‘I owe them my life.’ Nurses’ teamwork pays off on man’s frightening flight

By Helen Adams
adamshel@musc.edu

Jim Craft says there’s no doubt that three MUSC Children’s Health nurses saved his life during a flight from Charleston to Seattle. “They were three angels. They were all great – absolutely wonderful.”

Craft, 82, was on the way to a family reunion when he lost consciousness and looked like he might be having a stroke. A call went out over the intercom asking any doctors on board to head to the back of the plane, where he was seated.

Kelly Carbone, Kimberly Hunadi Dickey and Michelle Liechty aren’t doctors, but they do have a lot of experience with seriously ill patients. They’re critical care nurses at MUSC Children’s Health.

When they heard the call for help on the plane, Liechty says they stood up in unison. “We didn’t even talk. We just walked back there as fast as we could.”

When they got to Craft’s row, they could see he was in bad shape. His face was distorted, and he wasn’t moving.

The nurses asked other passengers to help them get him out of his seat, which was in the middle of the row. “These large gentlemen just, like, oomphed him up and out of the thing, and laid him down on the aisle of the airplane,” Liechty says. “Everyone was doing everything they could to help. We were shouting orders at people left and right, and they didn’t hesitate.”

Passengers cleared out of nearby rows to give the nurses space to work. The flight attendants brought the plane’s automated external defibrillator (AED) that all U.S. commercial planes are required to have. It can send a shock to get the heart’s rhythm back to normal if needed.

Craft’s pulse was initially in the 40s, Liechty says. “Ideally, it should be 60 to 110. Technically, he had a pulse, but he wasn’t getting enough blood flow to his brain, and he was still unconscious.”

The nurses started CPR and asked if there was a way to talk to a doctor. Thanks to technology, there was. “The flight attendants handed me the headset to talk to a doctor on the ground. It’s someone designated to communicate with in a medical in-flight crisis. I could hear the pilot, too. The doctor was giving me orders and I was repeating them, then telling Kim and Kelly,” Liechty says.

“I turned around, and they already had an IV put in his hand and they were giving him fluids. We had a couple of the guys who were helping us hold the fluids up in the air so they’d get into him quicker.”

Meanwhile, a nurse practitioner from Seattle joined the nurses’ efforts to revive Craft. She had an Apple Watch equipped with a heart rate monitor. “It showed he was in a-fib,” Liechty says. Atrial fibrillation is an irregular heartbeat that can lead to blood clots, stroke, heart failure and other serious health problems.

They also talked with Craft’s sister, who was on the flight. She told them that he has a history of a-fib and might not have taken his medication that morning. He’d also recently had a ministroke.

Fortunately, the nurses’ efforts to revive Craft worked without needing the AED. They were thrilled to see him open his eyes about 20 minutes after he lost consciousness.
**PEOPLE**

**Patrick Britell**

Patrick Britell, M.D., assistant professor in the Department of Anesthesia & Perioperative Medicine, was named director of trauma and burn anesthesia. Britell has been with MUSC since 2014. He previously served as an anesthesiologist in the U.S. Army at the Ryder Trauma Center at Jackson Memorial Hospital in Miami, Florida.

**Amanda Giles**

Amanda Giles, OTD, assistant professor, Division of Occupational Therapy in the College of Health Professions, was named the MUSC Foundation for Research Development’s 2019 Innovator of the Year. Giles has more than 10 years of teaching experience in surface anatomy, adult physical dysfunction and neuro-rehabilitation. She is the author of two educational mobile applications, GONI Rehab Learning: Gonimetry for Clinicians and MOBi: Mobility Aids, which won her recognition as the 2019 MUSC Shark Tank competition winner.

**Laura Specker-Sullivan**

Laura Specker-Sullivan, Ph.D., MUSC Health Quality and Biomedical Ethics, was named director of ethics. In addition to consulting for the MUSC Health Ethics Service and supporting the development of a nursing ethics program, she will organize ethics committee meetings and the 2020 Pitts Lectureship.

**Stephanie Whitener**

Stephanie Whitener, M.D., assistant professor, Department of Anesthesia & Perioperative Medicine, was named medical director of medical/surgical Intensive Care Unit at Ashley River Tower. She is currently program director of the MUSC anesthesia critical care fellowship.

