

MUSC board votes to acquire four SC community hospitals

Chester, Florence, Lancaster, Mullins

Staff Report

During a special called meeting, the MUSC Board of Trustees voted to purchase four community hospitals from subsidiaries of Community Health Systems, one of the largest publicly traded hospital companies in the United States. The hospitals being acquired are:

- ❑ Chester Regional Medical Center, an 82-bed licensed facility;
- ❑ Carolinas Hospital System in Florence, a regional 396-bed acute-care facility;
- ❑ Springs Memorial Hospital in Lancaster, a 225-bed private-room facility, and;
- ❑ Carolinas Hospital System – Marion, located in Mullins, a 124-bed acute-care facility providing a variety of inpatient and outpatient services as well as a 92-bed nursing center.

“As the state’s leading academic health center, we must be prepared for the future,” said David J. Cole, M.D., FACS, MUSC president. “MUSC is committed to providing the best health care possible for our communities and state through strategic partnerships and our emerging MUSC Health network,” Cole added.

In calendar year 2017, the four hospitals combined delivered care through more than 129,000 emergency department (ED) visits, 159,000 outpatient visits (excluding ED visits), 18,800 hospital admissions, and 339,000 clinic visits with physicians. Once the acquisition is completed, MUSC will employ more than 16,400 team members throughout the state.

“This transaction is the first time MUSC has acquired other hospitals,” said Charles W. Schulze, CPA, chairman of the MUSC board. “The additions will increase the size and scale of the MUSC Health network, and in today’s environment, larger, more efficient health care systems can deliver greater value to patients and have a positive impact on population

HOLIDAY TREE LIGHTING ON THE HORSESHOE

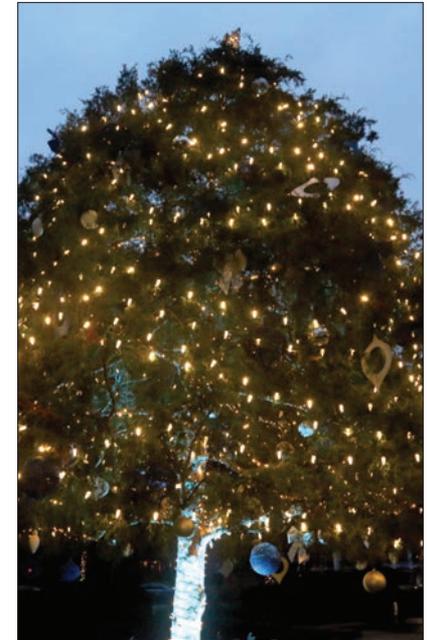


Photo by Sarah Pack

Tony Smalls, center, an 18-year-old heart patient, joins his father Antonio Smalls, from left, Dr. Patrick Cawley, MUSC Health nurse Hayley Small and Tony’s mother, Danielle Smalls. Tony pulled the switch to light MUSC’s “Tree of Life” at the annual Holiday Tree Lighting Ceremony Nov. 7. The event also featured the distribution of angel tree tags from the Salvation Army of Charleston’s holiday project to collect toys and gifts for children during the Nov. 30 MUSC Angel Tree Parade.

health,” he stated.

“We look forward to welcoming the patients, families and employees of these hospitals into the MUSC Health network,” said Patrick J. Cawley, M.D., MUSC Health CEO and vice president for Health Affairs, University. “Through affiliations with other hospitals and health systems across South Carolina, and through our robust telehealth network, MUSC’s clinical outreach allows us to serve the citizens of our state no matter where they are. The purchase of these four hospitals is the natural extension of our mission to preserve and optimize human health in South Carolina,” Cawley added.

Although MUSC is a state-assisted organization, state appropriations for the university and hospital authority are less than 3 percent of their combined annual budget. As a result, MUSC works diligently to fulfill its mission through prudent financial management, dedicated philanthropic support and strategic business growth. Roughly 60 percent of all MUSC Health patient care revenues are generated from statewide communities outside the Tri-county area, while the remaining 40 percent of patient care revenues are driven by services delivered within the Tri-county market (Charleston, Berkeley and Dorchester counties).

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Giving thanks by giving back

Therapist launches program to help other patients express feelings

BY MIKIE HAYES

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With butterflies in her stomach, Katie Hinson pressed the button to the 7th floor of the Children's Hospital, bound for the Atrium. She'd been there many times before. She opened the door, and for a moment, it felt like time stood still. Her eyes went straight to a small wooden easel that looked strikingly like the one she painted on when she was 5 and a patient at MUSC's Children's Hospital. That was 28 years ago, and still the feeling was overwhelming.

In many ways, she'd come full circle. This was her first day on the new job. Her charge? To design MUSC's first healing arts program using creative arts therapies. Board certified and registered psychotherapists use art, music, dance, drama, poetry, even horticulture to promote healing and self-understanding and encourage patients to express themselves nonverbally.

There is symmetry to Hinson's story. A quiet child, she was artistic and energetic. Her mom, an artist, filled the home with paints, brushes, markers and canvases and encouraged Hinson to have fun expressing herself. So at age 5, when the term open-heart surgery had no meaning to her, art helped her make sense of what she was going through. And the first moment she could sit up after surgery? She made her way to an easel.

Nurses would cart her off to the Atrium, an area in the Children's Hospital designed for play, activities and fun, in an old-

fashioned red wagon, she said, so she could draw. "Those were my wheels," she laughed.

