



Where can you feel safe?

MUSC hopes new mass violence resource center can offer lifeline of support

BY DAWN BRAZELL

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With the news still fresh about a Texas church shooting that killed 4 percent of the town's population and left 26 people dead, Dean Kilpatrick and his team at the National Crime Victims Research & Treatment Center are rolling up their sleeves.

It's not to parachute in to save the day, says Kilpatrick, Ph.D., the director of the center that is part of MUSC's Department of Psychiatry and Behavioral Sciences. It's to gear up for the long haul.

The center has received the "all clear" on an \$18 million grant it received from the Office for Victims of Crime (OVC)

to establish a Mass Violence and Victimization Resource Center.

"One of the ironies and the tragedies of this is when these things happen, there's a lot of focus on it. A lot of people swoop in. People know more what to do, so we've gotten better at that. There's a lot of attention, but then they go away, and the people are left. And they're still having problems," he says.

A case in point is the mass shooting in Las Vegas. Law enforcement did an amazing job in responding, but there are reports that survivors are running into jurisdictional issues in tapping into support services now that they are

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GREEN STREETS



Photo by Anne Thompson

Charleston RiverDogs mascot Charlie picked up a roller and joined dozens of people who helped paint Doughty Street green as part of the first phase of the Charleston Medical District project. Read the full story on page 12.

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New app offers the latest in safety, communications and reporting abilities.

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Holiday cards now on sale

Translational Research Across the Lifespan: Enhancing Recruitment & Engagement of Pediatric and Geriatric Populations in Research

SCTR Special Populations Lunch and Learn

Wednesday, December 13, 2017
12:00pm to 1:00pm

MUSC Bioengineering Building
(BEB) Auditorium 110

Experienced pediatric and geriatric research teams will share their lessons learned, strategies, and helpful resources to optimize recruitment and retention of these special populations. Please join us for the conversation to enhance inclusion in research!

Call Ford Simmons at 843-792-2994 for more information or email simmonwi@musc.edu.



South Carolina
Clinical & Translational
Research Institute

Keynote Speakers Aging Population Speakers



Heather Boger, PhD



Melba Alexandra
Hernandez-Tejada, DHA

Pediatric Population Speakers



Andrew Atz, MD



Claudia Salazar



Christine Turley, MD

MUSC LEADERSHIP TEAM

Dear MUSC Community,

For more than 40 years, Trident United Way has served as a lifeline to people in the most vulnerable of circumstances: poverty, unemployment, disability or unexpected financial problems, health or family situations. It is an organization dedicated to making authentic, long-lasting change in the Lowcountry by addressing the issues that matter the most in people's lives — education, financial stability and health. Without the Trident United Way, many of these folks would have no way to rebuild their lives or plan a stable future.

Thank you for your support of Trident United Way in the past, and please know that your generosity is paying off! We touched the lives of more than 150,000 residents in the Tri-county last year through a variety of initiatives, including:

Trident United Way serves as the backbone of Healthy Tri-County (HTC), a multi-sector, regional initiative to improve health outcomes in Berkeley, Charleston, and Dorchester counties launched in partnership with MUSC Health and Roper St. Francis in 2017.

The Tri-County Reading by Third Project is an innovative pilot working to increase the number of our children reading at grade level by third grade. This pilot has launched in all four local school districts.

Family Connects, a home visiting nurse and resource referral program, is being explored as an option for the Tri-county area. MUSC, the three other hospital leaders, and staff from Trident United Way and Tri-County Cradle to Career are working to assess feasibility for this program for our area.

These are just some of the ways that we are partnering in collective impact efforts. One of our five strategic goals is to pursue building healthier communities, and in order to make the largest impact, we must come together to improve the lives of those we serve.

Please join the MUSC family in supporting one of the Lowcountry's most important and treasured organizations, Trident United Way. If we all just give a little, we will make a difference in more lives and in more ways than any of us could possibly imagine. Before making your decision, please consider three important points:

Every penny of your gift will remain here in the Lowcountry, providing relief and support directly to people here in our community.

This year, your gift could qualify for matching funds from MUSC, effectively doubling the impact of your contribution. Contact Cory Robinson (robinc@musc.edu) or Loretta Lynch-Reichert (lynchre@musc.edu) for more information.

Giving is easy. Just visit epledge.tuw.org/musc to learn about the many options to make your gift, including credit card, check, or easiest of all, payroll deduction. The payroll deduction deadline is Dec.15.

Thanks for all you do on behalf of our community.

Yours in service,

David J. Cole, M.D., FACS
MUSC President

Patrick J. Cawley, M.D.,
MUSC Health CEO & VP Health

THE CATALYST

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MEET JEAN



Jean Gudenas

Department and how long at MUSC
 MUSC Libraries — Information Resources
 & Collection Development; four months

How are you changing what's possible at MUSC

As the new director of Information Resources and Collection Services, it is my goal to meet the academic and educational needs of this campus by providing the best resources possible.

Hometown *Chicago, Illinois*

Family and pets

Husband, Joe; and daughter, June; three "wacky" cats, Gizzy, Daffy and Watson and a beta fish, Charlie

Number of Ripley's Believe it Or Not Tricks I've accomplished in my life
Four

Favorite quote

"Life does not cease to be funny when someone dies any more than it ceases to be serious when someone laughs" – George Bernard Shaw

You're invited

**Charleston Medical
 District Greenway**

Kick-off

Join Charleston Mayor Tecklenburg and representatives from MUSC, Roper Hospital and the Ralph H. Johnson VA Medical Center at 11:15 a.m. for remarks about the new greenway

Free, healthy refreshments provided by Sodexo

Lunch options available for purchase through local food trucks

November 20, 2017 11:00 a.m. – 1:00 p.m.

Special guests and displays: Holy Spokes, Lowcountry Land Trust, Charleston Parks Conservancy, MUSC Urban Farm and Arboretum, Roper Hospital, Ralph H. Johnson VA Medical Center, massage therapy, MUSC pet therapy dogs, Charleston RiverDogs (Charlie T. RiverDog), Charleston Battery (Leo the Lion), Zumba, music from a local DJ and more!



U.S. Department
 of Veterans Affairs
 Veterans Health
 Administration
Ralph H. Johnson
 VA Medical Center



CALLING ALL BABIES!

MUSC PT Baby Day

Friday, December 1st | 8:30am – 10:30am

College of Health Professions - 151 Rutledge Avenue, Building B

We are looking for babies under 18 months to help with a student learning opportunity at the MUSC College of Health Professions Physical Therapy Program.

Please contact **Erica Pfeiffer, PT DPT** at pfeiffe@musc.edu for more information.



Changing What's Possible

Psychologists find way to reach more trauma survivors

By HELEN ADAMS

adamshel@musc.edu

Among the supplies was something that would have an immediate impact: antibiotics. Psychologist Rosaura Orengo-Aguayo's grandmother was seriously ill, living in a home for the elderly in the mountains of Caguas.

"The only antibiotics the home had were the ones that we brought, and that kind of extended her life," Orengo-Aguayo says. "We didn't have the intravenous kind of things they really needed. What we had was a pill they had to crush and mix with water so she could drink it."

