many things that support surgery beyond the surgeon and the operating room,” he said.

“All of these people do so much every single day to make this system work and ultimately keep patients safe.”

Reference

Segarra GC, Catchpole K, Rayo MF, Hegde S, Jefferies C, Woodward J, Taaffe K. Revealing complex interdependencies in surgical instrument reprocessing using SEIPS 101 tools. *Appl Ergon.* 2024;119:104307. doi:10.1016/j.apergo.2024.104307

CME/MOCA UPDATE

The Accreditation Council for Continuing Medical Education (ACCME®) has collaborated with some of the member boards of the ABMS to facilitate the integration of accredited CME and MOC. These collaborations enable CME providers to add value for their physician learners by offering educational activities that count for both CME credit and MOC credit. Accredited CME providers are not required to submit MOC applications for approval to the certifying boards that are collaborating with the ACCME. Instead, CME providers can use the ACCME's Program and Activity Reporting System (PARS) to register activities for these programs and report learner completion data that is then made available to the certifying boards.

The ABA is one of the participating certifying boards. By completing the Board Submittal Authorization Form, you will be able to have your MUSC CME credits reported to the ABA MOCA.

The MUSC Office will upload information to the ACCME on a quarterly basis. However, in order to submit this information, individual authorization is required. Authorization can be done through the following link: Board Submittal Authorization Form.

COMMUNITY EMPOWERMENT FAIR WITH DR. MARTY BURKE

Dr. Burke and his admin, Hudson, recently attended the Community Empowerment Fair on Monday, March 23, at Archer School Apartments in downtown Charleston. Organized in collaboration with the Office of Community Engagement, the event provided an opportunity to connect directly with community members seeking health education and support. During the fair, Dr. Burke spoke with potential new patients who openly shared their pain experiences and concerns, expressing interest in learning more about available pain management options. These conversations allowed the team to provide education on pain management approaches while reinforcing the department's commitment to accessible, patient-centered care within the community.

MT. PLEASANT ACADEMY CAREER DAY BY BRENNA BENCEL, MD

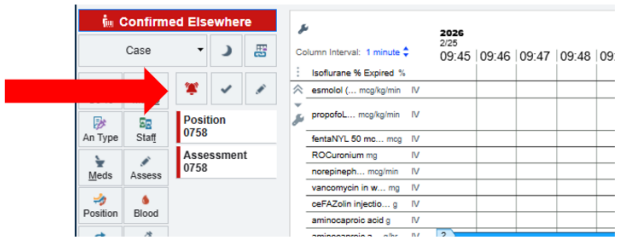
In February, Dr. Clark and I had the pleasure of representing our specialty at Mount Pleasant Academy's annual Career Day. With more than 20 different professions represented, 3rd-5th graders selected the four careers they were most interested in. Throughout the day, we had the opportunity to speak with more than 80 students about what makes anesthesiology such a fun and rewarding field. We taught them about the importance of oxygenation and even let them practice intubation techniques. They also learned about IV placement, the role of fluids and medications in the operating room, and how anesthesiologists carefully monitor and support patients during and after surgery.

Overall, it was a wonderful day, and I'd bet at least a few of them will be applying for anesthesia residency in about 15 years. As a matter of fact, I recently saw one of our MUSC surgeons who shared with me that his daughter came home from school that day saying she now wants to be an anesthesiologist instead of a surgeon when she grows up. Smart kid!