**Latin American Festival**

The annual Latin American Festival is on Sunday, Oct. 13 from 12 to 6 p.m., North Charleston’s Wannamaker County Park. Featured are non-stop merengue and salsa music, traditional dance performances and authentic Latin American and Caribbean foods. Admission — adults: $10; student w/ID: $5; kids 12/under: free. For information, visit www.ccprc.com/1699/Latin-American-Festival.

**Charleston Oktoberfest**

Charleston Oktoberfest celebration – saints and sinners welcome. Saturday, Oct. 12, 12 to 6 p.m. at St. Matthew’s Lutheran Church, 405 King Street in downtown Charleston. Beer, wine, German polka music, great food, children’s games, face painting. Sunday Oct. 13, beer and brat picnic, 11:30 a.m. to 3:30 p.m. Ticket sales in the courtyard https://oktoberfestcharleston.org/

**Fall Tour of Homes**

It’s time for the Fall Tour of Homes and Gardens, presented by the Preservation Society of Charleston, Oct. 3 through Nov 2. The historic beauty and charm of Charleston come alive inside the private interiors of some of the nation’s most exceptional historic houses. Experience firsthand the rich history of Charleston’s culture, architecture and hospitality. For more information, visit www.preservationsociety.org/falltours/.

**Around Campus**

**Patrick Britell**

Alycia Craft, daughter of Michael P. Araneo, and members of the Araneo family, were on campus for a naming ceremony of the College of Pharmacy’s 280 Calhoun Street historic building in his memory on Aug. 23. Araneo, who donated $4.5 million to MUSC, was an entrepreneur and pharmacist who transformed the practice of pharmacy in Charleston and provided years of leadership at the college.

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Tricks for controlling Halloween treats at work, home

With Halloween right around the corner and the holiday season shortly after that, registered dietitian and national spokeswoman for the Academy of Nutrition & Dietetics, Debbie Petitpain, shares strategies to avoid nutrition pitfalls and set you up for nutritional success at home, work and beyond.

The American Heart Association (AHA) recommends limiting the amount of added sugars you consume to no more than half of your daily discretionary calorie allowance. For most American women, that’s no more than 100 calories per day or about 6 teaspoons of sugar. For men, it’s 150 calories per day or about 9 teaspoons. Store Halloween treats are practically pure sugar. To put that in the “seasonal” perspective, there are 6 teaspoons of sugar in just 14 pieces of candy corn.

Following are several dietitian-approved suggestions for how to watch Halloween sugar consumption:

1. Allow your child to keep a set number of pieces, say 15, and get rid of the rest.
2. Avoid bringing excess sweets and candy to your office, breakroom, etc. While this is often considered a solution to household temptation, it can prove to be a larger pitfall as the majority of your waking hours are spent at work, and consequently, around the candy.
3. Consider taking it a step further in your workplace, and work with your colleagues to create a “candy/sweets-free zone” in common areas. Keeping candy and sweets out of high-traffic spaces will reduce temptation and mindless consumption for all care team members.
4. For younger children, offer to exchange the candy for a toy. A friend of mine has her children choose a few favorite pieces and then the rest gets left out for the “Halloween witch” who exchanges the candy for prizes.
5. Look for an organization that will accept donated candy, such as Operation Gratitude, which sends it to deployed troops and first responders, and have your child take part in the joy of regretting.
6. Model a healthy relationship with the treats by not treating them as “forbidden” but something to be enjoyed in moderation. Shift the focus of the holiday to the fun of dressing up, trick-or-treating, staying up late and interacting with neighbors.
7. Decide in advance how much candy you are comfortable consuming based on your nutritional needs, well-being goals, etc., and commit to staying within those boundaries, particularly in the days following Halloween where candy seems to be bountiful most anywhere you go. Focusing on what you can have helps you to optimize enjoyment instead of fixating on restriction.
8. Consider both timing and context when consuming sugar. Protein helps buffer the breakdown of sugar, and incorporating a little sweetness into a meal or snack with protein can help you reduce overall sugar cravings and maintain a moderate approach.
9. Finally, consider that Halloween candy is only one source of added sugar in our diets. Almost 50% of the added sugar Americans consume comes from sweetened beverages like soda, tea, fruit juice, sports drinks, flavored milk and specialty coffees. So, if you do choose to enjoy some sweet treats, consider reducing your sugar intake in other areas of your regular diet by choosing low- or no-calorie beverages or switching your morning juice out for fruit or citrus-infused water.