Orengo-Aguayo, who moved from Puerto Rico to mainland U.S. several years ago to pursue her doctorate and is now an assistant professor at MUSC, was able to talk with her grandmother. "She was lucid with me a couple of times and was so proud. It was really nice."

Since that visit, her grandmother has been moved to hospice care. "It's tough because there's a moment where you think, 'If she did pass, would a funeral home be open?'"

TEACHER TRAINING

Puerto Rico is filled with people dealing with stress and loss these days, including many of the almost 350,000 children who are part of the public education system. As the schools that weren't too badly damaged reopen, teachers, social workers and counselors will have some students who have been traumatized by the huge storm and their island's agonizingly slow recovery.

But before they can help their students, school personnel need to help themselves. They, too, have been through a lot. So that's where the MUSC team started in its trauma recovery workshops, de Arellano says. The psychologists were there at the request of Puerto Rico's Department of Education.

"We taught them some basic skills like how to center yourself, ground yourself, manage your anxiety and understand that what you're experiencing is normal. Having PTSD symptoms after something like this is nearly ubiquitous."

Orengo-Aguayo says they also asked the school personnel about their experiences in the storm's aftermath. "We divided them in groups, and they broke down the basic needs they've identified in themselves and the community, and the emotional needs as well."

The psychologists then taught them about trauma in easy-to-understand language. Stewart says that includes such basic concepts as what trauma really is. "We talked about what events are potentially traumatic and common reactions to trauma - how your body might respond, how your mind responds, what you might see in kids at different developmental levels."

The MUSC team showed the school personnel how to translate coping skills such as progressive muscle relaxation, controlled breathing and visualization and into exercises children would understand. In one, called La Tortuguita, intern Freddie Pastrana-Rivera showed how children can be taught to scrunch their bodies as if they're turtles retreating into shells, then slowly come out of their shells and relax.

Despite the conditions, the MUSC team says the teachers,



Photos provided

Psychologists Rosaura Orengo-Aguayo, left, and Michael de Arellano, center, show Puerto Rican teachers, counselors and social workers how to do a mindfulness exercise involving Hershey's Kisses.



Teachers try a relaxation technique they can use with students traumatized by Hurricane Maria and its aftermath.

social workers and counselors maintained their focus. Orengo-Aguayo describes the first session. "That was 90 minutes. It was in a school that had no power, no water, no microphone, no power point, in a cafeteria. It was hot, and you have to really kind of be flexible and in the moment and engaging."

She says some of school personnel had gone through a lot to get there. "We had social workers show us pictures of their road to just get to the workshop, going through landslides, boulders falling, dangerous conditions."

Stewart says that didn't keep them from giving their full attention. "They were very appreciative. They could tell others outside of Puerto Rico knew what was going on and were thinking of them and were coming to help."

After the teacher workshops, the MUSC team held four-hour training sessions with social workers who could train colleagues and reach more teachers, continuing the psychologists' work long after they returned to Charleston. MUSC sent a photographer to videotape the sessions, and a training video is in the works.

After the team wrapped up its time with the teachers and social workers, Stewart and Orengo-Aguayo stayed a few extra days to give trauma recovery workshops in Puerto Rican churches. The team reached a total of about 800 people directly and hopes that through its newly trained trainers and upcoming videotape, it can reach many more.

WHAT'S NEXT

Return trips are definitely in the works, Orengo-Aguayo says. "Everywhere we went, we made sure to say that our commitment is not just today. It's a four-year, five-year term, whatever it takes. Regan and I are actively looking for grants. And some people clapped. It was like, 'Oh, you're not just helicoptering in.'"

See TRAUMA on page 13

Moving MUSC's email system to the cloud

As MUSC prepares to relocate email for all users on campus to the cloud, there are some basic changes and notes about the new email system that will ease the transition.

NEW LOOK TO WEBMAIL

The 2018 email update will give faculty, staff and students a new webmail interface after mailboxes are converted. The new interface is more modern and works with Firefox, Chrome and Safari. The new webmail link will be <http://outlook.office365.com/>. There are many new changes, features and settings in the new desktop and webmail interface to include group collaboration, better calendar layouts and attachments, Skype chat and automatic mailbox cleanup rules.

NEW MAILBOX SIZE

All MUSC users will now have a 100GB mailbox, which is a major improvement from the old mailbox size. This will give each user a much larger storage space within personal mailboxes. While mailbox

capacity has grown, the size of attachments has not. There actually will be a limit on the size of an attachment file that can be emailed; 150 MB from Windows and Mac Outlook clients, while the Outlook Webmail client only permits 35 MB attachments. If the message and attachment has to be transcoded, then the largest allowable size would be 112MB.

MOBILE INTEGRATION

Mobile (iPhone, iPad, and Android) integration has been part of the MUSC email system for many years. Mobile devices are still required to be registered with MUSC and use our current MDM software to protect our data.

All mobile devices are required to use the MDM software to access MUSC email from any mobile device. To read more about



Making IT Great

Megan Fink

MDM on campus, visit <http://carcweb.musc.edu/mdm/about.html>. All current users of MUSC email on mobile devices already have a policy on their phone that will automatically configure accounts when mailboxes are pushed up to the cloud.

MUSC also requires 2Factor authentication while off campus for access to all MUSC systems, including email. To set up a 2Factor account, visit <https://2factor.musc.edu/>. There is an app for that, and it can be downloaded from your App Store. The 2Factor app will either call you to verify use, or you can change your method in the 2Factor portal.

FOCUSED INBOX

This new feature separates your inbox into two tabs—Focused and Other. Your most important emails are on the Focused tab, while the rest remain easily accessible though

hidden on the Other tab. You'll be informed about email flowing to Other, and you can switch between tabs at any time to take a quick look. Focused Inbox works to prioritize what's most important, and what lands in Focused Inbox is based on the content of the email (e.g., newsletters, machine-generated email, etc.) and who you interact with most often.

GROUP COLLABORATION

Another new feature, Groups, is part of Office 365 and provides a workspace for collaboration and sharing. The workspace comes with a shared inbox, calendar, document library, OneNote notebook and planning tool.

As with any major change to daily workflow, be patient and ask for help if needed. The Help Desk is available to take your questions at 792-9700. It's also recommended to print out your calendar for the next six months to ensure you don't miss important events or meetings.

Charleston County needs 193 new foster families.

59 % of children are placed out of county:

- Away from their friends
- Away from their schools
- Away from their churches
- Away from everything they know

Make a difference today:
www.scfamilies.org
 (888) 828-3555

DSS
 SOUTH CAROLINA
 DEPARTMENT of SOCIAL SERVICES

Kids Helping Kids holiday cards on sale



"Caroling Penguins" was created by Claire Murrah, 10, of Lexington, South Carolina. Her card was sponsored by Cullum Constructors and Services, Inc.

The 2017 Kids Helping Kids Holiday Card Project features the artwork of 17 patients and friends of the MUSC Children's Hospital. Their creations, sponsored by various Lowcountry businesses, will be featured on the front of holiday greeting cards. Cards may be purchased in multcard packs of 17 for \$20. Cards are also available at the MUSC hospital gift shops (ART and the Children's Hospital) or via online orders at https://marcomcentral.app.pti.com/knightpress/musckids_holidaycards/home.aspx?uigroup_id=13319. Proceeds benefit the MUSC Shawn Jenkins Children's Hospital.



