

## Tallying up Florence's impact on MUSC Health

*While the Lowcountry was spared from wind and rain, the storm was felt in other ways*

BY HELEN ADAMS

[adamshel@musc.edu](mailto:adamshel@musc.edu)

While Florence did not drench or wind-whip the Charleston area as forecasters feared it might, the storm has had multiple effects at MUSC Health.

First, virtual care visits spiked in the storm week thanks to a pair of promotions. MUSC Health Virtual Care is an online way to see a health care provider. It recently launched, offering treatment for almost 80 medical issues. During the storm, people who used the promo code MUSCFLO were able to use the virtual care system at no charge. That's in addition to another promo code already in use, MUSCCARES, which is still available and gives people their first visit at no charge.

The number of people using MUSC Health Virtual Care jumped from a pre-storm average of two to three a day to 26 people a day over the past week as Florence threatened parts of South Carolina, first as a hurricane and then as a tropical storm. More than half were new to MUSC Health.

Second, Florence led to a series of patient transfers to MUSC Health. "We planned to be a resource for other communities around the state if needed," said chief operating officer Matt Wain. "We received calls regarding more than 50 patients impacted by the storm in Horry County, and received many of those patients here at MUSC Health as the storm approached."

Horry County includes Myrtle Beach.

Most of the transferred patients were brought to the intensive care unit at MUSC Health.

Third, kidney failure patients who normally get dialysis at their local clinics headed to MUSC Health as the governor's evacuation order caused their regular clinics to close. MUSC Health stayed open and helped them get the life-saving treatment. Dialysis is a process that filters waste and extra fluid from the blood, something that would normally be done by the kidneys.

MUSC Health leaders were ready for Florence. In the days before its predicted arrival, they made sure there would be plenty of care team members on hand and backup systems for technology, medical supplies and more. A new light medium tactical vehicle was on standby, too, ready to ferry essential employees through floodwater if needed. And MUSC President David Cole, M.D., was a near-constant presence on campus, visiting patients and making sure his colleagues had what they needed as they prepared for Florence.

The team could be tested again. The official Atlantic hurricane season doesn't end until Nov. 30.

**To read more about MUSC's Hurricane Florence-related preparation, see page 6 and page 12 inside this issue.**



Photo by Sarah Pack

**Drs. Quiana Kern, left, and Avianne Bunnell are pursuing surgical specialties at MUSC.**

## Trio of surgical residents share hopes, expectations

*MUSC docs are part of changing face of health care*

BY LESLIE CANTU

[cantul@musc.edu](mailto:cantul@musc.edu)

For one resident, being a surgeon is an opportunity to 'fix' people. For another, it's a chance to develop long-term relationships with patients and nudge them onto healthier paths. And for a third, it's helping people reconstruct their appearances after cancer. All three are young, smart and ambitious — that's a given for any MUSC surgical resident who's bested dozens, if not hundreds, of other applicants to win a spot in one of the integrated programs that accept one intern each year.

They're also all black women, which makes them part of an even more select group. African-Americans represent between 2 and 10.2 percent of surgical residents, depending on the specialty, according to a January 2017 article in the Journal of Surgical Education.

At MUSC, medical doctors Avianne Bunnell, Kiandra Scott and Quiana

See **WOMEN** on page 3

3

Hurricane Maria

Impact is also personal for psychologist.

4

Open for business

New prosthetics, orthotics unit opens.

2

Thank You MUSC Family

5

Meet Candace Wigfall

12

Hurricane Readiness

## A/B-eautiful job!

Dear MUSC Health Care Team,

What a week here at MUSC Health! We have a unique duty here as the only 24/7 provider of certain services across South Carolina and being an integral component to the regional emergency management response. With that in mind, you performed admirably as a team in preparation for Hurricane Florence.



**Cawley**

With a health system as large as ours, it takes all of us to respond to weather events and to get us back up and running to normal operation as soon as we can. I want to particularly highlight Team A/B and thank those care team members for their flexibility and commitment to our patients. I saw a lot of great morale and teamwork and want to thank you for staying here with us overnight and for your unwavering attention to our patients. We are already receiving thank you's from grateful patients and their families.

While the weather event ended up being very favorable for the Charleston-area, I know everyone – not just Team A/B – had to adjust from their normal duties to prepare for the storm's possible impacts. I was impressed by the teamwork, both in the command center and as I walked around the medical center, and wanted to thank each and every one of you for your important role. Please know that your efforts are greatly appreciated. Well done, care team.

Thank you for the great care you provide every day!

*Patrick J. Cawley, M.D.,  
CEO, MUSC Health  
Vice President for Health Affairs, University*

Letter from the  
Office of the

# PRESIDENT

Dear MUSC Family,

Now that the brunt of Hurricane Florence is behind us, it is clear that many throughout the Southeast and in the Lowcountry have been adversely affected. The widespread devastation, especially for North Carolina and portions of the South Carolina coast, will require months of cleanup and rebuilding for individual families and local businesses, including hospitals and clinics. Our thoughts are with all of those who are faced with tremendous loss and recovery.

### Thank You to the MUSC Family

During storm week, I had the privilege to be present alongside our care teams and non-clinical staff. I was extremely proud of the level of preparedness, professionalism and readiness by all. While we were spared the worst impact from Hurricane Florence, I was personally confident that we were ready to continue our work, serving our patients and families, despite the storm. Thank you to all of those who contributed to our collective preparedness, needs and safety, and thank you for the incredible demonstrations of our enterprise values throughout this event. In fact, we encourage you to share your stories and recognize your colleagues by nominating them for a Values in Action award.