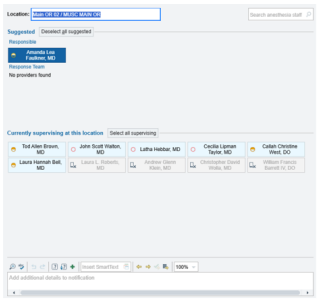
HOW TO SET UP HAIKU ALERTS

EPIC Alert

- Haiku alert in 1-2 seconds

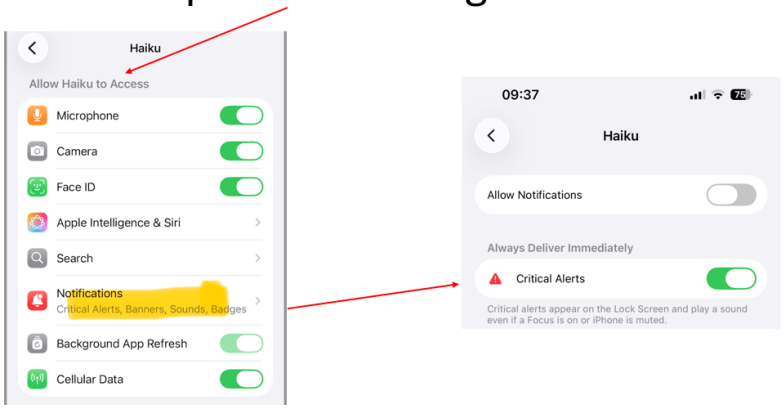


EPIC Alert

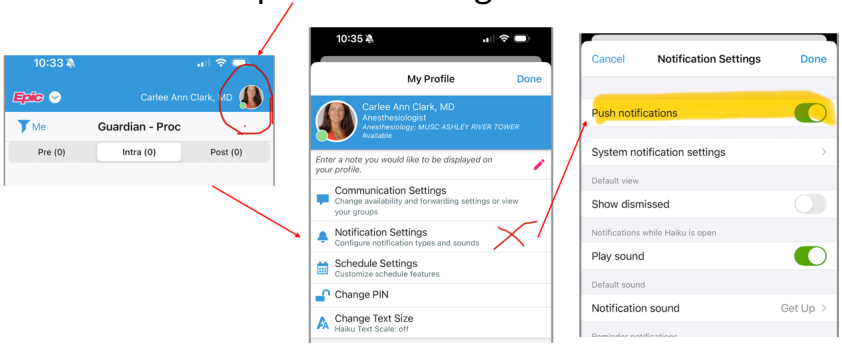


- Defaults to the responsible provider
- Can select additional faculty or select "all supervising in this location"
  - The location is the OR or NORA location
  - OB doesn't currently have another person to select
- We are working on adding the COD/DOD to defaults
- You can also type in a message below.

How to set up Phone Settings



How to set up Haiku Settings



2026 DEPARTMENT GOLF TOURNAMENT

The department once again hosted our annual golf tournament on Saturday March 07. The tournament was hosted at Legend Oaks Golf Club in Summerville and featured 11 foursomes. Everyone teed off at 9AM in a shotgun format. Congratulations to John Goldin, Eric Swanson, and Tyler Glowaski for winning the closest to the pin contests and Jack Parrott for winning the long drive contest! This year's winning team, Wedge Pressure, that consisted of George Whitener, Eric Swanson, Matt McClellan, and Ravi Patel won with a team score of 59 for 13 under par. Congratulations to them! Following the round, everyone was able to enjoy one another's company and a BBQ lunch. A big thank you to the department and the South Carolina Society of Anesthesiologists for supporting this event. We look forward to hosting and seeing everyone out again next year!

ANNUAL MANDATORIES

The 2026 annual mandatory online lessons for all members of the MUSC workforce (including contractors/ contingent workers) were assigned on January 1, 2026.

All annual mandatory training modules and requirements must be completed no later than 11:59 p.m. on June 30, 2026, after which disciplinary action will be taken.

Link to - Learning - OurDay

2026 MUSC General Mandatories for everyone

(Enterprise-wide for all MUSC and MUSC-related entity employees, contractors, and others with access to MUSC resources unless otherwise designated.)