"I kept drawing pictures of figures with a lot of stuff around the chest and body area. I was trying to process what was going on with me by drawing what I felt, because I didn't have the words. All I knew is something scary was happening, but I had no idea what."

She remembers a lot about that ordeal. Her parents were right by her side and kept all the artwork she created during the stressful time.

Growing up, she realized art in medicine fascinated her. It even brought her back to MUSC Health; this time as a volunteer. Through her high school years, she spent time knee deep in art projects.

At 16, with her driver's license still hot in her hands, she drove herself every week from Goose Creek to the peninsula to volunteer at the Children's Hospital and Neonatal Intensive Care Unit. She held babies. She encouraged breastfeeding mothers. She loved talking to the moms and doing art with the kids. Art and healing were in her blood, and these formative experiences would fuel her passion and drive her educational and professional paths - some that would literally put her life in danger.

DOUBLING DOWN

At the College of Charleston, Hinson studied art and psychology. After graduation, she loaded a U-Haul and moved herself to New York City to pursue a master's in art therapy. What she found was a large community of creative arts therapists there. After the program she stayed, and as an alumna, she supervised students, bringing



Photo by Sarah Pack

Katie Hinson, Arts in Healing program coordinator, at an easel in the MUSC Health Children's Hospital Atrium, much like the one she painted on when she was a 5-year-old patient in the Children's Hospital. Hinson and her team bring creative arts therapies to children, adults and families.

them to clinical settings around the city.

"I took them to the VA to work with patients suffering from PTSD, multiple nonprofits working with cancer survivors, an LGBTQI outpatient program and a few hospitals throughout the city, teaching them how to use art therapy with different populations in various settings. It was an amazing opportunity for them to choose what populations they wanted to focus on. That's important, because working with patients struggling with PTSD is completely different from working with a child on the autism spectrum."

At that time, she was with the Art Therapy

Project, a nonprofit that helped organizations with people who had experienced some sort of trauma. Specifically, she worked with young men 21 to 23 years old just released from Rikers Island - New York City's main jail complex situated on an island adjacent to LaGuardia Airport. They were in a step-down program after incarceration to get them back on track.

"I was doing art therapy with this group of young men. I fell in love with it. They'd had really rough lives and were gang involved. They felt like kids that just needed a little

See **ART** on page 10

MUSC CATALYST news

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Hearing research study seeks adults, 55 years-plus

The Department of Otolaryngology - Head and Neck Surgery is seeking adults ages 55 and older with normal hearing or hearing loss to participate in a hearing research study.

Payment for participation is provided.

For more information or to set up a screening appointment, call 843-792-7977 or email edwam@musc.edu.

MEET CONNOR



Connor West

Department and How long at MUSC

Department of Cell and Molecular Pharmacology and Experimental Therapeutics; 3 years

How are you changing what's possible at MUSC

By trying to immerse myself in as many diverse facets of life to improve my vision and success in my research

Pets

Dog, Tyrion, and cat, Melisandre

A unique talent you have

I'm fully ambidextrous.

Last book read

"The Bands of Mourning" by Brandon Sanderson

Your idea of a dream vacation

Cruise the Mediterranean

What are you thankful for this**Thanksgiving**

I'm most thankful for my family, especially my fiance Lia and my pets Tyrion and Melisandre.

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State's unhealthy ranking leads to ambitious health improvement plan

Tri-County plan focuses on well-being of people

By MIKIE HAYES

hayesmi@musc.edu

Over the years, Anton Gunn has been many things to many people: author, state legislator, Gamecock football star, presidential advisor, diversity leader. But it's the passion he brings to addressing the health of the community that drives much of his efforts these days.

"How many football fans do we have in the room?" Gunn asked the crowd of at least 250 at the recent 2018 Tri-County Health symposium.

"OK. Let's say your team just won the Super Bowl. I want to see that kind of excitement," he told them. "Let's say someone just gave you four first-class tickets and \$5,000 to spend at Disney World. Who doesn't love Disney World? That's the kind of enthusiasm I want to hear when I walk back in the room."

Then the 6-foot-5, 280-pound former lineman proceeded to head dramatically out of the massive conference room doors and immediately back in. People leapt to their feet and cheered like Cam Newton, or maybe Mickey Mouse himself, was gracing them with their presence.

The dynamic had changed. He had energized the crowd, and in so doing, made his point. To tackle the implementation strategy, that level of energy and gusto would be necessary. To improve the health of the Tri-county region measurably in five years' time is no small feat, and this was the group responsible for getting the ball to the end zone.

The stakes are high. In 2016, 1,500 community members participated in a painstaking health needs assessment that revealed just how big the gaps in access to care are along with other deficits that determine the health of an area.

The assessment, a collaborative effort of MUSC Health, the Trident United Way and Roper St. Francis Healthcare, ultimately led to the creation of Healthy Tri-County in January 2017. Patrick Cawley, M.D., CEO of MUSC Health and University vice president of Health Affairs, and Gunn, MUSC Health chief diversity officer and executive director of Community Health Innovation, represent MUSC in the initiative. That same year, S.C. dropped to 44th in the nation for health in a United Health Foundation ranking.

HEALTHY TRI-COUNTY

Five topics came to the forefront of the needs assessment. Participants ranked the following as the most important priorities:

- Access to health care.
- Behavioral health.
- Clinical preventive services.
- Maternal, infant and child health.
- Obesity, nutrition and physical activity.