### How You Can Help

We've been moved and inspired by your requests to help, as it only reinforces our commitment to build healthy communities and assist those in need. We are in the process of compiling a list of organizations that are accepting support and donations for victims of this tragedy, and we will share more information soon. The road to recovery is different for everyone as we rebuild and repair. Let's continue to respect and be supportive of the many needs of our MUSC family, our community, and the many others, who were significantly affected by the storm.

Thank you for all you do for the lives we touch.

Yours in service,

*David J. Cole, M.D., FACS  
MUSC President  
Twitter: @PresMUSC*

## MUSC CATALYST news

### Editorial Office

MUSC Office of Public Affairs & Media Relations, 135 Cannon Street, Suite 403C, Charleston, SC 29425.  
843-792-4107  
Fax: 843-792-6723

**Editor:** Cindy Abole  
[catalyst@musc.edu](mailto:catalyst@musc.edu)

The MUSC Catalyst News is published bi-monthly. Paid advertisements, which do not represent an endorsement by MUSC or the state of South Carolina, are handled by Island Publications Inc., Moultrie News, 134 Columbus St., Charleston, S.C., 843-958-7480, 958-7384, 958-7488 or 937-7489. E-mail: [advertising@moultrienews.com](mailto:advertising@moultrienews.com).



**Dr. Cole visited the 5West Antepartum Team A staff and other health care teams throughout MUSC Health on Sept. 14.**

# Year later: Hurricane Maria gives psychologist crash course in disasters

BY HELEN ADAMS

adamshel@musc.edu

It was early in the morning of September 20, 2017, exactly a year ago. Rosaura Orengo-Aguayo, an assistant professor in the Department of Psychiatry and Behavioral Sciences at MUSC was trying to reach her family in Puerto Rico but couldn't get through. It would be two days before she had word of them. When they did connect, she learned that Hurricane Maria wreaked havoc on the island where she grew up. Puerto Rico's governor says the storm led to almost 3,000 deaths.

Orengo-Aguayo's family survived, but her father's psychiatry clinic was destroyed and her in-laws' house was badly damaged. And her family, along with everyone else in Puerto Rico, dealt with the storm's other effects. Electricity was out, roads were a mess and schools were closed. Even now, traffic lights don't work in most places.

The storm's first anniversary is an

emotional time. "Yesterday, I talked to my mom and we were thinking about the days that led to the hurricane," Orengo-Aguayo said. "She was telling me last year at this time, she was in a line trying to get some water, thinking this would be like Irma that kind of flew by. She sounded a little bit anxious. It's hard time."

But the past year has also been transformative for Orengo-Aguayo. "I feel this year has been a crash course. I've become a disaster psychologist."

Orengo-Aguayo was already a trauma specialist at the National Crime Victims Research and Treatment Center at MUSC. Maria turned her into a disaster expert. "You follow the need. If you're a servant at heart, that opens doors."

The first door opened right after Maria hit. A friend in Puerto Rico got in touch with Orengo-Aguayo and told her the island's education secretary wanted a plan to help teachers and students recover from the storm. It was perfect timing. Her team at MUSC already had



**Dr. Rosaura Orengo-Aguayo pulls up a picture on her computer showing family members holding a washboard they used to display in their home as a symbol of the past.**

a \$1.6 million trauma treatment grant from the federal government to help kids who otherwise wouldn't get the help they need.

The kids in Puerto Rico definitely fit the bill. Their island saw an increase in anxiety and depression and a spike in suicides after Maria.

So Orengo-Aguayo and fellow psychologists Michael de Arellano and Regan Stewart hatched a plan to train teachers and other school employees in psychological first aid for themselves and their students. They, along with psychology intern Freddie Pastrana-Rivera, went to Puerto Rico less than a month after the storm struck to get to work.

The MUSC team also wanted to get a big-picture look at what the kids were going through, so they teamed up with the Puerto Rico Department of Education to survey more than 60,000 students about life during and after the storm. Newly-released results show that almost half of the children's houses had been damaged or destroyed. More than 30 percent had struggled to find food or water and thought they could have died.

Next month, Orengo-Aguayo and her team will return to Puerto Rico to train school psychologists in how to do trauma-focused cognitive behavioral therapy. She said MUSC has been very

See **STORM** on page 8

## A letter of gratitude post Hurricane Florence

*Editor's Note: The following letter was submitted to Randy Teates, Sodexo-Dietetic Services Ashley River Tower general manager, on Sept. 17 after MUSC Health and University's Team A were activated Sept. 12 to provide storm preparation and provide patient care support during Hurricane Florence.*

Good Morning Randy,

While the threat of Hurricane Florence brought uncertainty to much of South Carolina and Charleston, the preparations I witnessed throughout MUSC were impressive.

I know I speak for all of us at MUSC, and especially the Ashley River Tower staff, in saying, "Thank You" for the commitment your team made in providing meals to the Medical staff, patients and visitors. I noticed many of the same faces over the last five days, and, at all hours. I am certain the Dietary Services Team endured much more hardship and inconvenience, than those of us who were also required to be "in house." I observed a level of teamwork and an obligation to serve that was "world-class." Every member of your team deserves a huge "thank you" for a job well done!

Many of us are fortunate enough to go through our lives and not require the services of a physician or hospital. In contrast, however, we cannot go more than two weeks, perhaps, without food or water. Therefore, the value Dietary Services brings to all of us is priceless.

Again, thank you for everything you and your team did for all.

Sincerely,  
Warren A. Whitworth, CSA  
Division of Cardiothoracic Surgery

## WOMEN *Continued from Page One*

Kern comprise more than 20 percent of the 2017-18 class in the three integrated surgery programs: vascular, plastic and cardiothoracic. Integrated surgery programs are five- to six-year programs that take residents directly from medical school, unlike traditional programs that require doctors to complete a five-year general surgery residency before training in a specialty.