Computing and Privacy Requirements
- Information Security Awareness
- HIPAA Privacy
- Family Educational Rights and Privacy Act (FERPA)

Standards of behavior
- Organizational Engagement
- Title IX and Prohibited Discrimination and Harassment
- Conflict of Interest
- Code of Conduct

Workplace Safety
- Annual Tuberculosis Training
- Active Shooter Training
- Crime Prevention and the Jeanne Clery Act
- Workplace Health and Safety General Compliance (OSHA)
- Annual Bloodborne Pathogen Training

Overview of Research at MUSC (University only)
- Role-based only

2026 MUSC Health Mandatories for Health only

(**MUSC Health** care team members, contractors, and others with access to MUSC Health resources in all divisions)

MUSC Health Compliance in Action and Fraud, Waste and Abuse
- MUSC Health Compliance in Action
- Fraud, Waste and Abuse

MUSC Health Safety
- Infection Prevention and Control for All Employees
- Antimicrobial Stewardship
- MR Safety for Healthcare Workers
- Emergency Management & Campus Security
- Acute Stroke Recognition and Emergency Team Activation
- Early Warning Signs of Heart Attack
- What is Diabetes
- Suicide Awareness and Care
- MUSC Workplace Violence Prevention and Safety Program

MUSC Health Patient Safety, Care and Engagement
- Patient Safety
- Patient- and Family-Centered Care and Patient Engagement

2026 Annual Clinical Education (MUSC Health clinical care team members only)
- Lessons vary depending on your clinical role
- Completion date varies based on clinical requirements

2026 Medical Staff Mandatories (Credentialed providers only)
- 2025 MS Module 1: Health Information Services
- 2025 MS Module 2: Patient Safety Initiatives
- 2025 MS Module 3: Sleep and Fatigue/Clinical Handoffs
- 2025 MS Module 4: Diabetes Symptom Care and Management

RESEARCH CORNER

Contents lists available at ScienceDirect

Alcohol

journal homepage: http://www.alcoholjournal.org/

Enhanced fear extinction through infralimbic perineuronal net digestion: The modulatory role of adolescent alcohol exposure

J. Daniel Obray [a], Adam R. Denton [b,c], Jayda Carroll-Deaton [b], Kristin Marquardt [a], L. Judson Chandler [a], Michael D. Scofield [a,b,*]

[a] Department of Neuroscience, Medical University of South Carolina, Charleston, SC 29425, USA
[b] Department of Anesthesiology and Perioperative Medicine, Medical University of South Carolina, Charleston, SC 29425, USA
[c] Department of Psychology, Tusculum University, Tusculum, TN 37745, USA

Michael Scofield, PhD

Translational Psychiatry www.nature.com/tp

ARTICLE OPEN

Central amygdala astrocyte plasticity underlies GABAergic dysregulation in ethanol dependence

Todd B. Nentwig[1], J. Daniel Obray[1], Anna Kruyer[1,2], Erik T. Wilkes[1], Dylan T. Vaughan[1,3], Michael D. Scofield[1] and L. Judson Chandler[1]

Gabe Segarra

JOURNAL ARTICLE

A review of the sterile processing department's reprocessing of surgical instruments

Lawrence D Fredendall, Sayed Rezwanul Islam, Kevin Taaffe, Sudeep Hegde, Mike Rayo, Steven Foster, Jacob Hionis, Miriam Balkin, Gabriel Segarra, Ken Catchpole

International Journal for Quality in Health Care, Volume 38, Issue 1, January 2026, mzaf140, https://doi.org/10.1093/intqhc/mzaf140

Ken Catchpole, PhD

The Perioperative TEE Playbook:

Tips for Accelerated Acquisition and Analysis

Contributed by ***Loren Francis, MD, FASE****, Medical University of South Carolina, Charleston, SC, and* ***Himani Bhatt, DO, MD, FASE****, Icahn School of Medicine at Mount Sinai, New York, NY*

END OF CASE DEBRIEF

Epic: The Debrief

Debrief Timeout

Procedures

✓ Panel 1: Right C4-C5, C5-C6, C6-C7 ACDF for R arm pain with Stephen Kalhorn, MD

Surgeon:

