

New clinic bridges inpatient, outpatient addiction care

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By Kelsey Herbers

Vanderbilt University Medical Center is launching a Bridge Clinic for patients with substance use disorder who are leaving Vanderbilt University Adult Hospital (VUAH) and require follow-up care for their addiction.

The clinic, which opens May 17 in the Village at

Vanderbilt, will manage patients for a three-month transitional period to ensure they continue receiving care for their addiction in hopes of preventing future hospitalizations, morbidity and mortality.

The clinic services will prioritize patients who are caught in the hospital system without a safe or timely discharge option. Because they're often not linked

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The Addiction Bridge Clinic will be staffed by a multispecialty team, including, from left, David Edwards, MD, PhD, David Marcovitz, MD, William Sullivan, MD, MEd, Cody Chastain, MD, Katie White, PhD, MD, and Jason Ferrell, LCSW. Photo by Frederick Breedon

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Weaver, Liberman contribute to new patient handoff standardization

Vanderbilt University Medical Center rolled out a new process for patient handoffs on Wednesday, April 17, 2019. It is intended to improve patient care and safety. Members of the Department of Anesthesiology Sheena Weaver, MD, and Justin Liberman, MD, were a part of helping roll out and develop this process.

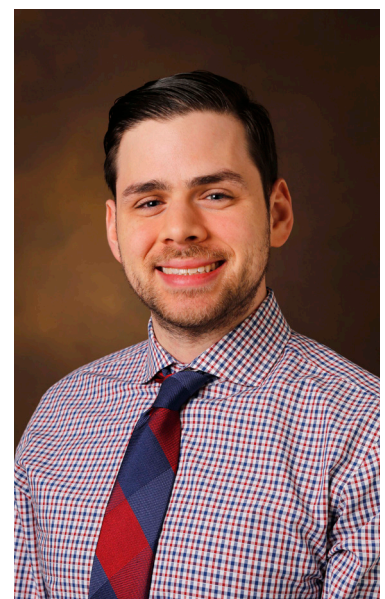
This perioperative process involves standardizing patient handoffs to reduce medical errors, adverse events, and communication errors as the patients are transported from the OR to the ICUs. The handoffs will communicate the patient's medical history, operation performed, key operative findings and issues, as well as other important data points.

According to an article titled "Sentinel Event Alert" published in *The Joint Commission*, failed handoffs are a longstanding, common problem that is compounded by the high frequency of handoffs. Teaching hospitals can experience more than 4,000 handoffs a day.

The publication further states that in 2016 a study estimated that communication failures in healthcare were responsible, in part, for at least 30 percent of all malpractice claims.



Sheena Weaver, MD



Justin Liberman, MD

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MESSAGE FROM THE CHAIR



Warren Sandberg, MD, PhD
Chair, Department of
Anesthesiology

The heat waves of summer have arrived and, along with them, the new fiscal year.

We are excited to welcome our new fellows to their respective programs.

Speaking of fellowships, we are happy to announce a new Neuroanesthesiology Fellowship program. This one-year fellowship is focused on providing extensive academic, educational, and

research opportunities to prepare the fellow for an academic career or leadership in non-academic practice.

David Edwards, MD, PhD, played a role in the opening of a new Bridge Clinic, which serves patients with substance use disorder who are leaving Vanderbilt University Adult Hospital and require follow-up care for their addiction. This clinic will provide three-month transitional care to help manage

patients and ensure that they continue to receive care for their substance use disorder. Opening this clinic is a significant milestone for VUMC, and the fact that the department was involved showcases our leadership in, and commitment to, improving the health of the community.

Further examples of our department's commitment to improving the health of the community are the contributions of

Sheena Weaver, MD, and Justin Liberman, MD, to the new ICU hand-off standards. These standards will improve patient safety for VUMC ICUs.

I believe you will enjoy reading this quarter's newsletter. It captures well many of the great things our department is doing, from working with an excellent new team of fellows to improving the health of the community in significant ways.

Addiction

continued from front

to follow-up care, these vulnerable patients have longer lengths of stay and high rates of readmission locally and nationally.

"The Bridge Clinic is intended to expand access to a state-of-the-art addiction treatment model using an integrated care team that is designed around the individual's needs and will facilitate successful hospital transitions into long-term wellness in recovery and engagement in a personalized care plan," said Jameson Norton, MBA, Chief Executive Officer of Vanderbilt Psychiatric Hospital and Executive Director of Vanderbilt Behavioral Health.