They're each the first black doctor accepted into their respective programs, two of which are relatively new. Scott is the first resident ever in the plastic surgery integrated program and Bunnell is only the third resident in the vascular integrated program.

Diversity is important to MUSC,

which has made "Embrace Diversity and Inclusion" one of the five pillars of its Imagine MUSC 2020 strategic plan. Research has shown that diversity in the health care workforce improves access to care and leads to better patient outcomes, according to the Association of American Medical Colleges. It's also crucial in biomedical research, because researchers ask different questions depending on their own backgrounds and experiences, according to the association.

Inclusion goes beyond diversity. In "The Transformation of Academic Health Centers: Meeting the Challenges of Healthcare's Changing Landscape," the authors compare

See **WOMEN** on page 10

# New prosthetics, orthotics unit open for business

*Service aims to be premier Lowcountry provider*

BY LESLIE CANTU

[cantul@musc.edu](mailto:cantul@musc.edu)

When Ben Goldstein was a kid, he had to wear a back brace for nine months. As an adult, he ended up working as an orthotist — a person who fabricates and fits braces — alongside the doctor who treated him. Now, he's taking that experience and his passion for helping people do what they love to do and bringing them to MUSC Health.

Goldstein, a board-certified prosthetist, orthotist, and pedorthist, recently started at MUSC with the newly launched MUSC Prosthetic Orthotic Services. The program quietly opened for inpatient use in January. As of Aug. 1, it's now open to all.

"I'm really excited to be here and change what's possible. This is something I never thought I'd be doing in a million years, but I get to start a department to help the people of the Lowcountry, Charleston and South Carolina," he said.

The new unit, located on the fourth floor of Rutledge Tower, is yet another way in which MUSC Health is expanding beyond traditional hospital services to ensure the level of service, quality and efficiency for patients and physicians, said Matthew Winer, administrator over MUSC therapeutic services and strategic operations.

"I think it's really exciting for us to be able to offer this type of program at MUSC. Venturing outside the traditional services we provide is really new to us," Winer said.

MUSC and Carolina Orthotics & Prosthetics, a local company with over 30 years of experience, entered into the joint venture, with Carolina Orthotics & Prosthetics providing its logistical experience as the managing partner. Carolina Orthotics & Prosthetics continues to operate its own, independent business.

The new unit will need to stand on its own, and MUSC physicians and patients

*"I think it's really exciting for us to be able to offer this type of program at MUSC. Venturing outside the traditional services we provide is new to us."*

**Matthew Winer**

can decide whether to use the service or continue with an outside vendor.

"There's no obligation on anyone's part to refer patients our way. It's on us — our ability to prove ourselves and to win over patients and providers," Winer said.

Goldstein stands ready to win them over.

The New Englander actually got his start by custom fitting ski boots. From there he moved into pedorthics — fitting and creating custom shoes and inserts to deal with foot and lower limb problems. He's spent over half of his career working in prosthetics and pediatrics, during residencies at two Shriners Hospitals and a staff position at Boston Orthotics & Prosthetics within Boston Children's Hospital, dedicating the remainder to foot and ankle and academic pursuits.

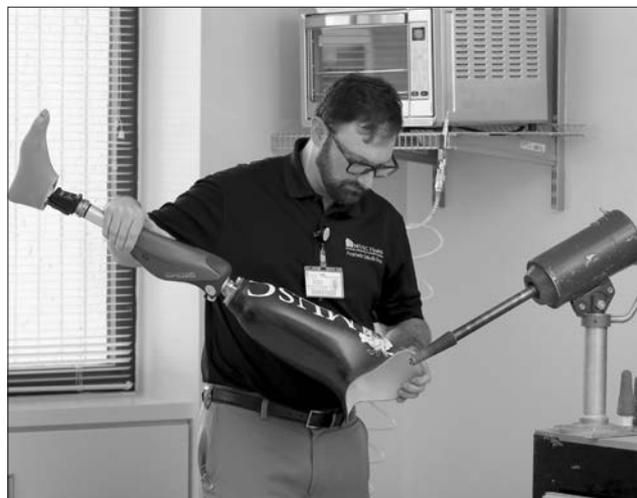
Setting up shop at MUSC benefits patients because care can be streamlined, he said. Documentation is critical to getting patients the devices they need, and by working within the same system, both Goldstein and patients' physicians can share notes and directly contact each other.

The new unit is stocked with off-the-shelf devices to fit patients head to toe — from braces to stabilize the spine post-surgically and foot positioners to prevent drop foot in patients confined to bed to protective helmets for patients who've had a bone flap removed during a craniotomy. Part of Goldstein's job is knowing what works.



*Photos by Sarah Pack*

**Ben Goldstein, clinical manager for MUSC Prosthetic Orthotic Services, laughs with his patient, Veronica Rothermel, as he tests her stability during an appointment.**



**Goldstein works on a prosthetic in his workshop in Rutledge Tower.**

"There are a million different things to pick from. You've got to know what works for people and their body types," he said.

He also custom fits braces. In Boston he focused on spinal bracing, primarily scoliosis, but he's also worked with patients with spina bifida, cerebral palsy and plagiocephaly — when a newborn's head becomes flattened. He also spent time at Beth Israel Deaconess working with the neurology and orthopedic teams for trauma cases.

Goldstein envisions the department growing to include a couple of fitters, four care providers and a residency program. The requirements to become an orthotist and prosthetist currently require a

master's degree and a year-long residency in each discipline.

Goldstein also stays abreast of changes in the field of prosthetics. He's excited about osseointegration, a procedure in which a titanium implant is placed within living bone so the bone tissue grows and secures itself directly to the implant. In the U.S., it's more often used in dental implants, but Goldstein sees it becoming more widely accepted for prosthetics.