Was the procedure and/or laterality posted correctly?	Yes	No	
Was retained/therapeutic packing placed (IRFO)?	Yes	No	N/A
Was a drain placed?	Yes	No	N/A
Was there a change in wound class for this surgery?	Yes	No	N/A
Can foley catheter be removed?	Yes	No	N/A
Were specimens collected and confirmed with team (type and number)?	Yes	N/A	
Was final disposition of patient discussed (Floor, PACU, ICU)?	Yes		
Was DVT prophylaxis discussed?	Yes		

Nursing:

Were all counts correct?	Yes	No	N/A

Anesthesia:

Key concerns for recovery and managment of patients discussed and documented?	Yes	N/A	
Was the antibiotic redosing plan discussed?	Yes	No	N/A
Increased risk for hyperglycemia?	Yes	No	
Increased risk for post-op delirium?	Yes	No	
Was post/op pain management discussed?	Yes		
Normothermia management discussed?	Yes		
Were blood products removed from the OR and returned to the appropriate location?	Yes	N/A	

Staff

Epic: The Debrief

Surgeon:

Was the procedure and/or laterality posted correctly?	Yes	No		
Was retained/therapeutic packing placed (IRFO)?	Yes	No	N/A	
Was a drain placed?	**Yes**	No	N/A	
Special instructions related to drains discussed?	Yes	No	N/A	
Was the drain altered (cut)? Were the altered pieces accounted for?	Yes	No	N/A	
Was there a change in wound class for this surgery?	**Yes**	No	N/A	
Wound Class updated in Procedures Screen:	I	II	III	IV
Can foley catheter be removed?	Yes	No	N/A	
Were specimens collected and confirmed with team (type and number)?	**Yes**	N/A		
Specimens were sent to location and number of specimens verified?	Pathology	Microbiology	Other	
Was final disposition of patient discussed (Floor, PACU, ICU)?	Yes			
Was DVT prophylaxis discussed?	Yes			

Nursing:

Were all counts correct?	Yes	**No**	N/A
If counts were unresolved, was an x-ray ordered to rule out an RFO?	Yes	No	N/A

Anesthesia:

Key concerns for recovery and managment of patients discussed and documented?	**Yes**	N/A	
Was the antibiotic redosing plan discussed?	Yes	No	N/A
Increased risk for hyperglycemia?	Yes	No	
Increased risk for post-op delirium?	Yes	No	
Was post/op pain management discussed?	Yes		
Normothermia management discussed?	Yes		
Were blood products removed from the OR and returned to the appropriate location?	**Yes**	N/A	
If yes, how many?			

GRAND ROUNDS—APRIL 2026

"Airway Hemorrhage "

Cecilia Taylor, MD, Assistant Professor

April 7, 2026

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

"Regional Techniques to Optimize Recovery following Cardiac Surgery "

Paul Gallo, MD, Assistant Professor

April 14, 2026

Dept. of Anesthesiology
UVA Health

"The Jungle: How Medical Devices Get Approved and What We Miss "

Matt Hulse, MD, Associate Professor

April 21, 2026

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

"Resuscitative Ultrasound in Cardiac Arrest "

Ryan Keklik, DO, Fellow

April 28, 2026

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

Department of Anesthesia And Perioperative Medicine

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Check out our website

Future Events/Lectures

CA 1 Lecture Series

4/1—Geriatric Anesthesia—Jenny Matos

4/8—Basic Exam Review

4/15—Basic Exam Review

4/22—Basic Exam Review

4/29—Basic Exam Review

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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

Hannah Bell—for being a true team player and rearranging her whole morning to take care of an add-on adult congenital cardiac complex patient needing an urgent procedure in another hospital. Thank you! - Loren Francis, MD

Tammie Matusik—thank you for helping a patient get from here to Rutledge Tower when he was lost and physically unable to get himself to the location he needed to be at. Thank you! - Jenny Ann Smoak

Graduation
June 19th at 6:00pm
Trinity Hall

Resident Welcome Party
July 5th—11am-2pm
Bowens Island

Holiday Party
Saturday, December 5th
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 April18, 2026.