In addition to the obvious physical and health-promoting benefits of proper nutrition, the MUSC employee well-being program, Imagine U, has added the “Decrease Sugar in Your Diet” challenge to incentivize all care team members to learn about the benefits of decreasing sugar consumption as well as to implement more tips in their daily lives. Take the challenge and earn five points toward your quarterly total while increasing your eligibility for incentives and recognition.

For information and to take the Imagine U “Decrease Sugar in Your Diet” challenge, visit www.musc.edu/ius.


Staff Report

MUSC is committed to providing the safest environment possible for work and study. Part of that commitment involves providing information about campus safety and security, crime statistics and resources to current as well as prospective students and employees.

As such, MUSC is pleased to announce that its 2019 Annual Security Report is now available. This report is required by federal law and contains policy statements and crime statistics for the university. The policy statements in the report address MUSC’s policies, procedures and programs concerning safety and security; for example, policies and procedures for responding to emergency situations, emergency notifications, timely warnings, reports of sexual assaults, domestic violence, dating violence and stalking.

The report also provides information on topics such as crime prevention and awareness programs, authority of campus law enforcement officials, crime and emergency reporting procedures, disciplinary procedures, primary prevention and awareness programs to prevent sexual assault, domestic violence, dating violence and stalking and other matters of importance related to security and safety on campus. The past three years’ worth of statistics are included for certain types of crimes that were reported to have occurred on campus, in or on off-campus buildings or property owned or controlled by the university and on public property within or immediately adjacent to the campus.

You may request a paper copy of the annual security report free of charge by contacting or visiting the Medical University of South Carolina Department of Public Safety at 101 Jonathon Lucas Street, Charleston, S.C., 29425, or by calling (843)-792-2261. This report is also available online on the Medical University of South Carolina Department of Public Safety’s website at https://web.musc.edu/about/safety/public-safety/reporting.
MUSC helps fight mumps outbreak at College of Charleston

By Helen Adams
adamshel@musc.edu

MUSC Health doctors, nurses, pharmacists and other experts held a mumps vaccination clinic at the College of Charleston amid an outbreak at the school. The state Department of Health and Environmental Control has confirmed at least three people at the College of Charleston had the contagious but usually preventable disease.

A mumps vaccination clinic was set up in the Stern Student Center Sept. 25 and Sept. 26. A team of 30 to 40 people from MUSC was involved in the effort to vaccinate College of Charleston faculty, staff and students.

Terrence Steyer, M.D., chairman of the Department of Family Medicine at the Medical University of South Carolina, said the College of Charleston asked for MUSC’s help because of its experience in holding large vaccination events on campus and expertise in treating infectious diseases.

“One of the keys of immunization is making it readily available in a convenient location,” Steyer said. “College students are busy people, and we want to make sure we’re available to them in a place where it’s easy to come and get vaccinated.”

Scott Curry, M.D., associate hospital epidemiologist and infectious disease specialist at MUSC Health, studies health problems that affect groups of people — including mumps. He said the MMR vaccine does not cause autism and does not contain mercury, contrary to what some people think. “There are very few legitimate medical reasons not to get the MMR vaccine. People who have very impaired immune systems, pregnant women, people who have had severe allergic reactions to previous MMR vaccine doses and people with untreated AIDS are about it.”

He’s frustrated that mumps and measles have made a comeback. “It really blows my mind that we have now become so distrustful of the medical establishment, and the CDC for goodness’ sake, that we’re going to start saying that those of us pushing MMR are trying to poison children. I don’t know of a single physician who has not vaccinated their kids — on schedule, every dose, when it’s recommended. Vaccines are hands-down better at saving lives than anything else ever developed in the battle against childhood diseases. They have saved more lives than antibiotics.”

A single dose of MMR is about 78% effective at preventing mumps, Curry said. Two doses are 88% effective. About 12% of people who are vaccinated can still get the mumps if exposed to a case.

But one encouraging fact, Curry said, is that it’s not as easy to get mumps as it is to get some other contagious diseases, such as measles. “Mumps, you have to be sharing spoons, kissing, drinking from the same cup or getting coughed on by someone close by with mumps. Things like that.”

And mumps is almost never deadly, Curry said. But it can make you miserable, and in some cases, take a lifelong toll. “The problem is, for kids, it can cause deafness. Adults who get mumps, who are totally unvaccinated, they’re going to have faces blown up like a basketball and feel horrible for a week. If you’re a man, you can get orchitis – swelling of the testicle.”