"VUMC is uniquely capable of building these innovative, person-centered solutions by bringing together a multidisciplinary team of specialists to achieve better outcomes on behalf of those we serve."

According to David Marcovitz, MD, assistant professor of Psychiatry and Behavioral Sciences and medical director of the Bridge Clinic and the VUAH Addiction Consultation Service, the integrated approach will leverage collaboration by psychiatry, internal medicine and pain medicine.

The approach will be especially helpful for patients who require intravenous (IV) antibiotic therapy to treat injection-related infections, most often from

opioid use disorder. These patients are typically held in the hospital or referred to a skilled nursing facility throughout the therapy's six-week duration to avoid the potential risk of the patient injecting into the central line.

"Through the Addiction Consultation Service, we've been observing that patients with infectious complications from IV drug use are getting stuck in the hospital when there's no empirical evidence to suggest they can't be managed as outpatients with a PICC (peripherally inserted central catheter) line. These prolonged lengths of stay generate frustration for patients and providers alike at times," said Marcovitz.

"Based on preliminary data from other national leaders in this field, we believe these patients can be safely discharged once their acute medical issues are resolved to an outpatient clinic where they can receive medications for addiction treatment and regular follow-up. If we can make sure these patients don't fall through the cracks, maybe we can make it safer for them to leave the hospital."

Marcovitz believes the approach will decrease patients' length of stay and rate of readmission while freeing inpatient beds for more acute care needs.

The Bridge Clinic will operate one day per week with an eventual capacity of up to 200 patients once all new providers have been onboarded.

Patients will be followed in clinic for up to three months, starting with weekly visits for six to eight weeks after discharge, followed by biweekly visits.

Patients will then be referred to VUMC's longitudinal programs or to community providers to continue addiction treatment with appropriate medications and psychological support.

The clinic's staff will include an addiction psychiatrist, primary care physician, infectious disease doctor, pain anesthesiologist, nurse practitioner, social worker and recovery coach to cover all aspects of the patient's care.

"With so much stigma and limited availability of reliable treatment for some of the most economically and socially vulnerable of our patients, we haven't been able to treat the underlying disease that is ultimately responsible for their admission to our medical center: their substance use disorder," said William Sullivan, MD, MEd, Hugh J. Morgan Chief Resident in the Department of Internal Medicine, who will be providing primary care services in the clinic.

"With regular follow-up with the same treatment team, we will be able to make a real impact not only on the medical complications of opioid use disorder, but also on the psychological, interpersonal and familial consequences of opioid use as we develop trust between patients and providers," he said.

Weaver

continued from front

Weaver, as the lead faculty for the Basics of Quality Improvement Curriculum for Anesthesiology interns, started this quality initiative back in 2017.

It was a small-scale intern-led initiative based on OR-to-ICU handovers, specifically in the Neurological ICU. Preliminary observational data showed that ICU providers themselves were only notified or present for handover about 82 percent of the time.

When ICU providers were surveyed, they felt the handover was subjectively adequate only 78 percent of the time. She said they began to track a lot of the data points that these handover strategies used and found they were only completed 60 to 82 percent of the time in the Neurological ICU.

In February 2018, a version of handoff standardization was made mandatory for all Neurosurgical cases coming to the ICU from the OR. It required all team members to be present during the huddle, all information to be given in a standard fashion, and all members to stay until the huddle was completed.

Weaver commented that it was important to make sure the team huddle didn't take up too much time, as time is a significant commodity when there is a focus on OR efficiency. "The average time for huddle in pilot was three and a half to four minutes, so not too much time when it was truly standardized. This was a big draw for both the anesthesia and the surgical providers."

Over the course of the first eight months of the initial pilot, Weaver said compliance was good. "Our biggest challenge was that the process was not standard for everyone outside of the Neurosurgical ORs. Nights and weekends saw non-Neuro staff providing handovers in the ICU. These individuals were commonly not aware of the full process. "There was no way to standardize it across so many providers when the process was so variable from unit to unit."

Weaver found that other ICUs were ultimately struggling with the same handover issues, and as each got wind of the new strategies in the Neurological

ICU, they ended up working together in a combined effort to standardize handovers and the post-operative time out process in all surgical ICUs.