With the assessment in hand, 80-plus volunteers, representing 60 business, nonprofit and government organizations, spent 2,300 hours developing the area's first health improvement plan, with technical assistance from the South Carolina Department of Health and Environmental Control.



An energized crowd jumps to its feet at Gunn's urging.



Photos by Sarah Pack

MUSC Health chief diversity officer and executive director of Community Health Innovation Anton Gunn speaks at the Tri-County Health symposium.

At the Oct. 30 symposium, leaders released "Our Health, Our Future: Tri-County Health Improvement Plan 2018-2023," to an audience ready to gain a greater understanding of how they could contribute their personal skills and resources and get down to work.

Leaders bill the plan, referred to as TCHIP (pronounced T-chip), as the first health improvement plan developed specifically for the Tri-county. Trident United Way director of health Kellye McKenzie explained to participants it would be their charge to examine the community's health through the lens of important social determinants of health — the economic and social conditions in which people are born, grow, live, work and age that influence their health, according to the World Health Organization.

In addition to access to health services and the quality of health services, determinants of health take into consideration issues such as poverty, quality education, job opportunities, crime and safety, transportation and living wages as well as the availability of resources people need to meet their daily needs like nutritious food, safe drinking water, clean air and toxin-free environments.

Cawley explained the TCHIP endgame: building a healthier community.

"I'm really, really excited," he told the participants. "First, as an MUSC leader, part of our mission is to improve the health and wellness of the entire state. And I'm also excited that one of MUSC's strategic goals

is building health communities. But the reason I'm most excited is I'm a member of this community. I've been member of this community for 16 years now. And everybody in this room knows real change starts in the community — it doesn't start up high."

He shared one of his favorite quotes. "Mother Teresa said a long time ago, 'If you want to change the world, go home and love your family.' Isn't that what we're doing here today? We're loving our extended family, and real change is going to come out of this. I can't be prouder that this community has come together to do what we're doing. It's all interconnected, and that's where the real strength is."

He thanked the large group for the hard work they had committed to, reminding them that what they had in front of them was just a plan. "It's not real work until we execute it." He congratulated them on taking that very important first step.

Gunn said that only by everyone taking a small piece of the puzzle can the whole be successful together. "By identifying the major issues plaguing the overall health and wellness of our Tri-county area, we're collectively getting to a place where we can begin to make scalable, effective and positive changes in the health disparities and challenges that our neighbors, friends and families are dealing with every day."

Gunn came from a military family and

See PLAN on page 11

Medical Center earns an 'A' on national report card

Leapfrog Hospitality Safety Grade looks at mistakes, injuries, accidents and infections

By HELEN ADAMS

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MUSC Medical Center is the only hospital in Charleston to earn an A in the newly-released Leapfrog Hospital Safety Grades.

Danielle Scheurer, M.D., chief quality officer of MUSC Health, said it's the result of progress over the course of many years. "We're very proud, cloud nine is a good description, but it was hard-earned."

The Leapfrog Group, which puts out the safety grades, is a national nonprofit organization focusing on hospital transparency. It focuses on giving the public information about quality and safety data. About 2,000 hospitals take part in its annual survey, including MUSC Health.

The report card looks at everything from whether hospital patients have had dangerous objects such as surgical sponges left in their bodies to infections to how well health care

workers do when it comes to handwashing.

In spring of 2018, MUSC earned a B. "Some things you can always get better at," Scheurer said. "It really was a combination of process measures and outcome measures. And there's part of the score that evaluates you on computerized physician order entry. Part of the contribution of our lower grade in past years was how we were using our electronic order entry. We improved a lot of those processes."

Categories in the Leapfrog grading system include:

- ☐ Infections. MUSC did better than average at preventing these.
- ☐ Surgical problems. MUSC got a perfect score of zero.
- ☐ Practices to prevent errors. MUSC tied the best score.
- ☐ Safety problems. MUSC scored slightly below the average.
- ☐ The leadership, staffing levels, expertise,



Photo by Sarah Pack

MUSC has moved up from a B to an A in the latest Leapfrog rankings.

communication and responsiveness of doctors, nurses and other hospital staff. MUSC tied the best score.

Scheurer said people need to keep in mind that the Leapfrog Hospital Safety Grades are

just one way to check on hospital quality. "It is a marker of quality, along with many others. I wouldn't put all the stock into just one ranking."

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BRIHTE LEADERSHIP SCHOLARS



Photo by Anne Thompson

Members of the David J. and Kathryn Cole BRIHTE (Building and Retaining Inclusive High-potential Talent and Excellence) Leadership Academy gathered in October at the group's monthly session. Front Row, Lucas Moreira, from left, Quantella Rivers-Bradley, Dr. Kimberly Cannady, Alexis Bailey, DaQurta Riley, Ayaba Logan, Joseph Powe, (Second Row) Christopher Lanham, Shaquetta Ware, Lawanda Anderson, Kathleen Stryker and Dr. Cephas Simmons Sr. Not pictured are James F. Pinckney Jr. and Monterris Bradley.

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Employees go all out for TUW Day of Caring

Staff Report

For 18 years, the Trident United Way's Day of Caring, now brought to you by Ingevity program has connected 139 nonprofit agencies and schools with volunteers from 137 Lowcountry businesses and organizations to complete projects and serve the community. This program is the largest single community service day in the Tri-county area.