Winer said Goldstein is exactly the right person to get this new unit off the ground. In addition to his credentials, Goldstein's personality and comfort level with academic medical centers proved to be exactly what was needed, Winer said.

## MEET CANDACE



Candace Wigfall

**Department; How long at MUSC**  
PAC, MUSC Parkshore Office; one year

**How are you changing what's possible at MUSC**

*By providing excellent customer service one phone call at a time*

**Family and Pets**

*Son, Anthony; daughter, Anyrie; mother, Priscilla; sisters, Christina and Lakisha; father, Clint; special cousin, Keosha; and a blue glass guppy named Wigfall*

**Last book read**

*"The Bank Sister II" by Nikki Turner*

**Favorite football team**

*Dallas Cowboys*

**What is your idea of a dream job**

*Traveling the world and eating different foods and wines*

**Words of advice**

*"One love, one heart; let's get together and feel alright." — Bob Marley*



Healthy For Good™  
Heart Walk.

## MUSC 2018 Lowcountry Heart Walk Hustle

MUSC's Heart Walk Hustle is an annual on-campus fundraising event leading up to the 2018 Lowcountry Heart Walk. Join us in the **Horseshoe** and **Greenway** for food, entertainment, and more!

**Wednesday, September 26th, 2018**  
**11:00 AM—2:00 PM**

Come join us for:

- ▼ Silent Auction
- ▼ T-Shirt Sales\*
- ▼ Food Trucks
- ▼ Local Craft Vendors
- ▼ Dunk Tank
- ▼ Activity Booths
- ▼ Puppies
- ▼ Music and More

\*Quantities are limited



Oh So Gelato  
Gelato Cafe



HOLY CITY



WAFFLES



## Featured Speakers

**Inclusion to Innovation Summit:  
Diverse Pathways to Organizational Excellence**

Nov. 9 & 10, 2017 | Charleston, South Carolina



Jerrell Moore



Dr. Michelle Espino



Dr. Damon Williams

Visit our Website for Speaker Bios & Conference Info!  
Register by October 31, 2017! [muscd.edu/dei-summit](http://muscd.edu/dei-summit)



Changing What's Possible

*The Best Views In Charleston!*

**HARBORVIEW**  
RESTAURANT & LOUNGE  
CHARLESTON, SC • EST. 1971

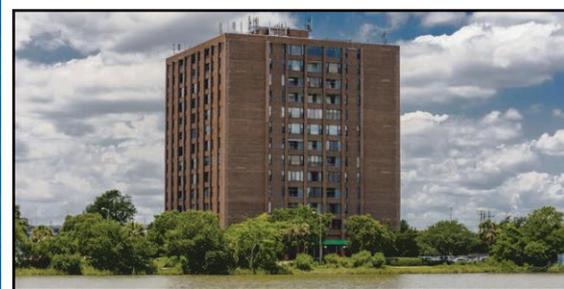
The Harborview Restaurant & Lounge located on the top floor of the Holiday Inn Charleston Riverview is the perfect location for your next special event!

*Let our experienced staff take the stress out of planning your next event.*

*Wedding Receptions, Rehearsal Dinners, Bridal Luncheons, Birthday Parties, Family Reunions, Corporate Luncheons or Dinner Banquets.*

Mention this ad and receive  
**50% off**  
Event rental fee!  
\*based on availability

Holiday Inn Charleston Riverview  
301 Savannah Highway  
[www.hiriverview.com](http://www.hiriverview.com)  
To book your event please contact the Sales Department at 843-556-7100



## Downtown Charleston

Ashley House 14 Lockwood Drive 4-L

Studio Apartment

Furnished \$1600/Month

Utilities Included

Available October 1, 2018



Eve Sokol  
843.991.5467

# Go for Flo

## MUSC's Hurricane Florence response by the numbers:



**Patients:**  
661  
at 8 p.m.  
Sept. 14



**Employee meals served:** 25,155  
**Patient meals served:** 5,773  
**Food service employees:** 109 people worked 4,388 hours



**Coffee sales:** \$4K



**Sandbags filled:** 1,500  
**Facilities Team A and Grounds crew:** 214 people



**Nursing staff:** 914 people worked 16,350 hours  
Sept. 12-17  
**Greatest one-day total:** 3,390 hours  
Team B on Sept. 14



**Operating rooms:** 148 cases  
53 invasive procedures  
Sept. 12-16

Graphic by Leslie Cantu / MUSC Catalyst News

## “My Reviews Speak for Themselves”

### David Kent

*“I would highly recommend David Kent. He is incredibly knowledgeable and extremely accommodating. He truly has the buyers' best interest at heart and is a pro at negotiating.”*



The Real **Buyer's Agent**  
Home Buyer's Choice, Inc.

**2017 SC Realtor  
of the Year**



[www.DavidKent.net](http://www.DavidKent.net) | 843.606.0824



IP02-1727581-1

JOIN US FOR A MASON PREP OPEN HOUSE



Kindergarten & First Grade  
Family Open House  
OCTOBER 7  
2:00 - 4:00 PM

School Day Open House  
OCTOBER 17  
NOVEMBER 13  
9:00 - 11:00 AM

IP02-1727530-1

For more information  
[masonprep.org](http://masonprep.org)

**MASON**  
PREPARATORY SCHOOL

Reduced new student  
application fee for  
MUSC employees

**HANDSOME**  
*Homes*  
LEASING & PROPERTY MANAGEMENT

AVAILABLE FOR RENT DOWNTOWN!