To help the ICUs work together, Executive Medical Director of Critical Care Services Tim Nunez, MD, assisted with soliciting buy-in from the different ICUs. The biggest challenge was getting the information out to so many people, from nurses to anesthesiologists to the surgical teams.

Weaver developed a very in-depth set of online educational modules that helped to inform more than 1,500 staff of the nuances of the new process. With Nunez's leadership at the ICU and Surgical Sciences level, and Liberman's close relationship with perioperative clinical staff leaders and nurse managers, this alignment of leadership efforts provided a unique opportunity to relay a lot of information to a significant number of clinicians, clinical leaders, and front-line staff in an efficient and successful manner.

Weaver got involved with developing this handover process because quality improvement has always been her interest. "Quality improvement is my niche here. I like everything in its place and organized." She has been working with Neuro ICU leadership to make quality, process, and patient safety improvements since she became the founder and co-Chair of the Neurological ICU Quality Improvement Committee in 2012. Making sure things are standardized is part of what anesthesiologists do, and patient safety goes hand in hand with anesthesiology.

Weaver said she hopes that this standardization continues to promote a culture of patient safety, which she said is something VUMC has always tried to foster. "It would be nice if this was a refreshing reminder that we can implement large-scale quality improvement initiatives that can be successful and sustainable," she said.

Another goal with this project is to knock down the silos. According to Weaver, institutions are commonly divided by silos, or sections, many of which will have differing philosophies. "Each ICU had a different way of doing handoffs. This project was a way to knock down those silos, bring everyone together to collaborate, and make sure that this is a safe and sustainable

success. Developing meaningful working relationships between units is a great way to continue to achieve future successes."

"I firmly believe that variability in healthcare is bad," Nunez said. "If you can take care of patients the same way, over and over again, because it's the right thing to do, you do better for patients." He further explained there is no logical argument against this new process, and the hope is that by eliminating variability, error will be eliminated.

Weaver has gotten a lot of emails thanking her for the implementation, which she feels has been encouraging. "It makes us feel like we are doing something right, that it is something that people think needed to happen," she stated. Nunez noted, while it is too early to get back the numbers on how the ICU handoffs are affecting VUMC, he has been told anecdotes about how well the new process is going.

Weaver said the hope is to make a lot of this handoff process automated in Epic, so providers have even less work to do and fewer tasks to remember, which could further reduce the risk for errors.

"So far, this process has been very successful," Liberman said. He explained that there are rare instances of the new protocol not being followed, and these instances usually occur only when staff are unsure of the process.

Weaver did emphasize the fact that it is a very large team that is helping make this a successful culture change. "There are dozens of people that made this happen, from Tenisha Preston at the perioperative level to each of the ICU nurse managers to the clinical staff dedicated to protocol compliance. We have so many people to thank."

Department Spotlight: Celebrating Departmental Accomplishments

On Friday, April 12, 2019, the department hosted its 2nd Annual Parkbench Positioning Workshop, a Patient Safety initiative to prevent pressure injuries and nerve injuries during neurosurgical procedures.

On Thursday, April 25, 2019, several members of our department participated in the 2nd Annual Tennessee Pediatric Pain Management Symposium.

A new Neuroanesthesiology Fellowship has been approved by the Graduate Medical Education Committee.

Nathan Ashby, MD, Christopher Canlas, MD, Susan Eagle, MD, Jane Easdown, MD, Jesse Ehrenfeld, MD, MPH, Raj Gupta, MD, Koffi Kla, MD, Justin Liberman, MD, Puneet Mishra, MD, Dorothee Mueller, MD, and Matt Weinger, MD, were thanked by the Vanderbilt School of Medicine for their participation in the admissions process.

Peter Chin, MBBS, in his role as Sedation Committee Chair, was recognized along with a large multidisciplinary team by Wright Pinson, MD, for their decisive and crucial work in revising sedation policies and implementing new engineered safety systems in response to a critical event involving sedation.

Chief CRNA Brent Dunworth gave a poster presentation at the Nursing Research Symposium in Light Hall on Friday, May 17.

On Thursday, April 11, 2019, **Jesse Ehrenfeld, MD, MPH,** presented Grand Rounds at Massachusetts General Hospital. The title of his Ground Rounds was "Using Technology to Improve Reliability and Safety in the Operating Room."