Above: "Santa's Sleigh" was created by PICU patient David Powell, 9, of Goose Creek. His card was sponsored by the Law Offices of Donald H. Howe, LLC.

Right: "The Pink Flamingo" was created by Della Powell, 5, of Goose Creek. Della's big brother is a patient of the MUSC Children's Hospital. Her card was sponsored by Tom and Lynn McNally.



MUSC launches new LiveSafe app

BY MIKIE HAYES

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Violence. Emergencies. Disasters. Crises. They can happen any time. Anywhere — on university campuses, at an outdoor concert, during a church service, where tourists gather. And, sadly, they make the world seem like an unstable and scary place.

Take Oct. 31. Just hours before New York City's Halloween festivities were scheduled to begin, eight people were killed and more than a dozen injured, when a terrorist flooded the gas in his rental truck and careened down a crowded pedestrian-bike path, mowing bikers and walkers down and crashing into a school bus, injuring special needs children trapped inside.

Thirty days earlier, a high-stakes gambler, perched high above the Las Vegas Strip, opened fire on country music fans attending an outdoor music festival, shooting more than 500 people before killing himself.

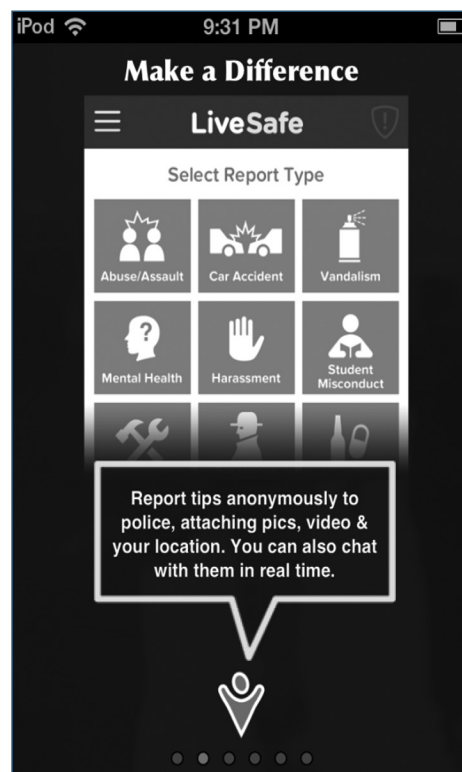
Just five days after the NYC Halloween attack, a man gunned down defenseless parishioners in a Texas church during Sunday service, killing 26, including 12 children, one as young as 18 months. Twenty others were injured, 10 critically, in the worst mass shooting at a house of worship in American history.

Whether you're home or abroad, it's natural to worry about safety. Even those with the steeliest of resolve wonder where it's safe to travel to these days. And with the threat of danger being so prevalent that the U.S. Department of State urges Americans to use "worldwide caution," it's hard to know for sure.

MUSC staff and students travel for a multitude of reasons — conferences, medical mission trips, legislative briefings, presentations and alumni visits. Had any been in NYC, Las Vegas or the outskirts of San Antonio, it would have been important to know they were safe or if they needed help.

And what if they had been out of the country at a speaking engagement in Barcelona, Spain, in August during the attack on Las Ramblas; on a medical mission trip in Uganda with students and colleagues in October, when grenades were launched; or if their sons or daughters had been studying abroad during any of the 2017 the attacks in London, Paris or Stockholm?

Would they have had a sound



communication plan or way to check in?

THE LIVE SAFE APP

The Department of Public Safety (DPS) has the herculean task of protecting students, faculty, staff and property, covering a great deal of ground doing so. Physically they can't be everywhere, but a new app helps — even off campus.

LiveSafe, an emergency phone app regarded as "the most advanced mobile safety communications platform" by Nasdaq Global Newswire, offers peace-of-mind features that are literally just a click away.

Downloadable for free from the App Store, LiveSafe is being used on college campuses all over the country and throughout the corporate world. The DPS officially launched LiveSafe, as have Yale, Duke, University of North Carolina at Chapel Hill, University of Southern California, even ESPN. It offers the MUSC community a tool to connect with Public Safety for real-time security communication.

So how would an app monitored in Charleston have helped during any of those out-of-town or country crises?

Lt. Layne Thompson explained it's through the use of geo-targeted mass notifications and check-in alerts.

Using always-on "geofencing" technology,



Public Safety can set a virtual geographic boundary or "fence" around a certain area where there may be an emergency. This would allow anyone within the fenced area to receive a notification through the LiveSafe app. That way, in the event of a major incident when employees or students are traveling, Public Safety can account for them within minutes and confirm their safety.

They accomplish this from the LiveSafe dashboard, which all dispatchers, Thompson and other officers have access to. The dashboard is how people communicate with DPS, and someone is always monitoring it,

24/7.

"This feature is one of the most exciting," Thompson said. "It allows us to create groups and do check-ins. Say we had had postdocs doing research in Barcelona at the time of the attack or Global Health had doctors there, we could have drawn a geofence around Barcelona and then sent a check-in request to their phones. 'We know there's been an event, please let us know you're OK or if you need to get out, and we'll get you assistance.' This function works worldwide, so our people could be in Syria, and we could still do this."

The app doesn't stop there. Closer to home, it allows individuals who are part of the campus community to communicate tips or report a whole host of security-related concerns like threats, suspicious activity, disturbances, assaults, theft, stalking or drug and alcohol abuse to either Public Safety or surrounding 911 call centers.

And it can even be done secretly or anonymously.

"If there is someone in the ER waiting room, for example, who is out of control, ranting or threatening the staff, and employees don't feel like they can safely pick up the phone and call Public Safety, they can use the 'Emergency' function on the app to discretely let us know. They can even inconspicuously take video, audio or a photo, and it will attach itself and send to us. Officers can be immediately deployed to help."

Another example he related concerned imminent danger. "If say someone is in a domestic situation and is locked in the

See APP on page 10

MUSC veterans praised, honored at annual recognition ceremony

By JOHN CHARLIE MOSIER

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"Oh God, the giver of all good gifts," Pastor Melvin Williams began his invocation, "we thank thee for all these blessings, which we have. Give us always contented minds, careful hearts and ready wills, so that we may spend and be spent in the service of others."

So began the Veterans Day ceremony at MUSC.

The military is often considered the epitome of service — giving of oneself to the service of others, including the possible ultimate sacrifice, he said. Those who serve often do so out of a genuine desire to help and protect others, knowing the costs that it sometimes entails. Often, military life is rougher than one would expect, physically and emotionally. Troops of different eras and places share the same pains: boredom, fear, regret. And so often, they are far from home.

The pastor reminded the audience that they make these sacrifices so that others don't have to.

The Nov. 19 Veterans Day event focused on this spirit of service that veterans share and how that sense doesn't end after leaving the military but often continues in civilian life.

"Veterans everywhere and those who are of our armed services," he continued, "we want to thank you. We love you and your families, and we pray that God will forever bless you and give you the strength that you will need to get through the days."

President David Cole, M.D., addressed the audience, explaining that veterans continue to serve in important ways once their tours of duty come to an end.