Nineteen MUSC departments, involving 380 volunteers, participated in this annual service effort. MUSC groups conducted yard clean up, planted shrubs and completed landscaping projects; repaired houses and patched up and

installed roofs for Habitat for Humanity homes; and planned, cooked and served meals for patients' families at the Ronald McDonald House of Charleston.

MUSC Office of Public Affairs and Media Relations' Tony Ciuffo was part of the team cooking and serving breakfast to patient families on the Day of Caring at the Ronald McDonald House of Charleston.

"There's a good feeling in your heart when you can help families in need. These people have other things on their minds than worrying about eating or preparing a meal. If I'm able to do one thing, it makes our small effort both meaningful and worthwhile," he said.



Photos provided

Top photo: MUSC Health senior leaders, administrative fellows and administrators spent time repairing a roof at a home in Hollywood, S.C. for Sea Island Habitat for Humanity. Left photo: MUSC's Office of Communications and Marketing's team provided and prepared a hearty breakfast of scrambled eggs, pancakes, sausage, fruit and fixings to 35 guests staying at the Ronald McDonald House of Charleston. Guests are family members of patients at MUSC Children's Hospital.



MUSC Health's Leigh Darby, left, Melissa Kubu and Tricia Blackmon weed and plant bushes in front of a home in Windwood Farm.



MUSC Health volunteers at Windwood Farm include Andrea Erb (CDM), from left, Hope Colyer (Primary Care ICCE), Melissa Kubu (Volunteer Services), Tricia Blackmon (Volunteer Svcs.), Kelly Hedges (Volunteer Svcs.), Matt Frye (Volunteer Svcs.), Leigh Darby (Spine/MSK/Guest/Volunteer Svcs.), Abigail Mixson (CDM), Tina Williams (Volunteer Svcs.), Glenda Behrens (Guest Svcs.), Nathalie Ocean (Business Health), Alicia Culler (Business Health), Valerie Weeks (Guest Svcs.), Sarah Lynch and Pam Armstrong (Primary Care).

MUSC named “most wired” hospital for third year in a row

Staff Report

MUSC Health system is one of 254 hospitals and health systems out of 647 submissions nationwide to receive the Most Wired designation from the College of Healthcare Information Management Executives at their annual meeting Nov. 2. This marks the third consecutive year that MUSC Health has received the designation.

“Medical centers and health systems that are the most wired are also consistently higher performers on quality and safety measures,” said Patrick J. Cawley, MUSC Health CEO and vice president of health affairs, University. “To be recognized for the third time sends a signal to the diverse and widespread community that we are committed to providing excellent care to our patients and their families, and we’ll never stop innovating in order to deliver on that promise. As a provider, it’s not lost on me that we couldn’t do this without our very skilled and dedicated IT team members, and we thank them for their tenacity and hard work in helping MUSC Health achieve this recognition.”

The HealthCare’s Most Wired survey, an industry-standard benchmark study now in its 20th year, traditionally tracked the adoption of health care IT in hospitals and health systems. CHIME took over the Most Wired program and revised the survey questions and methodology this year to highlight strengths and gaps in the industry. The goal is to identify best practices and promote the strategic use of health care IT to elevate the health and care of communities around the world. According to CHIME, designated hospitals and systems do not simply stop at adopting new technologies.

“Healthcare IT has the potential to revolutionize care around the world, but to meet that potential it must be used strategically,” said Russell Branzell, president and CEO of CHIME. “The technology is important, but leadership and a strategic vision are equally important. The diversity of the organizations that earned Most Wired status this year shows quality care can be achieved almost anywhere under the right leadership. By sharing the best practices in Most Wired, we hope quality care will one day be available everywhere.”

Michael Caputo, MUSC and MUSC Health chief information officer, who leads the information technology team, said, “It’s an honor to be named a Most Wired hospital again this year, and this is terrific recognition for our team’s continued effort to provide the best information services and support to our employees, faculty, students, and patients.” In addition to the IT team at MUSC, Caputo also wanted to recognize the efforts of those MUSC Health team members “who use our various IT products and their due diligence in making practicing good cyber security and working with us as partners as we continue to move the future of IT at MUSC forward.”

In addition to the Most Wired award from CHIME, Caputo was recognized by Integrated Media Publishing and AcumenIT



Caputo

November “Health Focus” schedule on SC Public Radio

Visit www.southcarolinapublicradio.org/programs/health-focus

Nov. 26 – Segment #1

Topic: Insomnia

Guest: Dr. Allison Wilkerson

Dr. Allison Wilkerson will discuss common sleep problems and some behavioral changes and therapy that can improve sleep routines. Dr. Wilkerson is a licensed clinical psychologist and assistant professor in the Sleep and Anxiety Treatment and Research Program.

Nov. 26 – Segment #2

Topic: Fever in Children

Guest: Dr. Ian Kane

Dr. Ian Kane will discuss caring for a child who has a fever. Dr. Kane is an assistant professor of pediatrics and a pediatric emergency physician at MUSC Children’s Health.

with the South Carolina Chief Information Officer Lifetime Achievement award on Nov. 1 at the S.C. State Museum in Columbia. He was also recognized along with 13 other chief information officers as recipients of the SC CIO Award, which honors South Carolina-based CIOs, CISOs, CTOs, VPs of information technology, IT directors, etc., who have demonstrated the ability to work productively with business partners, align technology direction with a company’s strategy, promote internal or

external innovation, grow their information technology team, and demonstrate strong leadership and involvement in their community.