7 SIMONTON MEWS | \$4,500/MONTH



- 4-STORY, PET FRIENDLY  
TOWNHOME LOCATED  
IN MORRIS SQUARE!
- › 3 BEDROOMS
  - › 2 ½ BATHROOMS
  - › APPROX. 2,280 SQ. FT.
  - › 2 CAR GARAGE

FOR MORE INFORMATION,  
PLEASE CONTACT:

**KARA COVILLE**  
843.718.9626

IP02-1729369-1

DEBBIE FISHER | BROKER-IN-CHARGE

285 MEETING STREET, CHARLESTON, SC 29401 | 843.990.9047 | [WWW.HANDSOMEHOMES.COM](http://WWW.HANDSOMEHOMES.COM)

**CBC** NATIONAL BANK  
MORTGAGE  
A Division of First Federal Bank

[WWW.CBCHOMELOANS.COM/ARTHUR-ANDERSON](http://WWW.CBCHOMELOANS.COM/ARTHUR-ANDERSON) 845.863.4001

**REAL DISCOUNTS**  
for  
**Our Heroes**

**Qualifying  
Heroes**



Firefighters

Law  
EnforcementMilitary  
Active Reserves  
and VeteransHealthcare  
Workers/EMS

Teachers



The **Homes for Heroes** Program is a way for us to say "Thank You" to you and other Heroes like you, who serve our nation and communities every day.

Examples:

HOME PURCHASE PRICE	CHECK
\$250,000	\$1,750
\$500,000	\$3,500
\$750,000	\$5,250

- BUY A HOME** and receive a check from Homes for Heroes in the mail.  
**SELL A HOME** and receive reduced real estate service fees at closing.  
**FINANCE** a mortgage and receive reduced lending fees.  
**LOCAL BUSINESS AFFILIATES** provide special hero discounts.

IP03-1723893-1



**Arthur Anderson**, Senior Loan Officer  
NMLS 332117  
CBC National Bank Mortgage  
**845.863.4001**  
[Arthur.Anderson@CBCEnationalbank.com](mailto:Arthur.Anderson@CBCEnationalbank.com)

**Matt Cuchelo**, Real Estate  
Coastal Premier  
Prime Properties  
**843.806.8272**  
[MCuchelo@LowCountryLuxuryLiving.net](mailto:MCuchelo@LowCountryLuxuryLiving.net)

Only individuals registered with Homes for Heroes are eligible for program benefits, and only registered real estate agent and lender affiliates are able to offer these services. © 2018 CBC National Bank Mortgage, a division of First Federal Bank. Restrictions and other conditions may apply. Nothing herein is or should be interpreted as an obligation to lend. Loans are subject to credit and property approval. Property insurance is required, including flood and wind insurance where applicable. Trade/service marks are the property of First Federal Bank, Residential Mortgage Licensee: 4009302. CBC National Bank Mortgage's processing center is located at 3010 Royal Blvd South, Alpharetta, GA 30022.

f t g+ y in Member FDIC

**STORM** *Continued from Page Three*

supportive of their work in Puerto Rico. “What I’ve learned through this is there’s a different way to blend academia with real world. I think a top-down approach doesn’t work. But when you just say, ‘We’re here to help. What do you need?’ and go from there, the floodgates open.”

Orengo-Aguayo will also get a chance to see her family. Her mother, a pediatrician who takes care of kids from low income families, went right back to

work after Maria. But it took her father months to get his psychiatry practice up and running again. And everyone is struggling to get insurance to help pay for what the storm did to their homes.

When Hurricane Florence looked like it might head toward the Lowcountry last week, Orengo-Aguayo said she took it much more seriously than she would have before Maria. Now, she’s counting the days till storm season is over. “I want the end of October to get here because that means no more hurricanes.”

**2018 MUSC Benefits and Wellness Fair set for Sept. 28**

The University and Medical Center Human Resources Departments will be hosting the annual Benefits and Wellness Fair from 8:30 a.m. to 2 p.m., Friday, Sept. 28 at the Portico around the Colbert Education Center and Library. The fair will kick off the 2018 Open Enrollment period that lasts from Oct. 1 to Oct. 31. Both university and medical center employees are encouraged to attend the fair to learn about plan changes effective January 1, 2019 while discovering wellness initiatives that improve the health of the MUSC community. Employees will have an opportunity to meet with representatives on-site to learn more about benefit plans, wellness programs and more. More open enrollment information will be available within the coming days.

**List Your Home With Tapp And Receive FREE Staging**



**Tapp Palmer**  
843-408-9456

Are you buying or selling a home? Call Tapp Palmer for a consultation today. Put your trust in a results driven realtor® Who will make you his top priority.

- EXPERIENCE
- EXCELLENCE
- INTEGRITY
- LUXURY PROPERTIES

5% of Tapp’s commissions will be donated to The MUSC Children’s Hospital. Partner with Tapp to exceed your real estate goals while helping the children at MUSC.



tapp.palmer@charlestonmetrohomes.com

# How do I retire the way I want?

## Confidence starts with a plan

**Georgia French** FP®  
Sr. Vice President--Wealth Mgmt  
843-856-6630  
georgia.french@ubs.com

**Mark French**  
Sr. Vice President--Wealth Mgmt  
843-856-6631  
mark.r.french@ubs.com

**The French Team**  
**UBS Financial Services Inc.**  
900 Lakes and Park Drive  
Suite 201  
Daniel Island, SC 29492-7567  
843-849-1180 | 800-726-1180

[ubs.com/team/french](http://ubs.com/team/french)