"As you know, service of veterans doesn't end when you stop active duty, and MUSC has many veterans who work daily and serve at our institution in many capacities. So I'd personally like to take a moment to say thank you. Thank you for what you do, who you've been, the impact that you have both on our nation and on MUSC."

MUSC Health CEO Patrick Cawley, M.D., reminded guests that they must never forget

those who have a harder time adapting to life after the military service and traumatic experiences.

"I was walking over here, coming across the Horseshoe. I had a sobering reminder of what it means to be a veteran. If you walked through the Horseshoe, you may have been stopped by someone asking you to do 22 pushups. Many in this audience know what that means: 22 veterans die every day in the U.S. from suicide."

Keynote speaker U.S. Army Command Army Sgt. Maj. James E. Guest shared his own personal example of "service after the service."

Guest was born into a family whose military history stretches back to the Revolutionary War. He himself volunteered for the armed forces in 1971. Learning engineering skills and working with missile systems, he spent his time in the Army before returning to Charleston. Finding a poor job market, he joined the Navy, and while stationed aboard the USS Franklin D. Roosevelt CVA 42, he traveled the world.

When his tour was up, he once again returned home, where he found the job market was better. After working in a different field for two years, he became a federal police officer with the Department of the Navy at the Naval Weapons Station. He spent 11 years in that position, during which time he was trained to be a Drug Abuse Resistance Education (DARE) officer and counseled troubled youth in the school system. He was also a scoutmaster for 25 plus years and remains involved today as an Eagle Scout counselor.

Missing military life, he joined the South Carolina State Guard in 2005 and has remained with it since. He was promoted to command sergeant major and has been in that role since July 2014. He also is an asset management - warehouse operations supervisor at MUSC.

In his closing remarks, he told the audience that military service can be a challenge, but it can also be a stepping stone to a path of service after the service.

"We have to ask ourselves without



Photos by Anne Thompson

Pastoral Care Chaplin and manager Terry Wilson, center, joins Dr. Lisa Saladin, third from right and MUSC veteran-employees, students and guests at the annual Veterans Day ceremony held at the Basic Science Center Auditorium.



MUSC President Dr. David Cole praised the work and contributions of many veterans who are members of the MUSC family at the Nov. 9 annual event.

"So, the bottom line here is 'How can I make a difference?'....We all have our little 'expertises' that we can do. So, you have that chance. Go out and make a difference if you can."

Sgt. Maj. James E. Guest

consideration to race, religion, or any other difference we might have, the question that applies to everyone in everyday life: Why are we here? What kind of work can we do to fulfill ourselves? What can we do for others? And with or without military service, we can all attempt to live in service of others every day. So, the bottom line here is 'How can I make a difference.' You know? We all have our little 'expertises' that we can do. So, you have that chance. Go out and make a difference if you can."

See SERVICE on page 9



Facilities' Jennifer Aldrich, left, and members of Public Safety's Color Guard lead the event.

SERVICE *Continued from Page Eight*

Chaplain Terry Wilson explained how moral injury and post-traumatic stress disorder (PTSD) are the invisible wounds of combat both in the armed forces and veteran community.

He reminded the audience of the viciousness and tragedy of war. Men and women in the field, he said, are often placed in impossible and unfair situations, situations with no right choice and issues of survival.

Sometimes in war, Wilson explained, military personnel must perform duties that go against their moral codes, which

can produce feeling of guilt, shame, sorrow and anger, and ultimately, it can even lead to feelings of distress, isolation and spiritual damage.

"If you don't mind, I'd just like to read this as you let this sink in," he said as he read the invitation to an upcoming Health Care Theater event. "It's impossible to predict how veterans will respond to combat or other traumatic experiences that occur during military service, particularly those events that may have required difficult, heart-wrenching decisions."

Veterans who were present for the event were recognized for their service, and David Rainville, USAF, performed taps, the traditional bugle call played at dusk, during flag ceremonies and at military funerals by the United States armed forces.

A video presentation highlighting the valor and unique service of each of the armed forces was presented while Provost Lisa Saladin, Ph.D., offered the closing remarks, echoing in her words the emotions that filled the room.

"To our veterans, those of us who have never served will never truly understand the sacrifices you and your family have made, both in times of peace and in times of war. We will never fully understand what you were required to do and what you were able to do. We will never fully understand the depth of your scars, both visible and those invisible, lurking beneath the surface, that continue to trouble you. But what we can offer you is this: We can express our appreciation and gratitude regularly to each of you and to acknowledge your service past, present and future. We can recognize your humanity and continue to work to advocate for services and support for our veterans."

This season, be mindful about thefts from vehicles

Staff Report

Recently there has been an increase in the number of thefts of personal property from vehicles in parking garages on campus, specifically the Jonathan Lucas Garage. MUSC has experienced four separate incidents reported within the past two weeks, so please take the time to protect yourself from theft!

MUSC Department of Public Safety recommends that community members ALWAYS:

- ☐ Lock your vehicle and close your vehicle windows.
- ☐ Protect/safeguard personal property such as purses, briefcases, backpacks, cell phones, laptop computers, or any other electronic devices.. These items should never be left unattended in vehicles. Secure your personal property out of sight, including any mounting hardware for GPS and electronic equipment, if possible.
- ☐ Record the serial numbers of your

valuables.

- ☐ Engrave valuables with your license number.
- ☐ If you see any suspicious activity around campus, you are asked to contact the MUSC Department of Public Safety immediately at (843)-792-4196, through the MUSC LiveSafe® App, or via one of the many emergency call boxes on campus.
- ☐ Provide the dispatcher with a description of the individual(s) to include clothing, what you observed them doing, the location where you saw them and the direction they were going.

The MUSC LiveSafe® App is an effective method for Android and iOS users to call MUSC Public Safety immediately. The app can be downloaded on your mobile device from Google Play or the Apple App Store. Contact the Crime Prevention Office at 843-792-1070 or 792-2261.

DON'T MISS IT!

THE MUSC ANGEL TREE PARADE OF TOYS!

FRIDAY, DEC 1st @ NOON








PLEASE JOIN US FRIDAY, DECEMBER 1ST AT NOON FOR THE MUSC ANGEL TREE PARADE OF TOYS!

We will start the parade on Ehrhardt Street and march down Bee & President Streets to Jonathan Lucas turning onto Calhoun and then taking a left onto Ashley Avenue where we will unload the toys in the MUSC Horseshoe.

It will change your holiday experience this year!

APP *Continued from Page Seven*

bathroom and doesn't want the person to know they are calling for help, they can go to the Emergency feature and text, 'This is where I am, I have this situation going on, can you please send someone to help?'

He continued, "Or, from the 'Tip' side, there's a feature for reporting suspicious people or activity in the event something doesn't seem quite right or someone is acting bizarrely, and an employee can't get on the phone to call. They can send a picture, recording or video so we can see who it is. We can even relay the information to Charleston County if it's off campus, and if it's in the vicinity of campus, we can send a DPS officer to stabilize the situation while local authorities are contacted."

If perhaps someone wants to report a drug transaction and prefers not to be contacted or identified, they can relay the information anonymously. That being said, Thompson said the process goes smoother when DPS can interact with the person providing the tip.

LIKE A CALL BOX IN YOUR HAND

Thompson said call boxes are effective if you're near one, but even then you have to wait for an officer to arrive.