For information, visit <https://chimecentral.org/254-organizations-named-2018-chime-healthcares-most-wired-recipients/>. For more information about the SC CIO awards, visit <http://www.greenvillebusinessmag.com/2018/10/17/182195/winners-of-the-sc-cio-awards-announced-event-to-be-held-in-columbia>.

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An oath to serve

Nursing student commissioned into the Air Force during ceremony on campus

BY LESLIE CANTU
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Wherever armies have clashed and soldiers have suffered wounds, nurses have been there to care for them. During the Revolutionary War, the Continental Congress paid women to care for the sick and wounded. Military nursing began to be professionalized during the Spanish-American War. Today, military nurses care for service members, their families and retirees, giving them a chance to provide a full spectrum of care from birth to death.

On Nov. 16, MUSC student Maylin Taylor took her first step toward joining the ranks of military nurses. In front of a classroom full of her peers, family members and faculty, she swore an oath to support and defend the Constitution of the United States as an officer in the U.S. Air Force. Now a second lieutenant, she will continue working toward her Doctor of Nursing Practice degree with support from an Air Force scholarship. When

she graduates in two years, she will begin three years of active duty service as a captain.

Taylor, a Greenville native, doesn't come from a military family. She said she was drawn to military service by the idea of being able to practice abroad and be part of something bigger than herself.

"I love the idea of being in service to others in more ways than one," she said.

Three branches of the military were represented at Taylor's oath of office. Longtime family friend Air Force Maj. (ret) Phillip Gilliland performed the swearing-in. Army Reserve Capt. Rebecca Ferneding, a nurse who became friends with Taylor in their civilian jobs, attended the ceremony as did Catherine Durham, director of the DNP program and a captain in the Navy Reserve, and Angela Stanley, an instructor in the DNP program and a retired Navy commander.

Taylor said she entered college with the

See **OATH** on page 15



Photo by Josh Goodwin

U.S. Air Force Major (Ret.) Phillip Gilliland performs the swearing in of student Maylin Taylor, at her oath of office ceremony at the College of Nursing on Nov. 16. Taylor, now a second lieutenant in the U.S. Air Force, received the Air Force Health Professions Scholarship and is among 10 family nurse practitioner students across the country to receive this scholarship.

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ART *Continued from Page Two*

love, and art was a really great tool to process what was going on.”

That job led to an interesting opportunity. A supervisor contacted Hinson about an opening for a creative arts therapist at Rikers. While she'd always vowed she would never work there, considering, she said, it was the scariest place on the planet, she interviewed, and they offered her the job.

“The inmates just needed so much; I couldn't say no,” she said. “So I did that full-time for three years. I went to jail every day for three years.”

Some days, she feared for her life. After all, Rikers is one of the most violent jails in the country, she said. While there are things she still can't talk about, her patients made it worthwhile. They were very protective of her and on occasion would call to warn her not to come, if they knew if something was about to happen.

She worked with the 16 and 17 year olds. “The worst thing was New York and North Carolina were the only two states in the country that were incarcerating kids under 18, no matter what they were accused of doing.” The case of Kalief Browder, a 16-year-old kid from the Bronx who authorities accused of stealing a backpack on the subway, still haunts her. “He was so traumatized after his release that he committed suicide. Today, 16 and 17 year olds are no longer incarcerated at Rikers. Thankfully.”

She would take a huge bag of art materials into the cellblocks and to their “house.” Cells lined three walls, and in the middle were metal tables bolted to ground. “I'd come through the first gates, and I would hear them start yelling, ‘It's art therapy. Katie's here.’”

They would be waiting for her at the tables. They would all sit together in the middle of their house and create artwork around their stories, because it was sometimes unsafe to talk about what they had done, what happened to them or what kind of trauma they were experiencing in jail, she explained.

“Some people drew it. Some wrote it. It was just a beautiful way to process what was going on with them in a safe way. I kept all their artwork with me, so it was safe. I built a therapeutic relationship with them - rapport was important. It shows that the trust built through art therapy can benefit anyone. A human is a human no matter what they're going through.”

And after a decade in the Big Apple, three years spent at Rikers, the spunky art therapist from Charleston had earned her chops in one very tough place. It was time to be back in Charleston with family.

NEXT STOP, MUSC HEALTH

The Arts in Healing Program was the brainchild of Patrick Cawley, M.D., CEO of MUSC Health and University vice president of Health Affairs. He has long believed the arts and healing are closely tied, and integrating creative arts therapies into health care is vital. A trip to the Cleveland Clinic reinforced that philosophy. An enormous tree projected on a wall captivated him.

“The projection art installation was very meaningful to him,” Hinson recounted. “Dr. Cawley is always on the move, but that tree stopped him in his tracks. It's interactive, so patients and visitors can be enveloped by its movement and



Photo provided

Katie Hinson at 5 years old, happy doing one of the things she loved best – drawing.

changing colors. He shared with me that he stood there for several minutes just taking it in.”

He returned to MUSC ready to make headway. Heart and vision coupled with credentials and experience were just the combination Cawley was looking for in a program coordinator, and Hinson hit on all cylinders. “This program is Dr. Cawley's innovation. He's our No. 1 supporter,” she said of his support and encouragement. I'm also grateful to the arts in health care committee for their energy and vision in creating a path for this program.”

As much a science as an art, research has shown that creative arts therapy programs help patients and families cope with their hospitalizations and diseases and reduce pain, fear and anxiety. “Many patients are struggling with pain,” Hinson said. For instance, the therapists work with children and adults at the sickle cell clinic, building new coping skills and working to reduce pain levels through purposeful art interventions.