As a firm providing wealth management services to clients, UBS Financial Services Inc. offers both investment advisory services and brokerage services. Investment advisory services and brokerage services are separate and distinct, differ in material ways and are governed by different laws and separate arrangements. It is important that clients understand the ways in which we conduct business and that they carefully read the agreements and disclosures that we provide to them about the products or services we offer. For more information visit our website at [ubs.com/workingwithus](http://ubs.com/workingwithus). Certified Financial Planner Board of Standards Inc. owns the certification marks CFP®, Certified Financial Planner™ and federally registered CFP (with flame design) in the U.S., which it awards to individuals who successfully complete CFP Board's initial and ongoing certification requirements. © UBS 2018. All rights reserved. UBS Financial Services Inc. is a subsidiary of UBS AG. Member FINRA/SIPC. D-UBS-55EB959E

IP03-1717799-1

# New flu vaccine recommendations include a change

*Pediatrics Association aims to prevent highest number of flu-related deaths in 2018*

BY HELEN ADAMS

adamshel@musc.edu

The nasal spray is back in the picture this year in newly-released flu vaccine recommendations from the American Academy of Pediatrics. It was out of the picture for the last couple of years because it wasn't considered effective enough.

But MUSC Children's Health critical care specialist Elizabeth Mack, a spokeswoman for the AAP, said the nasal spray is still not the right choice for most people. "For people who otherwise wouldn't get a vaccine, then the nasal spray is an allowable option. But the inactivated influenza vaccine, also known as the flu shot, is still the primary recommendation."

The difference between the nasal spray and the flu shot, apart from how you get them, is what's in them. "The nasal vaccine contains live flu virus. The flu shot does not," Mack said. "We worry about live vaccines in immunocompromised children. These children should not get the live attenuated influenza vaccine, also known as the nasal spray flu vaccine."

Flu vaccines this year protect against three or four viruses: an influenza A (H1N1) virus, an influenza A (H3N2) virus and either one or two influenza B viruses.

Last year's flu season was almost unprecedented. "We saw the highest number of child deaths related to the flu ever, excluding pandemics," Mack said. "In this country, that we know of, we had 172 deaths in children from the flu, which is quite high."

As for people who fear that getting the flu shot will give them the virus, Mack said don't worry — that's not possible if you get the inactivated flu vaccine. You can get symptoms such as a low-grade fever as the body's immune response kicks in, but it's nothing like the actual flu.

"Also, keep in mind that flu vaccines are given during times when respiratory viruses are circulating, so often people get sick with another virus coincidentally after getting the flu vaccine but they often think the vaccine gave them the flu," Mack said.

Don't run to get that flu shot just yet. Timing is everything, Mack said. "Wait a couple of more weeks until end of September or early October so it lasts you through the season. The peak of the season typically is December, January, and then the season can continue through April or May."



Photo by Sarah Pack

**Braxton Fludd hams it up for the camera while getting a shot from certified medical assistant Shavazae Rivers.**

## Takeaways from AAP's Flu Vaccine Recommendations

- Kids with egg allergies can get flu shots. Most shots contain a small amount of egg protein. But Mack said regardless of how you react to eggs, it's OK to get a flu shot. "If you get hives from eggs, you don't need any particular accommodation. If it's a more serious reaction such as swelling of the lips or throat or breathing difficulty, it's OK to get the flu shot but it needs to be done in a doctor's office or a hospital."
- Pregnant women can get a flu shot. They can get it during any point of the pregnancy, according to the AAP. It protects them and their babies. Pregnant women are at a higher risk of getting seriously sick from the flu than women who aren't pregnant.
- People who work in health care should get flu shots. It protects them and their patients.
- Antiviral medications are not a substitute for flu shots. "Antivirals are expensive and may have significant side effects," Mack said.

**FANTASTIC  
OPPORTUNITY  
TO LIVE SOUTH  
OF BROAD!**

**\$869,900  
MLS# 18024957  
Charleston, SC**



Completely renovated 3 bedroom, 3 full bath condo with garage!

This historic Victorian home is ideally located a few blocks from King Street shopping, MUSC and the Charleston Marina. Colonial Lake and High Battery Park are just across the street. Unit A is the entire first floor and offers gleaming hardwood floors, 10 foot ceilings with crown molding, and two porches. The upscale kitchen features granite counters, handsome gray cabinets, tile back splash, gas range, farmhouse sink, and all new high end stainless steel appliances.

Visit [www.edhunnicut.com](http://www.edhunnicut.com) for more info.

*Ed*  
HUNNICUTT

Call Ed Hunnicutt for more info:

**843.270.0292**



**WOMEN** *Continued from Page Three*

diversity and inclusion to hosting a party.

“It is one thing to invite people to the party, open the door, and then have them find their own way; it is quite another to be greeted warmly, welcomed inside, and shown around. Inclusion in health care workforce development means that the host institution is equipped to affirm the new student immediately as someone who belongs,” the authors say.

That feeling of immediately belonging was one thing that attracted Kern to MUSC. As a visiting medical student at another university, she felt invisible, she said. Though she was offered an interview there for residency, and it would have been convenient to remain in state, she felt she wouldn’t be happy somewhere that didn’t value her. Her interview experience was completely different at MUSC. When she interviewed, the faculty knew her background and knew who she was; further, they were interested in getting to know her husband, too.

That’s not to say there isn’t work still to be done at MUSC. The three doctors have had a mix of experiences, and they all point to a lack of diversity among physicians at the attending level that they feel the institution must address to further improve the quality of care.

But Scott, a Charleston native, thought it was important for all three to tell their stories to highlight MUSC’s commitment to diversity and to serve as role models for young black girls.

**THE LOCAL GIRL**

Scott’s entire family is from James Island. Being local, she’s experienced MUSC as a patient’s family member, as a medical student and now as a resident.

The reviews from family members weren’t always great. Her grandmother complained that members of the staff weren’t treating her as well as some other patients. At the same time, Scott said she’s seen a culture of distrust among some locals toward doctors who don’t look like them or seem to understand their backgrounds. Sometimes people would rather turn to folk medicine than visit a doctor, she said.