"The nice thing about this app is that you can press an alarm button, and you have a call box in your hands. Hit the red button, and it calls DPS if they're on campus or 911 if off campus. "It conveys the location to Public Safety."

With the LiveSafe app, students and employees are able to text Public Safety in the event of an emergency.

"This provides them with a useful tool. If, for instance, they are worried about their safety and don't think it's a good idea to call us or the police, they can just text us for assistance without anyone around them being any the wiser."

SAFEWALK

Another of the app's features that Thompson is particularly excited about is SafeWalk. This peer-to-peer location tracking and communication feature allows users to virtually walk home or to another location with family, friends or colleagues, simply by monitoring the user's location on a real-time map, which uses GPS-enabled location technology that leaves little breadcrumbs where they walk.

"Even internationally, you can ask friends to watch you walk. You choose a destination, and add an estimation of time. It drops

breadcrumbs – little dots – so you can see where the person is walking. 'I'm leaving the library, watch me as I walk home.' If they don't show up – it sends an alert: She's not there yet."

The way it works:

❑ The user enters their final destination and breadcrumbs show the route the user has taken during the SafeWalk session.

❑ Based off the initial location and intended destination, hands-free smart alerts are now sent to both parties if the user doesn't arrive at the intended destination by the estimated time of arrival. Alerts are also sent when the user has arrived, and if the user has summoned for help.

❑ Users can now quickly summon help from their organization or 911 with the tap of a button.

❑ Safewalk also allows the user to specify a mode of transportation such as walking or a car, so it can still be used even if you're using Uber or Lyft.

The app – no matter where a user is – offers a map that automatically populates with nearby safety places like police stations and hospitals, as well as important organization places. It also has an area that offers important emergency numbers, which change depending on current location.

In addition, the Critical Information section provides up-to-date resources such as emergency numbers, important MUSC phone numbers and information ranging from natural hazards to domestic violence. This area also provides a link to sign up for MUSC Alerts.

The app can be used on an iPhone, iPod Touch, iPad, and Android. When a user enables any of the "Security Options," that location will be shared with Public Safety. Also, 911 can be called, which regardless of where that person is, will connect him or her immediately with the closest 911 dispatch center. Public Safety can even be messaged, and dispatchers, in turn, can chat back to ensure the user is okay.

Public Safety dispatchers monitor the app 24/7. When an alert comes in, it makes a sonar-like sound and a red button flashes.

MUSC has invested in the cost of the app, making it free for students and employees. With a daily population of 27,000, according to Thompson, it's also available to MUSC family members. In fact, there are no restrictions on who signs up for it.

MUSC continues to use RAVE alerts; this app just serves to supplement them.

To get LiveSafe: Go to your cell device and open the App Store. Choose the LiveSafe app (by LiveSafe, Inc.) Get and install the app,

LiveSafe Reporting Tips

Share location-tagged text, pictures, audio or videos with Public Safety.

Anonymously reach Public Safety to submit information about a disturbance, suspicious activity, harassment, noise complaints, verbal threats, mental health problems and any other safety issues you may experience. Opt to add photos, audio, or video to your message, enabling officers to better respond to the issue.

Emergency

This allows you an instant emergency connection. In the case of an emergency where you need immediate assistance, you can choose to contact 911 or Public Safety. If you choose to call or message the DPS, location tracking will begin, allowing officers to respond to your exact location.

Critical Information

This resource-rich area provides up-to-date information. You can sign up for MUSC Alert, and under the Contacts category, you can quickly access important MUSC phone numbers such as Public Safety, CAPS, Risk Management, Human Resources and Information Solutions, among many. Other categories offer resource information from natural hazards to domestic violence.

SafeWalk

Allows users to add friends, share your location when you leave a location, stay in constant communication with those friends while you walk to your destination, and even send a group chat when you reach your destination safely. If you run into trouble you can contact police from within the app.

Safety Map

Safety map shows users in real time the location of nearby safety places, such as police stations, hospitals and fire stations. With GPS enabled, users can see their location on the map to help guide them to the appropriate location.

and use MUSC as the location.

Auxiliary scholarships applications due Jan. 8

The Auxiliary to the Charleston County Medical, Dental, and Pharmaceutical Association (ACCMDPA) will award a \$1,000 scholarship to an African-American MUSC student in good standing enrolled in the College of Medicine, College of Dental Medicine,

College of Pharmacy or College of Nursing. Completed applications must be postmarked by Monday, Jan. 8.

Contact Sshune Rhodes at 843-475-1332 or sshune@aol.com for applications and more information.

Work-family balance can tip wrong way for some docs

By S. CORRIN GARR

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Female medical interns are more likely to suffer from symptoms of depression than their male counterparts, and the conflict between work and family responsibilities is a factor in that gender difference about a third of the time.

That's a key finding of a study published in *JAMA Internal Medicine*. It was led by Connie Guille, an associate professor in the Department of Psychiatry and Behavioral Sciences at MUSC, and Srijan Sen, an associate professor at the University of Michigan.

The internship year takes place after medical school, putting physicians-in-training through an important but intense time marked by long work hours. Both women and men experience more depression during this year.

The gender disparity involving work-family responsibilities didn't come as a surprise to investigators Guille and Sen, who began the Intern Health Study in 2007 during their residency training at Yale University. That's when they first noted the extent of stress during their internship year and how it affected their colleagues. One of their fellow interns attempted suicide.

Since completing residency training, the two have continued to collaborate on the study from their separate institutions, Guille said. "Every year that we've been doing the study, we don't see a gender difference in depression before the start of internship year or after internship. It's during internship year that we see that women have a greater risk for depression. We wanted to better understand why, so that we can design interventions or programs to close this gap."

The study involved more than 3,000 medical interns during the 2015 to 2016 academic year, recruited across all specialties from 44 medical institutions. It was funded by the National Institute of Mental Health, the National Institute on Drug Abuse and the National Center for Advancing Translational Sciences.

Knowing that the internship year of medical training is highly stressful and interns have little to no control over their work schedules, Guille decided to use that period to study the impact of work-family conflict on physicians' mental health.

Although many things about physician training and the hospital systems in which interns train have changed dramatically over the past few decades, the basic structure of the internship year hasn't changed in almost half a century, Guille said.

"Medical internships were designed 50 years ago when interns were predominantly men, and they mostly had families who would take care of life outside of work. Women now make up half of this workforce, and the work environment is completely different," she said.

"If you were in the hospital as an intern 50 years ago, over the course of a month, you had five or 10 new patients. We have five or 10 new patients in a day now. Yet the model and tradition of internship year has not changed.

Guille says the stress and responsibilities of the internship



Photo by Dawn Brazell

Department of Psychiatry and Behavioral Health Sciences' Dr. Connie Guille knows what it's like to juggle family and medicine. Here, she holds a picture of her two daughters.

year are often in direct conflict with household duties and child care. "We find that for both men and women, this work-family conflict predisposes people to depression, but women are twice as likely to experience depression as men."

The Intern Health Study that Guille and Sen lead has been surveying first-year interns in medical training programs all over the country since 2007. They've looked at rates of depression, as well as interventions to prevent it, in a pool of interns that is now up to 15,000.