In addition to training in the arts, creative arts therapies requires analytical expertise. Art therapists are able to assess artwork to look for developmental and/or psychological issues.

Doctors refer patients to the creative arts therapists who consult with the patient, decide on a course of therapy and build treatment goals. The possibilities of who could benefit are endless. The therapists work with patients who are depressed or not taking their diagnoses well. They deal with bereavement and end-of-life issues. They do legacy work with patients, using art and music to have something to give the patient's family when they are no longer together. “People all have a story to tell,” Hinson said.

There are numerous ways to integrate the healing arts into the day-to-day care of patients. Hinson has developed three

components of the program to date with ambitious plans to expand:

❑ Creative arts therapies services provide a therapeutic approach to helping patients while they're in the hospital. Using art materials and music as tools, board certified and registered creative arts therapists improve the patients' health and well-being.

❑ Healing arts services such as “Arts in Healing” volunteers, artists in residence and visiting artists transform MUSC lobbies, waiting rooms and clinical spaces through their performances and active art making. MUSC Health becomes the stage for artists to inspire and educate patients.

❑ Curation and design elements focus on exhibitions and artwork. Studies show that when a hospital is attentive to aesthetics, it reduces stress and anxiety, promotes health and healing and improves patient and employee safety, which all serve to emphasize caring for the whole patient and creating a healing environment.

She's also working on collaborative efforts at MUSC. One involves Lisa Kerr, Ph.D., in the Department of Humanities; Cynthia Dodds, Ph.D., PT, in the College of Health Professions; and the Gibbes Museum in an effort to involve MUSC students in the arts. Art aids in building compassion and observation skills, Hinson explained.

Currently, the program has two art therapists and one music therapist. Hinson said she is looking to incorporate drama, poetry and horticulture into the Arts in Healing program, as soon as the program raises the funds.

She gets positive feedback from families and care team members telling her how art and music therapists are affecting patients. “They tell me this work is impactful, and is helping. I almost always hear, ‘Can we have more?’”

She gets it. It would have been nice if there had been someone to help her explain her feelings. “When I was having open-heart surgery as a child, I would have loved to have had a creative arts therapist sitting next me to help me verbalize what I was drawing.”



Photo provided

Katie drew a picture of herself and her heart in the Children's Hospital Atrium after having heart surgery at 5 years old.

PLAN *Continued from Page Four*

never knew what it was like to lack access to health care. He always went to the doctor when he was sick. He never missed a dental appointment. But when he began to travel the state, he learned that was not the case for many South Carolinians.

Beyond the Battery or shops on Summerville's Main Street or the latest episode of "Southern Charm" lie parts of Charleston, Berkeley and Dorchester counties where people don't know where their next meal is coming from. Where poverty is rampant. Where no transportation can mean no health care or inoculations for the kids.

Gunn shared one of many moving stories that led him to this work. Years ago, he visited a classroom in Allendale, South Carolina. He noticed one of the thirdgraders was huge compared to his classmates. The young man was, in fact, two years older than everyone else. His family was among the poorest in the area and didn't have a car. He couldn't get his immunizations on time, and because the family had no access to a dentist, he was out of school with an infected tooth and then held back. That hurt Gunn to his core. He vowed he would do everything in his power to ensure every child, every South



Photo by Sarah Pack

MUSC Health CEO Dr. Patrick J. Cawley speaks at the symposium.

Carolinian, could enjoy the promise of a bright future.

For an hour, he spoke passionately about why that's important — why the TCHIP is so important. In that time, there wasn't a yawn in the room. Participants listened, transfixed by his message. The gravity of their personal involvement was not lost on this group, thanks to a speaker who got them up and out of their chairs and into a mindset of changing what's possible.

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SANFORD

College of Medicine introduces new curriculum

'FLEX' options allow students to pursue interests in-depth

BY LESLIE CANTU

cantul@musc.edu

The Flexers have arrived. That's the nickname returning medical students have bestowed upon 2018's first-year medical students at MUSC, the first class to begin the new FLEX Curriculum that includes an option to complete medical school in three years.

Though the three-year option is the most visible change to outsiders, it's expected to affect only a couple of handfuls of students each year. The substantial changes are to the medical school experience, which has been revamped from beginning to end.

The new curriculum not only gets students started earlier in studying disease and treatment, but it also provides opportunities for students to tailor their studies to their interests, whether those be in research, global health, education or medical humanities. And it plans to integrate topics like telehealth that have been treated as adjuncts in the past.

Donna Kern, M.D., senior associate dean for medical education, said it's taken about two years to develop this new model, but it has been built on lessons learned over eight years of experience with the previous curriculum. The College of Medicine last went through a curriculum change in 2009, when it moved to teaching by organ systems instead of the traditional method of teaching courses in silos like anatomy, physiology, microbiology, immunology and so on. Since then, faculty have commented here and there about little tweaks they'd like to make — and all those little tweaks were on the table as the new curriculum was developed.

One of the bigger changes was actually something the faculty would never have dreamed of proposing, Kern said. Instead, faculty followed students' lead in doing away



Kern

"We emphasize the patient and not just the disease and help students remember to keep the patient in focus."

Donna Kern, M.D.

with summer break between first and second year.