“I think it’s important to have more

**Dr. Kiandra Scott grew up on James Island and is now a plastic surgery resident at MUSC.**

*Photo by Sarah Pack*

physicians that, not necessarily are from Charleston, but are willing to understand and be compassionate toward the population here. Because Charleston has a very unique indigenous population,” Scott said. “Hire more physicians who are African-American or are passionate about treating the population — you don’t necessarily have to look like the population you’re treating — but just be compassionate.”

Growing up, Scott didn’t know any black doctors. No one in her family had attended a four-year college. After she graduated from Wando High School, she went to Clemson, where she majored in microbiology, thinking she wanted to do basic science research. But being in the lab didn’t suit her. A mentor suggested she apply to medical school. Scott decided to take a year off and went to work as a scribe at Nason Medical Center, where she got an up-close view of medicine. There, she realized, “Yeah, I can be a doctor.”

She attended medical school at MUSC, where she knew she wanted to go into surgery but wasn’t sure in what specialty. At nearly the last minute, she realized her heart was in plastic surgery. MUSC was just starting its integrated plastic surgery program and leadership offered her the spot as the first resident.

“I’m forever grateful to them,” she said.

Plastic surgery is more than facelifts and breast augmentation, she’s quick to note.

“I went into plastic surgery for the reconstructive side. We do a lot of breast reconstruction, which is what I’m interested in, and craniofacial, which

entails repairing cleft lips and cleft palates — really, any congenital defect that involves soft tissue, skin or bone,” Scott said.

She liked that she would reach a broad patient population, from children to adults, and that plastic surgeons operate head to toe.

Now in her third year of residency, she isn’t sure what she wants to do after residency, but she thinks she’d like to do a fellowship in either microsurgery or craniofacial surgery.

**THE RELATIONSHIP BUILDER**

Bunnell decided early on she wanted to be a surgeon. Born in Trinidad, she grew up in Arizona and attended a high school where for many students the best-case outcome would be to attend community college and get an entry-level job. But during a junior high summer camp, she heard a neurosurgeon speak about his job.

“Man, he did a great job selling it. He spoke so highly of that career and all the cool things he got to do and how privileged he was to get to do such an amazing job and make a difference in people’s lives,” she said.

At the time, Bunnell didn’t have any doctors in the family. But her sister, seven years older, began medical school while Bunnell was in high school. Although she took the OB-GYN route, her journey through medical school and residency offered a path for Bunnell to follow, and she has often acted as a sounding board for her.

Bunnell attended medical school in Florida, where her mentors suggested she try vascular surgery.

“I absolutely loved it. It was the right patient population for me; it was the right kind of disease pathology to take care of. I was very, very eager to be a part of that field. I saw a lot of my own personality in a lot of people who were practicing in that field,” she said.

Bunnell, who’s in her fifth year of residency, said she likes that vascular surgeons provide such a wide spectrum of care. They see patients with blood vessel diseases, aneurysms, peripheral arterial disease or wounds that won’t heal. They often work in collaboration with other specialists like podiatrists, wound care, and endocrinologists. Many of the patients have additional factors that play into their diseases, like obesity, diabetes or difficult social situations that affect their ability to care for wounds and recover.

“You develop a really long relationship with these patients. Once they’re in your care, they’re with you for the rest of their lives. And I enjoy that,” she said.

Vascular surgeons have to be ready, too, to provide a little tough love about such subjects as smoking.

“A lot of our patients have lifestyle issues that have contributed to their pathology, so you get to have a lot of really frank conversations with them about the things that are hindering their care, things that led to this point. You get very real with the patient,” she said.

Bunnell is still developing a post-residency plan, but she thinks she would like to work in a limb salvage center, taking care of patients on their last efforts to save their legs.

**THE FIXER**

“I like to fix people.”

Kern decided as a child she wanted to be a doctor. In Milwaukee, where she grew up, she spent a lot of time in the hospital because of poorly controlled asthma and was inspired to become a physician.

Her family, she said, would probably have been happy enough with her finishing school and getting a job. She was the first to graduate from a four-year college. Because she took some time off, a younger cousin became the first in the family to graduate medical school.

*See WOMEN on page 11*

**WOMEN** *Continued from Page Ten*

At Morehouse School of Medicine in Atlanta, she considered emergency medicine and trauma surgery, but watching a thoracotomy on a gunshot patient was the push she needed toward cardiothoracic surgery.

“I saw the lungs, the heart, and then I remembered how much I loved those topics in medical school,” she said.

Her mentor, a trauma surgeon, connected her to some cardiothoracic surgeons. When she did some rotations with them, she found she loved it.

Her advisors told her she had the grades and the motivation, but warned she would face barriers. One: She’s black. Two: She’s female. And three: She’s of small stature. No one takes you seriously when you’re small, she said with a twinkle in her eye.

“I said, ‘You know what, I’m not going to let that stop me.’ I knew that going into it, but I didn’t let that deter me. I wanted to be happy, and I felt like settling for something else, I wouldn’t be happy.”

Applying for a residency was an extremely competitive process. Nationwide, there were 26 programs interviewing for 36 spots the year she graduated. She applied to about 20, choosing possibilities based on location and supportive environments. She interviewed at 14 and matched with MUSC.

**CHOOSING RESIDENTS**

For the surgery programs at MUSC, choosing residents is about finding the right fit, said June Cameron, director of surgery education programs.

Last year, more than 200 people applied for the plastic surgery residency, 80 for vascular surgery and 150 for cardiothoracic surgery. Each program takes one resident.

“It’s a lot of sifting through applications and finding the best of the best,” she said.