Jesse Ehrenfeld, MD, MPH, had the opportunity to meet with Centers for Medicare and Medicaid Services Administrator Seema Verma to discuss the improvement of affordability in healthcare.

Matt Fosnot, CRNA, and Buffy Lupear, CRNA, partnered with Perioperative Nursing on Friday, May 17, to deliver two posters on noise in the OR, presented by Glendyle Levinskas, RN. The posters won second prize at the Nursing Research Symposium.

Raj Gupta, MD, chaired the American Society of Regional Anesthesia and Pain Medicine (ASRA) Annual Regional Anesthesia and Acute Pain Medicine meeting this year in Las Vegas, Nevada, from Thursday, April 11 to Saturday, April 13, 2019.

Heather Jackson, MSN, RN, APRN-BC, received the Nancy Wells Research and Evidence Based Practice Award at the VUMC Nursing Honors Event.

Jen Jayaram, Periop Service Lead NP, and Chelsea Banks, Medical Student Research Intern, presented on "The Effect of an ERAS program on Reducing Opioid Prescriptions at Dis-

charge" at the 2019 Annual Congress of Enhanced Recovery and Perioperative Medicine.

Donna Kenney, MS, CRNA, has been promoted to Lead CRNA in the Division of Ambulatory Anesthesiology.

Avinash Kumar, MD, and a team of six students won the Arnold Award for Best Design in Biomedical Engineering 2019 as part of the Senior Design Day for the Vanderbilt School of Engineering. Kumar was the faculty mentor on the project.

Ryan Lefevre, MD, a fellow from our Cardiothoracic Anesthesiology Division, received a Best of Meeting Oral Abstract Award for "Venous Harmonics are More Sensitive than Central Venous Pressure for Detecting Acute Right Heart Failure in a Rat Model of Respiratory Arrest" at the recent conference of the Society of Cardiovascular Anesthesiologists.

Matt McEvoy, MD, and Chris Hughes, MD, presented at the 2019 Annual Congress of Enhanced Recovery and Perioperative Medicine in Washington, DC.

Kelly McQueen, MD, MPH, presented at the 7th annual ERAS World Congress in Liverpool, England. The topic was "Challenges for ERAS in LMICs."

Naeem Patil, MBBS, PhD, received the Shock Society Faculty Research Award.

The Riess Lab presented eight posters at Experimental Biology 2019 from Thursday, April 4, through Sunday, April 7, 2019.

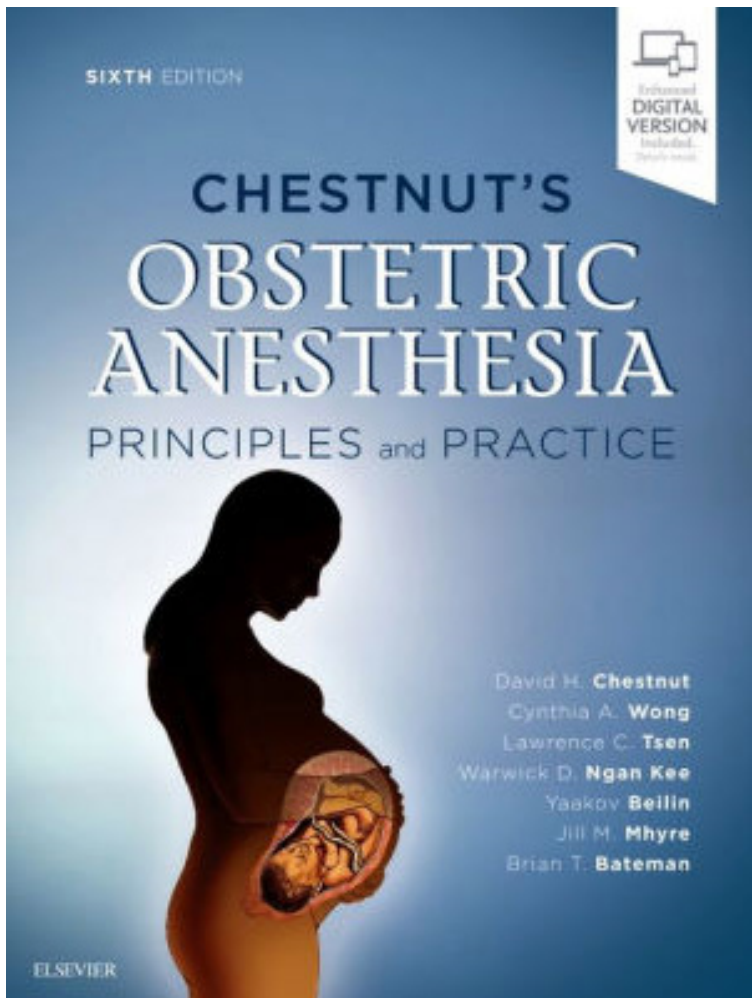
Joseph Schlesinger, MD, was featured in the podcast "Sound and Health: Hospitals" on Thursday, May 23, 2019.