"At first it was not intuitive to us," Kern said. But over and over, students in focus groups said that after the progress they made in the first year in learning a new way of thinking and studying, summer break stalled their momentum. They had to get back into medical school mode when they returned in the fall and stepped right into the content-heavy second year, plus they immediately began worrying about Step 1, the first test in the three-part U.S. Medical Licensing Examination.

By continuing classes through the summer and rearranging the content, the transition from first to second year should be seamless. Kern also hopes it will reduce anxiety about Step 1. Smaller breaks are built into the schedule to give students necessary downtime.

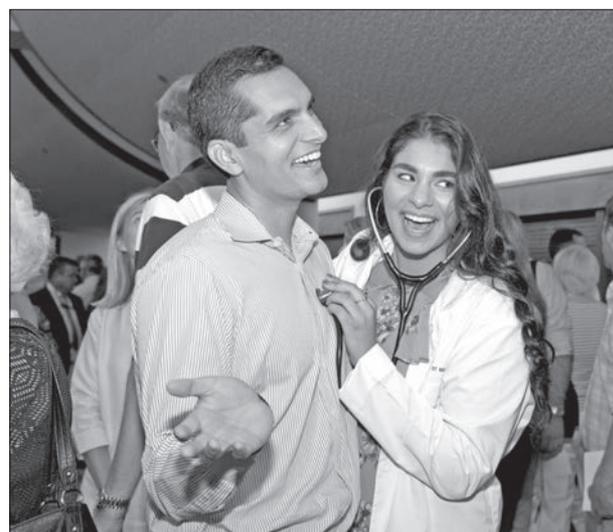
In the past, first-year students studied normal anatomy and second-year students studied disease, drugs and treatment. But first-year students are eager to learn about disease; it's why they came to medical school. And as drugs and treatments have increased, the content for a traditional second year exploded, Kern said.

The new curriculum is still arranged by organ system, but now incorporates both normal functions and disease. Each block will feature a real patient whose story from diagnosis to treatment will be told in a series of videos.

"We emphasize the patient and not just the disease and help students remember to keep the patient in focus," Kern said.



Dr. Buddy Jenrette, from left, assists student Jesse Varkey; Dr. Gerard Silvestri assists Layne Walker; and Dr. Terry Steyer assists Terrell Washington during the College of Medicine white coat ceremony for incoming first-year students.



Neha Kumar hams it up for the camera as families gather around their students after the white coat ceremony in August 2018.

Photos by Anne Thompson

FLEX PHASE

After students take the Step 1 test in March of their second year, they'll move into the 10- to 12-week "Flex" phase. This phase, which embeds scholarly concentrations into the curriculum rather than leaving them as an awkward add-on, is unique among medical schools, Kern said.

Students in the three-year M.D. pathway will skip the Flex phase. Instead, they'll take Step 1 a little earlier than their peers and head straight into clerkships. Military students will have better flexibility in meeting their military requirements. Students enrolled in the dual degree M.D./Ph.D. program will

See CURRICULUM on page 13

CURRICULUM *Continued from Page Twelve*

begin their Ph.D. work earlier.

Military students will have better flexibility in meeting their military requirements. Students enrolled in the dual degree M.D./Ph.D. program will begin their Ph.D. work earlier.

For most students, however, the Flex phase will give them the chance to explore their interests in-depth. There are four concentrations to choose from: research, global health, medical education and medical humanities.

Kern expects the majority of students will choose research, since many competitive specialties are increasingly requiring research. Students have always been able to conduct research – in fact, MUSC received a commendation from its accrediting body for the research opportunities available to students – but because it was usually done in the summer between first and second years, students found themselves researching diseases they hadn't yet learned about in the curriculum.

Now, by embedding research into the school year, there will be a standardized curriculum for all research students that introduces foundational concepts of medical research. Students will have already completed their classroom studies, so they'll be better able to match their interests to research topics and develop mentoring relationships with faculty in that specialty.

The global health concentration has already attracted a lot of interest from students, Kern said. Andrea Summer, M.D., director of the Global Health Certificate Program, is developing a curriculum for the global health Flex phase. Students who choose this option will take a deep dive into global health topics and apply their learning in research that focuses on health outcomes around the globe and in South Carolina. Students are also eligible to apply for the global health travel scholarships that the college provides for rotations in the fourth year.

There will also be aspects of all of the scholarly concentrations that will be open to students in all tracks, like special sessions in humanities, research and global health. A formal poster presentation at the end of the Flex phase will showcase the work of students in all four tracks.

THREE-YEAR OPTION

Kern said there's already been interest in the three-year option, but she's cautioned students to slow down and focus on their current studies first. Students aren't accepted directly into the three-year option from undergraduate. Instead, they must demonstrate strong performance in the medical school curriculum and that they are confident in their choice of specialties.

It is actually quite difficult, she said, to identify the best students for the accelerated pathway before they begin their studies. She spoke of one recent graduate who would not have stood out as she entered the college; but by her third year, Kern could see she was a great candidate.

"Her grades in college were very good. Her grades in medical school were perfect. She had a passion, she was mature and she had decided early on a specialty. She would have been a perfect person for this program," she said.

Students are people too, Kern emphasized, and personal life events like the death of a loved one or birth of a child could



Photo by Anne Thompson

College of Medicine students recite the Medical Student Oath during the white coat ceremony in August 2018.

mean that trying to finish medical school in three years would be too much, so students have the option to move back to the four-year pathway if needed.