The program tries to keep the residents balanced, taking into consideration underrepresented groups in medicine, the male-to-female ratio and even geographic diversity. The university doesn’t want its residents to have “one look” that could discourage potential

applicants from applying.

“We want to keep the doors wide open,” Cameron said.

Cameron predicted success for Scott, Bunnell and Kern.

“We are obviously very lucky to have those three. They are brilliant. Women surgeons are still too rare, especially for their subspecialties, but they’re going to pave the way. They’re going to be great,” she said.

**MAKING PROGRESS**

Michael de Arellano, Ph.D., College of Medicine senior associate dean for diversity, said MUSC is committed to being representative of the community it serves and creating an inclusive, culturally competent organization. The university looks at diversity broadly, considering not just ethnicity but also gender, sexual orientation, religion and more, he said.

The College of Medicine is proud of its success in enrolling and graduating students who are underrepresented in medicine, meaning of black, Native American or Hispanic heritage. It’s in the top 10 of U.S. medical schools, outside of historically black colleges, to enroll African-American students. Even more important, de Arellano said, it ranks at the 97th percentile for graduating African-American medical students.

Though it’s above the national average for its percentage of underrepresented students and residents, the college is slightly below the national average when it comes to faculty who are considered underrepresented minorities – 6.5 percent compared to the national average of 7 percent.

Scott and Bunnell quickly noticed the disparity between the percentages at the student and resident level and the percentages at the attending level.

“MUSC as a whole has become more and more diverse. But I’m not sure I’m seeing that the physician population at the attending level has really gotten there or made a whole bunch of progress,” Bunnell said.

She couldn’t really put her finger on why, though.

It’s a longstanding, multi-faceted problem that academic medical centers across the nation struggle with, de

Arellano said.

“I’ve been told by many students that they never pictured themselves in that role,” referring to becoming faculty members at an academic medical center, he said.

De Arellano said 19 percent of College of Medicine students are from underrepresented groups. That figure jumps to 22 percent for the students starting medical school this fall. The percentages of residents considered underrepresented has also improved, from 9 percent just five years ago to 14 percent now. Department chairs are supportive of the idea of “growing your own,” de Arellano said, so the expectation is that the percentages at the attending level will begin to move as well.

“That is the perfect ground for recruitment into faculty positions here,” he said.

Bunnell agreed. “There are a lot of high-achieving minorities and people from other cultures in medicine. They’re there. You just have to work to recruit them, and you have to support them for it to be successful,” she said.

Prabhakar K. Baliga, M.D., chairman of the Department of Surgery, said diversity and inclusion are integral to the department’s vision. As part of that vision, MUSC is a member of the Society of Black Academic Surgeons and won the honor last year of hosting the Claude Organ Lectureship in African-American Medicine.

“We are truly excited and delighted that Avi, Kiandra and Quiana chose our department. Each of them has such a strong and compelling personal story that serves to inspire all of us. They have built strong foundations and have shown

courage in blazing trails that makes me confident that they will be national leaders in their fields. It is a joy and a privilege to be part of that journey,” Baliga said.

**ENVISIONING THE FUTURE**

As they endure the long hours and competing demands of residency, the three residents must also navigate the expectations of patients, staff and even themselves.

Simply by being in the room with an “M.D.” stitched onto their coats, they’re changing perceptions about what a doctor looks like.

“Just even being present, having the opportunity for patients to see me in that light and to think about things that way, affects how they interact with people around them. And how it makes me interact with them. It’s kind of like a domino effect just even being here,” Bunnell said.

More importantly, diversifying the health care team to reflect the community as a whole strengthens it and improves patient outcomes. Only 5 percent of South Carolina’s physicians identify as black or African-American, yet the state’s population is more than 27 percent black, according to a 2014 report by the Association of American Medical Colleges.

Some patients have been around 60 or 70 years and have never seen a doctor who looks like them, Bunnell said.

“There’s a sense of honor and trust that becomes part of that. You’re forced to also be very responsible with your decisions, because there’s a lot more eyes on you than you think,” Bunnell said.



# Hurricane Florence: Readiness, patient care are always No. 1

## Staff Report

As the Lowcountry prepared for the expected impact of Hurricane Florence, university and MUSC Health leaders and Emergency Management teams initiated operations to provide weather updates and communicate storm plan operations closures. By Sept. 11, Governor Henry McMaster issued an executive order to begin evacuation of residents living in coastal South Carolina. University classes were also closed. On Sept. 12, MUSC Health

clinics and ambulatory ORs closed and rolling activation of Team A was initiated midday. Staff were prepared to stay between 72 to 96 hours. Employees who worked the storm were provided sleep and shower accommodations, meals and optional off-duty entertainment (movies, workout activities in the Wellness Center, karaoke).

By the afternoon of Sept. 15, the winds and rain began to decrease and Team B inpatient care shifts reported to relieve Team A day shift at 7 p.m.



ART 5West's Emily Hannan, from left, Faye Patat and Charlie Hammond take a jelly bean break prior to the storm.



Photos by Cindy Abole

During a visit to the 8D Pediatric Cardiac Unit in the Children's Hospital, Dr. David Cole stopped to talk to patient Chloe Burroughs, age 3, who was passing time coloring and playing with puzzles with nursing staff.



ART Therapeutic Services' Kara Ward, left, and Josie Craig take a break between seeing patients.

Neurosurgery  
A Team,  
Drs. Thomas  
Larrew,  
Mohammed  
Alshareef,  
Mithun Sattur,  
Abhay Varma  
and Fraser  
Henderson,  
share breakfast  
together while  
on call.



Photo provided



An Engineering and Facilities team member secures storm shutters on the windows of MUSC Health Physical & Occupational Therapy Services at 158 Ashley Avenue.