Ed Sherwood, MD, PhD, received the Shock Society Scientific Achievement Award at the 42nd Annual Conference on Shock in San Diego, CA.

Amanda Stone, PhD, received the 2019 International Association for the Study of Pain (IASP) Early Career Research Grant for her project titled "The influence of childhood chronic pain history on parenting and pain-related risk in offspring: A longitudinal cohort study."

Amanda Stone, PhD, gave a presentation in a workshop at the 12th International Symposium on Pediatric Pain in Basel, Switzerland, on Wednesday, June 19. The workshop was titled "It takes two to tango: Evaluating the role of parents in psychological interventions for pediatric chronic pain." She participated alongside colleagues from Stanford University, Karolinska Institute, and Maastricht University.

Jackie Woodruff, CRNA, has been promoted to Adult CRNA Manager.



The sixth edition of *Chestnut's Obstetric Anesthesia: Principles and Practice* was published in April. David Chestnut, MD, is the lead editor on the textbook, which is regarded as the principal textbook of the obstetric anesthesiology specialty. It is important to note that the cover pictures a maternal-fetal image to draw attention to the fact that obstetric anesthesiology is about the simultaneous care of both the mother and her unborn child(ren).

The first edition of the textbook was published exactly 25 years ago in 1994, with subsequent editions published every five years. It has been translated into Chinese, Portuguese, and Vietnamese.

Chestnut's goals with the publication of the first edition were to collate the most important information that anesthesia providers should know about obstetrics and to prepare a thorough and user-friendly review of anesthesia care for obstetric patients. Those goals remain intact with the publication of the sixth edition. Reviews of the previous editions have noted that the content is comprehensive, the material is current and relevant, and the writing is clear.



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2019 Research Symposium

2019 Winners:

Charles Bernard Pittinger Prize - Basic Science Research:
Brandon Turner

Charles Bernard Pittinger Prize - Clinical Translational Research:
Christopher Hughes, MD

Charles Bernard Pittinger Prize - Health Services and Informatics Research:
Jason Slagle, PhD

Best Oral Presentation:
Marcos Lopez, MD

Best Poster Presentation:
Eric Figueroa

Roger England Research Award for Excellence in Support of Basic and Clinical Science:
Karen McCarthy

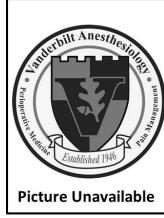
The Bradley Smith Mentorship Award:
Jonathan Wanderer, MD, MPhil



Warren Sandberg, MD, PhD (left) and Ed Sherwood, MD, PhD (right) present an award to Y.S. Prakash, MD, PhD (center). Prakash was the featured speaker at the Research Symposium held on Friday, May 3, 2019. His topic was "Cellular Senescence, Mitochondria and Lung Diseases: Aging at Birth?"

Prakash is a physician-scientist at Mayo Clinic, where he has studied, taught, researched and practiced for almost 29 years. He is professor of anesthesiology and physiology at Mayo Clinic College of Medicine and Science and chair of Mayo Clinic's Department of Physiology & Biomedical Engineering.

NEW DEPARTMENT MEMBERS



Todd Bohling
Certified Registered Nurse
Anesthetist

EDUCATION:
MSN, Anesthesiology,
University of Alabama,
Birmingham, AL (2017)
BSN, University of Northern
Colorado, Greeley, CO (2013)

FUN FACT:
I deployed to Baghdad in
2006.