Reflecting on why there's an increased incidence of depression in women, Guille said that in the general population, women are twice as likely as men to experience depression. That predisposition to depression, combined with long work hours, sleep deprivation and stressors inherent to caring for patients who are suffering and dying, may further increase this risk. There are also cultural factors, including some women's inclination to prioritize others' needs above their own, she said.

"During internship year, it is not possible to care for your patients, yourself and everyone else around you. There are absolutely going to be incompatible demands between your role as a physician and your role at home, whatever that may be, and you're going to experience work-family conflict."

Guille said this work-family conflict can lead to the loss of women from upper-level jobs in medicine. Fifty percent of graduating medical students are women, but the representation of women decreases precipitously as physicians progress up the academic ladder from full-time faculty (38

percent) to full professor (21 percent), department chair (15 percent) and dean (16 percent).

"I think that for women, the decision to leave medicine is occurring very early on in training, and I think that work-family conflict is a big part of it."

Guille said that it's in the best interest of the medical field to keep female physicians practicing. "There's data to support that practicing physicians who are female have lower patient readmission rates and lower mortality rates. These are really good and well-trained doctors. We want to retain them in medicine. So we need to think about what the barriers are to retaining them. If work-family conflict is one of them, then we should remove it."

Guille said when she talks to women in medicine who have stepped down or moved to a different track, they report it's the only way they've found to resolve work-family conflicts. She hopes to see more interventions to address that conflict.

"It's not just for women," Guille said. "We know that if men have work-family conflict, they're at greater risk for depression, too. So it benefits both men and women to have programs that address and resolve this conflict."

Interventions to reduce work-family conflict in medical training programs could include increased flexibility and autonomy in work schedules, home-delivered meals, child care and house cleaning services, Guille said.

See **BALANCE** on page 16

Tactical urbanism to transform street in first phase of greenway

By HELEN ADAMS

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Nov. 8 marks the beginning of a series of changes that will make Doughty Street the heart of what will become the Charleston Medical District Greenway. Doughty permanently closed to vehicles this morning between Ehrhardt and President streets, and one lane of Doughty from Courtenay to Ehrhardt will become the beginning of the greenway.

More changes will take place over the next couple of weeks as leaders from MUSC, the city of Charleston, Roper Hospital and the Ralph H. Johnson VA Medical Center get ready to celebrate the beginning of Phase I of the greenway on Nov. 20 with an event from 11 a.m. until 1 p.m.

They're using a process called "tactical urbanism" to launch the effort.

What is tactical urbanism?

According to Ray Huff of Ray Huff Architect, it's a way to quickly and inexpensively reclaim a street and establish it as a space for people to walk, sit and relax. Huff is part of the team transforming Doughty Street.

"Probably the best-known example of tactical urbanism is Times Square," Huff says. New York closed some lanes of Times Square to vehicles in 2009 as the city began turning the landmark into a pedestrian plaza.

"They simply put barriers, potted trees and street furniture out and people responded in an extraordinary way. They followed up with a much more permanent project," Huff says.

Dennis Frazier, project leader for MUSC, says tactical urbanism sends a message, telling people they're getting the space back from cars and trucks. "This rapid transition from vehicle to pedestrian use lets people begin to use it while we are planning the next phase with additional improvements."

Phase 1 was designed by the landscape architecture firm DesignWorks.

What's next for the Charleston Medical District Greenway?

"This rapid transition from vehicle to pedestrian use lets people begin to use it while we are planning the next phase with additional improvements."

Dennis Frazier

Some changes will occur very quickly, as leaders of the greenway effort encourage people to see the affected section of Doughty Street in a new light. The immediate changes give the community a sense of the coming improvements to the area.

Between now and Nov. 20, Doughty Street, between President and Ehrhardt streets, will be painted green to resemble the future grass and greenery of the greenway and make it clear that it's no longer available to cars. There will be electric signs that will stay up for several weeks while people learn the new flow of pedestrian and vehicular traffic.

Four truckloads of trees will be placed in large planters throughout the area. They'll be lit in the evenings. There will also be outdoor furniture made from recycled materials. Frazier says the trees and the furniture will be used in future phases of the greenway as well.

"The next phase will remove much of the asphalt street to create a park with grass, trees, plants and perhaps water features. It will be a place of peace and relaxation, which is safe for the many people who now walk this area every day," Frazier says.

"It will also be a place for others on the peninsula to enjoy a time of rest and relaxation. Locations for two food trucks are planned near Ehrhardt and Doughty for this first phase. Future phases may have more permanent eating establishments for everyone to use."

What is the bigger picture for the greenway?



Photo by Sarah Pack

A sign of things to come: Part of Doughty Street is about to get a "green" makeover.

Plans for the Charleston Medical District Greenway were announced in 2015, with the idea that the physical environment is part of how people heal. Research actually backs that up, showing that patients who can see trees and gardens in a peaceful environment heal more quickly than those who see mostly institutional buildings and streets. The greenway also is envisioned as a gathering place for people visiting and working in the hospitals.

Huff says it fits into a larger picture for the city. "The greenway will be an urban asset that builds on Charleston's rich tradition of marvelous public spaces."

The greenway almost didn't happen. Roper Hospital, adjacent to the MUSC campus, was getting ready to build a parking deck off Doughty Street. MUSC President David Cole approached leaders at Roper and said he envisioned a greenway.

Roper's leaders shifted gears, came up with a different parking solution and agreed to support the greenway. From there, the city and the Ralph H. Johnson VA Medical Center got involved, working with leaders from MUSC and Roper Hospital to come up with a plan. It has been approved, in principle, by the city and the Medical District team.

Here's what the greenway will look like in

the future: The asphalt will go away and grass will go in. Trees will be planted, including the ones being used in the tactical urbanism effort underway now. There will be outdoor sitting areas and some covered areas to give people shade during the hotter months.

There are also plans to "calm" traffic on Courtenay Street, which will remain open to vehicles but become more pedestrian friendly. And Courtenay could extend across Calhoun Street to Alberta Long Lake, connecting to Fourth Street and continuing on to Lockwood Drive near the Charleston City Marina. The idea is to make it easier for people to move from West Edge, The Citadel, Hampton Park and Wagner Terrace through the Medical District Greenway to Long Lake, Colonial Lake and on to the Battery.

Huff says leaders will begin working on the next phase of the greenway soon after the Nov. 20 celebration of Phase 1. That next phase is expected to be complete by 2019, when the MUSC Shawn Jenkins Children's Hospital opens.

The architect is proud of the work of the city and the Medical District. "It will provide a place of refuge and restoration. Just to be able to sit in a beautiful park setting in the

See **GREENWAY** on page 14

IMAGINE NATION

A MESSAGE FROM Darlene Shaw, Ph.D., Chief Instit. Strategy Officer

It's hard to believe two years have passed since we launched Imagine MUSC 2020, our strategy for the future, with five strategic goals as our guide. As we approach 2020, it's important to step back and take pride in the progress we're making through collaborative, innovative work at all levels of MUSC. Below are just a few recent achievements made by our friends and colleagues. Whether your work directly ties to these wins, or supports them in another way, we should remember that all of our contributions connect into our shared vision of leading health innovation for the lives we touch.