If faculty members feel the student is a good candidate, he or she will take Step 1 early, with less built-in study time, and move directly into clerkships. The student will do the core rotations back to back without the built-in time that four-year students have for extra electives, away rotations, residency interviews and figuring out which specialty to pursue. Instead, the three-year students will move directly into a residency position here at MUSC.

Participating residency programs include family medicine, internal medicine, emergency medicine, neurology, pediatrics, OB-GYN, general surgery, psychiatry, neurosurgery, ophthalmology, orthopedics and pathology.

The three-year program helps students avoid another year of tuition and helps the state keep the brightest students here in South Carolina for residency. "That's a student we want to keep here, because residency is a great indicator of where someone will eventually practice. As a state institution, part of our mission is to serve the state by educating physicians who will stay in the state," said College of Medicine spokeswoman

Allison Leggett.

Although the three-year students won't be selected until next year, the college has already had one student graduate early in a pilot program. Jacob Wolf, M.D., is about to begin his second year of residency in orthopedics. He said the idea of saving \$30,000 in out-of-state tuition was appealing, as was the promise of nailing down a residency in a competitive specialty without having to go through the match. Staying at MUSC also kept him near then-fiancee – now wife – who is one year behind him in medical school.

Wolf said he entered medical school pretty sure he wanted to do orthopedics, and the orthopedics rotation solidified his interest. He felt some pressure to compress his studying for Step 2, the next exam in the licensing system, into a week or so, because he didn't have time off, but the excitement of getting started with his career carried him through the beginning of residency. He did feel a bit of a twinge in the spring of what would have been his fourth year, when he was busy working, and his classmates were taking trips to Europe and relaxing, but overall, he has no regrets about the accelerated program.

"If you feel like you can keep up with the academic milestones of a three-year curriculum, and you're not waffling back and forth on career choices, I think it's a perfect option for people. That being said, there's plenty of people for whom the traditional four-year route is more appropriate. I don't think I would pressure somebody into the early accelerated curriculum, but if they know what they want to do, I say more power to them. Go for it," he said.

Kern said that it is important to emphasize that taking four years for medical school is the normal, accepted pathway and should not be viewed as a "lesser" option than the three-year route. Some students might start the three-year route but find themselves questioning their specialty choice, in which case, they would easily transition back to the four-year path to ensure they had adequate time to decide – and that should not and will not be viewed as a setback or failure, Kern said.

The three-year program will have room for about 20 students each year. Based on other schools' experiences, though, Kern expects no more than 10 students each year will actually take the three-year route.

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OATH *Continued from Page Nine*

idea she wanted to go to medical school. During a shadow program at Roper St. Francis, however, she realized the nurses were the ones who spent more time with patients and that was what she wanted to do. After earning a chemistry degree at the College of Charleston, she earned a Bachelor of Science in Nursing at MUSC in 2017. She immediately began working toward her DNP here while adding a full-time job as an emergency department nurse at Bon Secours St. Francis Hospital in West Ashley.

She said she likes being busy, though she's thankful the Air Force scholarship comes with a stipend that will allow her to switch to part-time hours while she finishes her schooling. As a family nurse practitioner in the Air Force, she'll focus on primary care and expects to handle a wide variety of needs. She likes that the military does not limit the nurse practitioners' scope of practice. She's also excited about the idea of practicing abroad. She and her husband Christopher are hoping to be stationed in Japan, although they're ready to go wherever the Air Force sends her.

Durham, who spent 11 years in active duty before transitioning to the Reserve, oversees Taylor's clinical work. She was delighted



Air Force Maj. (ret.) Phillip Gilliland looks on as College of Nursing faculty, students and friends with military affiliations gather for a photo. From left: Jurell Riley (Air Force); Holland Palmgren (Air Force); Catherine Durham (Navy Reserve) director of the DNP program in the College of Nursing; Maylin Taylor (Air Force); Capt. Rebecca Ferneding (Army Reserve); LaQuandra Brown (Air Force); and Angela Stanley (Navy-Retired), an instructor in the DNP program.

Photo provided

that Taylor asked to hold the swearing-in on campus. The military really encourages nurses to get advanced degrees, she said and it was during her active duty time that she received her Master of Science in Nursing; the post-9/11 GI bill funded her doctoral work.

Taylor will serve the Air Force well with

her DNP, Durham said. The DNP degree will prepare her to serve patients throughout the lifespan in a primary care setting as well as ensure that she has the skills to evaluate patient, population and policy outcomes and translate new science and evidence into practice.

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Greg Simon currently serves as the President of the Biden Cancer Initiative.

Greg Simon served as the Executive Director of the White House Cancer Moonshot Task Force, a position created by President Barack Obama and for which he was chosen by Vice President Joe Biden in March 2016. Over nine months, Greg and his team helped launch over seventy innovative collaborations. Greg returned to the White House after serving as Vice President Al Gore's Chief Domestic Policy Advisor between 1993 and 1997.

Greg was the CEO of PoliWogg, a financial services company creating unique capital market opportunities in healthcare and life sciences. Previously, he was Senior Vice President for Worldwide Policy and Patient Engagement at Pfizer, co-founded with Michael Milken, FasterCures/ The Center for Accelerating Medical solutions, and with Leon and Debra Black co-founded the Melanoma Research Alliance. Greg is a cancer survivor, having been recently successfully treated for chronic lymphocytic leukemia.

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Gregory C. Simon, J.D.
President, Biden Cancer Initiative

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