Mary Ruth Brewer
Lead Administrative
Assistant
Pediatric Anesthesiology

FUN FACT:
I returned to Nashville
and to VUMC and am
excited be back. I enjoy
yoga, meditation and
design.

Caroline Campbell
Certified Registered Nurse
Anesthetist

EDUCATION:
MSN, Anesthesiology,
Middle Tennessee School of
Anesthesia, Madison, TN
(2018)
BSN, University of Alabama,
Birmingham, AL (2009)

Akhil Choudhary
Research Assistant
Center for Research and
Innovation in Systems Safety

EDUCATION:
BA, Anthropology, University
of Connecticut, Storrs, CT
(2019)

FUN FACT:
I am a certified scuba diver
and former bartender.

Jacob Clifton
Associate Statistical Analyst
Vanderbilt Anesthesiology
& Perioperative Informatics
Research

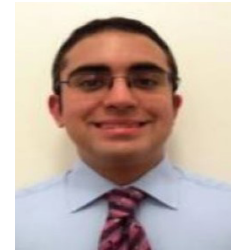
EDUCATION:
BS, Mechanical Engineering,
University of Tennessee,
Knoxville, TN (2016)

FUN FACT:
My uncle is a Hall of Fame
NFL lineman.

Matthew Danley, DO
Fellow
Cardiothoracic Anesthesiology

EDUCATION:
Residency, Anesthesiology,
Texas A&M, Temple, TX
(2019)
DO, University of North
Texas, Fort Worth, TX (2015)

FUN FACT:
I love to scuba dive. I spent
2 weeks in Africa teaching
KRNAs.



Elizabeth Edge
Senior Administrative Assistant
Center for Research and
Innovation in Systems Safety

FUN FACT:
I love to play bingo. I
enjoy the thrill that I get
when playing as well as the
anticipation each time they
yell a number out.

Ali Elsayes, MD
Fellow
Anesthesiology Critical Care
Medicine

EDUCATION:
Residency, Anesthesiology,
Tufts Medical Center, Boston,
MA (2019)
MD, Ain Shams University,
Cairo, Egypt (2012)

FUN FACT:
I have yet to spend more
than a few years in a single
country/continent; probably
why I am very fond of
learning languages, cultures,
and the interplay between
them.

Christina Gray
Administrative Manager
Administration

FUN FACT:
I like photography, sports
(Predators, UT, Red Sox,
Titans, and Texans), and
travel. My dream vacation
would be to visit Iceland.
I have completed 10 half
marathons.

Brandon Keener
Certified Registered Nurse
Anesthetist

EDUCATION:
MSN, Anesthesiology,
Middle Tennessee School of
Anesthesia, Madison, TN
(2018)
BSN, Arkansas State
University, Jonesboro, AR
(2013)

FUN FACT:
I grew up in a small town
in Arkansas. My first degree
is in English and worked as
a teacher before pursuing
nursing/anesthesia.

Sameer Lakha, MD
Fellow
Anesthesiology Critical Care
Medicine

EDUCATION:
Residency, Anesthesiology,
Mount Sinai Hospital, New
York, NY (2019)
MD, Icahn School of
Medicine at Mount Sinai, New
York, NY (2015)

FUN FACT:
I was a huge Model UN
nerd in high school and
college. I have since moved
on to board games.

Emily McDonald
Certified Registered Nurse
Anesthetist

EDUCATION:
MSN, Anesthesiology,
Middle Tennessee School of
Anesthesia, Madison, TN
(2012)
BSN, Auburn University,
Auburn, AL (2006)

FUN FACT:
I have done four ironman
races (so far).



Seth Stever
Business Intelligence Analyst
Vanderbilt Anesthesiology
& Perioperative Informatics
Research

EDUCATION:
BS, Management Information
Systems, Michigan
Technological University,
Houghton, MI (2013)

FUN FACT:
I am a military kid born
in Germany, but don't
remember anything outside
the U.S.

Jeremy Walker, MD
Assistant Professor of
Clinical Anesthesiology
Pain Medicine

EDUCATION:
Fellowship, Pain Medicine,
Vanderbilt University Medical
Center, Nashville, TN (2016)
Residency, Anesthesiology,
Northwestern University,
Chicago, IL (2015)
MD, University of Tennessee
College of Medicine,
Memphis, TN (2011)

FUN FACT:
I appeared on the game
show Jeopardy! while
a senior at Vanderbilt
University.