❑ Patients and Families First

From the beginning, patients and families have been key in steering the design of the MUSC Shawn Jenkins Children's Hospital. A state-of-the-art neonatal intensive care unit will keep mothers closer to their babies, an entire floor will be dedicated to the care of children with cancer and a world-class atrium and outdoor space will promote healing.

Patients and Families First is also at the heart of a new Patient Video Library. Heartfelt stories from our patients and families recorded on video will be placed in MyQuest to further improve the quality of care we are privileged to deliver.

❑ Advance New Knowledge and Scientific Discovery

An MUSC research team, led by Dr. Donna Roberts, recently conducted a study about the effects of spaceflight on the brains of astronauts. The team's work has put MUSC in the news across the globe. In addition, Dr. Dean Kilpatrick and his team recently received an \$18 million grant to establish the nation's first Mass Victimization Resource Center, which will help communities improve response to large-scale trauma.

❑ Build Healthy Communities

Our MUSC Center for Telehealth was recently named one of only two Telehealth Centers of Excellence in the country. Through our collaborative telestroke program, more than 96 percent of South Carolinians are now within a 60-minute drive of expert stroke care. And our school-based telehealth network is reducing missed days of school and emergency visits for children.

❑ Embrace Diversity and Inclusion

MUSC was honored with a 2017 HEED award for excellence in diversity in higher education related to broadening diversity and inclusion on campus. Also, MUSC is on track to spend \$52 million with small, minority-, small-, and women-owned businesses during construction of our new children's hospital, earning the 2017 Project of the Year award from the National Minority Contractors Association for Supplier Diversity.

❑ Foster Innovative Education and Learning

The James B. Edwards College of Dental Medicine created a new collaborative learning environment to promote students' critical thinking skills, and through our Interprofessional Education program, students are assessing team skills among care givers on clinical units, leading to improved patient outcomes. Another education win is our collaboration with Clemson, aimed at reducing student debt and increasing a high-tech health care work force. Clemson undergrads can now apply to nine accelerated degree programs at MUSC, shaving a year off of their studies.

Share your win with us at imagine2020@musc.edu.

TRAUMA *Continued from Page Four*

Stewart says they still have four years left on the grant that funded their work. "But it can't cover everything they need. The Department of Education has requested universal mental health screening for all 350,000 kids on the island, and some other things that are just really large scale. So we're actively seeking funding to keep that partnership going and give them what they need and what they want."

Orengo-Aguayo says people on the mainland U.S. need to be aware that their fellow citizens in Puerto Rico aren't back to normal yet – not even close. "Puerto Rico needs medical supplies, access to clean water and basic supplies ASAP. It's important to continue offering aid and assistance."

She's proud to be from the island. "I'm now eating all my food, drinking all my water and being very grateful for everything I have. I think this trip really grounded me in what matters in life. And I'm thankful for that."

MUSC Translational Research Day

Friday, January 26, 2018
8:30am to 12:30pm

Drug Discovery Auditorium & Lobby

A Continental Breakfast will be served

Registration for Posters and Poster Setup opens at 8:00am.

Keynote Address by Dr. Richard M. Silver begins at 9am

Join the MUSC SCTR Institute as we highlight translational research efforts across MUSC. Translational Research Day will provide a forum for trainees, K scholars and translational investigators to display translational-based research to the MUSC community via a judged poster session.

\$500 SCTR vouchers will be awarded to the best poster presentations at the end of the event!

Register or submit an abstract for your poster NOW at sctr.musc.edu (under Quick Links)

Keynote Speaker



Richard M. Silver, MD
Distinguished University Professor
Medical University of South Carolina

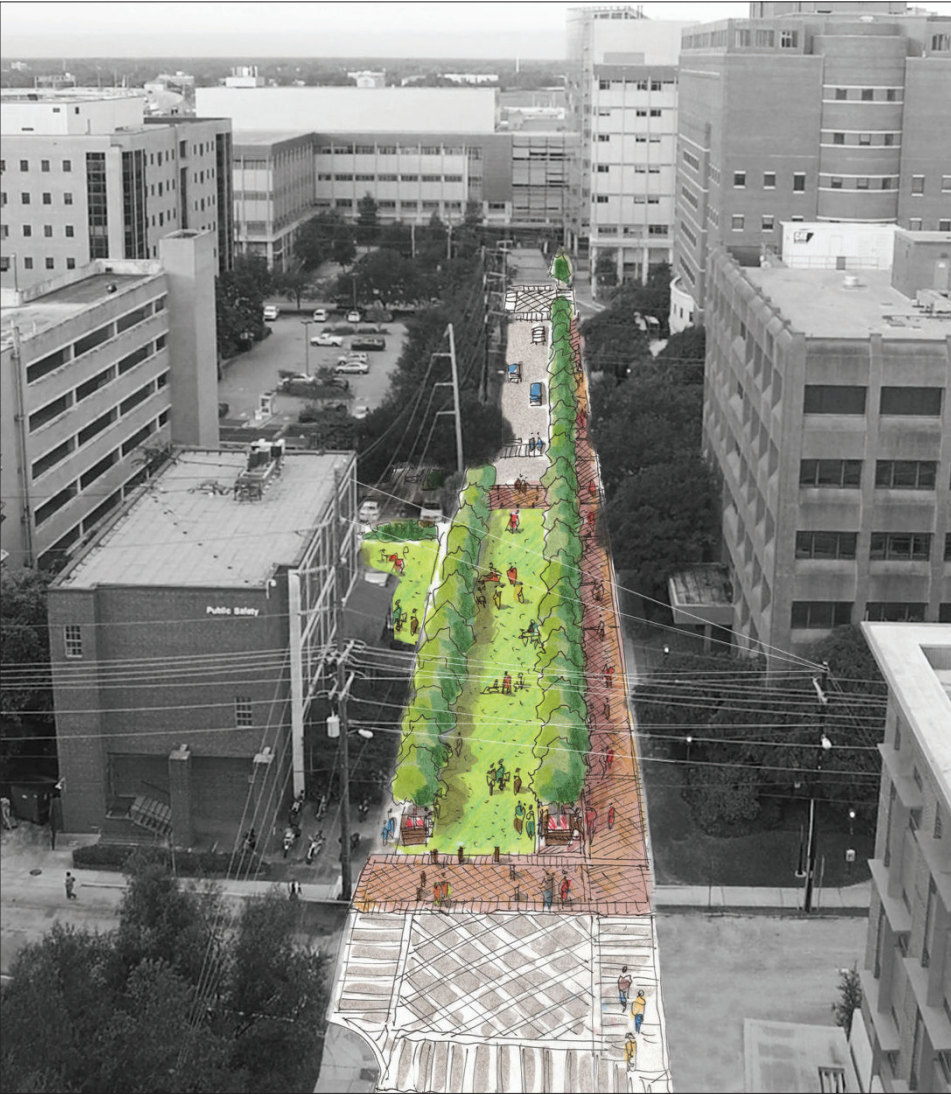
Dr. Richard Silver serves as Director of the Division of Rheumatology & Immunology at the Medical University of South Carolina (MUSC). In 2007, MUSC's Board of Trustees named him a "Master Teacher" and bestowed the University's highest academic recognition, Distinguished University Professor. Also in 2007, the Scleroderma Foundation named him their "Doctor of the Year." Dr. Silver's major research interest is Interstitial Lung Disease associated with Systemic Sclerosis.