Clark Weber
Project Manager
Administration

EDUCATION:
MA, Business, University
of Louisville, Louisville, KY
(2018)
BA, Government and
Sociology/Anthropology,
Centre College, Danville, KY
(2014)

FUN FACT:
I have visited over 25
countries.

Shelby Woltjen
Certified Registered Nurse
Anesthetist

EDUCATION:
MSN, Anesthesiology,
University of Alabama,
Birmingham, AL (2017)
BSN, University of Alabama,
Tuscaloosa, AL (2013)

FUN FACT:
I have a furbaby named
Nala. She is a one year old
goldendoodle who, in my
opinion, is the cutest girl in
the world.

Jing Zhou
Staff Scientist
Research

EDUCATION:
MS, Marine Biology/
Aquaculture, Ocean University
of China, Qingdao, China
(1985)
BS, Biology/Marine Biology,
Ocean University of China,
Qingdao, China (1982)

FUN FACT:
I like to watch basketball
games and play computer
games.

Head KRNA recaps her experience at VUMC, VIA fundraiser

Mary Mungai, head Kenyan Registered Nurse Anesthetist (KRNA) at AIC Kijabe Hospital, visited Vanderbilt University Medical Center from Saturday, March 30 through Saturday, April 13. While here she was the special guest speaker at the Vanderbilt International Anesthesia Fundraiser on Saturday, April 6, 2019.

“It was truly inspiring to hear Mary Mungai’s personal story,” said Claire Posey, associate program manager of VIA. She grew up in a rural village in Kenya, became one of the first KRNAs under the tutelage of Mark Newton, MD, at Kijabe, and is now serving as a leader helping to shape anesthesia education for her country. “Through her own powerful example, Mary showed us the importance of investing in education and what a huge difference it can make,” Posey said.

Mungai said her time at VUMC was spent on learning as she observed and interacted with practitioners in the institution. “It was great and at the same time humbling for me to be involved in talking to cadres that are, in my opinion, more educated and experienced in their career than myself.”

She said the medical providers at VUMC probably learned about how medical providers in Kijabe manage difficult situations in low resource settings. She also learned from VUMC.

“I learned and benefited the most from the interactions and observations and am in the process of putting into practice what I learned from them.” She spent time in the operating rooms following different services and said it was very helpful to observe.

“I had great time with the CRNA leaders and they talked me through how they do their work, management, continuous education and mentorship of the students who rotate through the institution. It was humbling how everyone I came across was supportive of enabling me to achieve my goals during the time,” she said.

Newton said many CRNAs attended Mungai’s talk and were humbled by her commitment to patient care in a very low resource setting. “They left these meetings inspired and encouraged to do more here at VUMC.”

Posey said it was really special to have Mungai at the fundraiser this year. “In inviting Mary, we wanted to both honor her achievements and also give the VUMC community an opportunity to learn from her and see the impact of VIA’s

efforts in Kenya first-hand. I’m so glad we were able to do that.”

She said she hopes that those who attended the fundraiser as well as those who spent time with Mary during her two-week visit to VUMC gained a better appreciation for what it’s like to practice medicine in a low-resource setting and the enormous inequality that exists between healthcare providers and patients in high-income countries and those in low-income countries.

Mungai stated she had a great time with the families that hosted her and they went the extra mile to make her comfortable. “I am forever grateful to all that facilitated my coming over and organized my schedule. The trip will be helpful to my department here in Kijabe.”

Recent Publications

Agarwala AV, Lane-Fall MB, Greilich PE, Burden AR, Ambardekar AP, **Banerjee A**, Barbeito A, Bryson TD, Greenberg S, **Lorinc AN**, Lynch IP, Pukenas E, Cooper JB. Consensus Recommendations for the Conduct, Training, Implementation, and Research of Perioperative Handoffs. *Anesth Analg*. 2019 May;128(5):e71-e78. doi: 10.1213/ANE.0000000000004118. PubMed PMID: 30995210.

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Committed: Equipping future leaders with solid education and training, both here and abroad.

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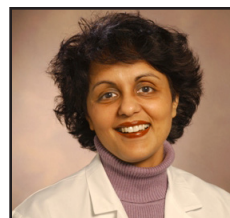
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