Submit an abstract by:
Thursday, December 7, 2017 at 5pm

General Registration ends:
Friday, January 12, 2018 at 5pm



South Carolina
Clinical & Translational
Research Institute



Planners hope the greenway will become a gathering place for patients, their families, Medical District employees, people who live nearby and other visitors.

GREENWAY *Continued from Page Twelve*

middle of a medical district is one, almost unprecedented, and two, it's just the right thing to do."

RESOURCE *Continued from Page One*

back in their home states. There also is a shortage of mental health providers in Nevada, he says.

The OVC wants the center's team to go in and assess where the gaps in resources and services are and how to close them. One of the areas that has been identified involves hospitality industry worker who witnessed the event, he says. "Our focus is going in later to make sure these people don't get forgotten as the weeks, months and maybe even years roll by."

For example, counselors reached out to survivors and family members affected by the Emanuel AME Church shootings in Charleston in June 2015 after the Texas shooting, since it also involved a church. "It's a trigger that can exacerbate pre-existing fears and concerns."

Each mass casualty incident poses different challenges in how to best reach out to survivors who need help, he says. In Las Vegas, an estimated 75 to 80 percent of the people affected by the mass shooting don't live in Nevada.

"When you've seen one of these, you've seen one of them. How they each differ highlights the complexity of it."

The center will be studying those differences as it sets up its "many moving parts." In addition to tapping into the resources of current faculty and staff at MUSC, the center will be partnering with 11 external groups, consulting with 26 subject matter experts and hiring 19 staff members to manage various aspects of the grant.

"We're helping build infrastructure and helping the OVC to figure out what areas need additional resources and training. We may provide some direct services, but our main role is to identify gaps and figure out how to fill those gaps."

One primary goal will be to develop high quality, online resources. Benjamin Saunders, Ph.D., associate director of the NCVRTC, says over the next three years the mass casualty center will develop resources that can be used by everyone from survivors to first responders.

"We're looking forward to this. We can develop good resources that can be spread widely and utilized by victims. Of course in Las Vegas, everyone knows about the 58 people killed. But there were literally thousands and thousands of victims at the scene and there are the family members of those at the scene," he says. "We're looking at how can we use technology and other kinds of channels and mechanisms to speed up the process of recovery and aid states, cities and towns where



Vickey Cornelison (from left), Dr. Benjamin Saunders and Dr. Dean Kilpatrick discuss how to get the Mass Violence and Victimization Resource Center quickly rolling given the frequency of mass casualty events that have happened since the grant was received.

this is happening."

The center also will be working to raise stress resiliency in the general public as these incidents create a collective stress, says Kilpatrick. "The extent you have this happening may diminish the focus on one as it moves onto another, but it's a cumulative effect in terms of stress. It's not that you get immune to these things, but rather more sensitized."

According to the American Psychological Association's report, "Stress in America: The State of Our Nation," almost 60 percent of Americans consider this the lowest point in U.S. history they can remember — a figure spanning every generation, including those who lived through World War II and Vietnam, the Cuban Missile Crisis and the Sept. 11 terrorist attacks.

The most common issues causing stress when thinking about the nation are health care (43 percent), the economy (35 percent), trust in government (32 percent), hate crimes (31 percent) and crime (31 percent), wars or conflicts with other countries (30 percent), and terrorist attacks in the United States (30 percent).

Kilpatrick notes that while some people go into denial and want to tune it out, that's not the typical reaction. "We are taking it for granted now that it is a part of life. There may be some who just don't flat out want to think about it. Denial is sort of an issue. There are

some of those people, but most people do care about it. It's just they don't know what to do."

Part of the stress is that people no longer feel safe. Kilpatrick poses the question: "Where could you go that you would feel safe now?" He ticks off incidents that have happened in malls, concerts, churches and even elementary schools. Saunders says another problem about high-visibility traumatic events is they seem more threatening than they actually are.

"It's normal to be nervous. Now we get more details right away. It's instantly on your Twitter feed in a matter of seconds," Saunders says. But that feeling needs to be put in perspective.

"Most people are terrified of things that rarely happen and have no appreciation of things that they are really most at risk of. You're much likelier to die in a car wreck."

Kilpatrick agrees. "If you wanted to be totally safe you could go live in a bank vault, but your life would suck, and you'd probably die of boredom."

The issues that may be causing a rise in these incidents do need to be addressed, but the problem can't be laid at the feet of those with mental health issues, he says. "It's insulting to say it's a mental health issue. The vast majority of people with mental health issues do not shoot anybody or blow something up. They represent a minority of the cases."

Kilpatrick's best advice: "Live your life. What terrorists are trying to get us to do is to change our lifestyles and our behaviors. They want us to overreact to situations and intimidate and push some political agenda," he says.

"Go on with your life, build good networks with your friends and neighbors. Social support is one of the most protective things we have. Obsessing about your own problems is often not helpful. It's important to get out of your own head and focus on helping others. That's what makes it better."

When asked how he deals with the stress of being constantly focused on these mass casualty events, Kilpatrick says it's not as bad as it might seem.

"What happens to people is depressing. Why it's not depressing to us at the center is that people often have gotten nothing and no help. They've gotten no appreciation for what they've gone through. We can't undo what happened, but we can do our part to make things better, and we will make things better in many ways."

BALANCE *Continued from Page Eleven*

Lauren Das, a first-year intern in psychiatry at MUSC, agreed with Guille's recommendations. "It's just so hard, because you need those hours of training. Residency is hard and intensive, but I wish programs would be more flexible with time off."

Guille noted that seeking treatment for depression is still taboo for many, especially in the medical field. "There's still a lot of stigma around getting mental health treatment in general, and then as physicians, there's this added layer of stigma. They're concerned that people would think differently about them and would question their capabilities, and there might be some repercussions in terms of licensure some day."

Guille said one solution may be to make more tools accessible, such as the MoodGym app, a cognitive behavioral therapy tool she found in a previous study to be effective in reducing suicidal ideation over the course of internship year. It can be used anonymously to help people learn skills important in preventing and managing symptoms of depression, she said.

Expanding on the effort to find effective interventions for the prevention of depression in medical trainees, Guille and Sen just received a \$300,000 grant from the American Foundation for Suicide Prevention to investigate the use of mobile technology to prevent suicidal ideation and depression. The study will enroll 2,000 interns over two years, with participants tracking their daily activity levels, sleep, mood and health behaviors while receiving 'purposeful' feedback.

"When people can be more aware of their stress levels or



how they're feeling, and understand what sorts of things are impacting that, they can then choose to engage in behaviors to help better manage their stress and improve their mood."

Though the studies examine interventions for medical interns, Guille said there are lessons to be learned for everyone. One of the best ways to prevent depression is to practice self-

care, she said.

"Take some time for yourself every day to do something that is pleasurable and de-stressing. It doesn't have to be huge. People also need to give themselves permission to not be perfect as well as prioritize what's most meaningful to them, and do more of that."

Lauren Das, center, is a psychiatry intern at MUSC. She wishes residency programs had more flexibility.

Photo by Sarah Pack