Anybody who is able should be vaccinated, he said — including college students.

Steyer said MUSC was glad to work with the College of Charleston to try to keep the outbreak from growing. “The College of Charleston is a valuable partner to MUSC, and we want to be there to help them when they have health-related issues on campus. This just further strengthens that partnership.”
**Meet Amy**

**Amy Richburg**

**Department:** How long at MUSC

MUSC Children’s Health Specialty Clinics; seven years

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

Collaborating with my leaders and our Children’s Specialty teams to create a quality and seamless patient experience and engaging patients and families in the process

**Pets and their names**

Henry, a chocolate lab, and Walker, a yellow lab

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

Travel critic

**Last book read**

Currently attempting to read a book about Alexander Hamilton (It’s taking a while.)

**Words of advice**

From the MUSC AIDET videos: “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” — Maya Angelou

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**CELEBRATE PA WEEK**

**OCTOBER 6 - 12**

**Mon**

Blood Pressure Screenings

Colbert Library

12 - 1

**Tues**

PA Career Day at College of Charleston

12 - 1

**Wed**

Yoga, Meditation and Wellness in the Horseshoe

12 - 1

**FOOD DRIVE IN CHP BUILDINGS ALL WEEK!**

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**MUSC’s 5th Annual Intimate Partner Violence Awareness Rally**

Survive. Live. Empower.

**Tuesday, October 29, 2019**

12PM in The Greenway

In Memoriam Reading

**Wednesday, October 30, 2019**

11AM-1PM in the Horseshoe

Speakers to include—at 12PM:

City of Charleston Mayor, John Tecklenburg

VAWA Program Coordinator, Monique Garvin

A Survivor’s Story, Lynn Relfy

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Rescuing rescuers: Center creates resources for firefighters’ mental health

By Leslie Cantu
cantul@musc.edu

More firefighters die each year by suicide than in the line of duty. The emotional toll the job takes weighs on people — the traumas they see, the near-misses on their own lives, the people they couldn’t save. But in such a deeply ingrained, male-dominated profession, seeking mental health treatment has largely been frowned upon. That culture seems to be changing.

Gerald Mishoe, executive director of the Lowcountry Firefighter Support Team, says he’s a living example of leaving behind the macho “suck it up” attitude that typically pervades the traditional fire service and realizing a better life was, in fact, possible.

The son of a firefighter, he joined the fire service in 1967 and put in 25 years. But in 2007, the city of Charleston asked him to return in a new role — as a liaison to therapists who were having a tough time connecting with firefighters.

The Sofa Super Store fire had just claimed the lives of nine Charleston firefighters. Emotions were running high, and trust in leadership was low. The city sent therapists to firehouses, but firefighters weren’t interested in talking to people who didn’t understand their lives or culture. Mishoe was to be the link between the two groups. But in order to do that effectively, he knew he had to walk the walk and avail himself of the same therapy he was promoting. It made all the difference.

“I’ve learned a lot about myself,” he said. “There was a lot of baggage and a lot of demons inside my head that I had never dealt with.”

Today, he runs the Lowcountry Firefighter Support Team, a nonprofit that trains local therapists on how best to interact with firefighters and teaches firefighters themselves how to act as peer counselors. His team works with fire departments in 23 counties in the coastal

See RESCUERS on page 7

David Kent and Charlotte Lemon

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and Pee Dee areas of South Carolina.
He’s helping firefighters far beyond South Carolina, too, serving as the only fire service representative at the Center for Firefighter Behavioral Health, based out of the MUSC College of Nursing.

The center got its start a few years after the Sofa Super Store fire, when the National Fallen Firefighters Foundation reached out to Kenneth Ruggiero, Ph.D., now a professor in the College of Nursing and SmartState Endowed Chair of the Technology Applications Center for Healthful Lifestyles (TACHL), because he and a colleague had been developing web training in the mental health field.

The foundation had money for a yearlong effort on suicide prevention and turned to Ruggiero for help. From that first contact came Helping Heroes, a web-based tool to train therapists new to the world of fire service.

Mishoe said that therapists can do good work, even if they don’t know anything about the fire service, but they can provide much better help if they understand what firefighters do and the conditions they work in. Developing a rapport is critical as firefighters often do not seek help for mental health issues, he said.

“We are traditionally people who hold things very close. We are people who join the fire service and EMS world because, quite frankly, we want the excitement of saving lives and rescuing people,” Mishoe explained. But that mindset can have a downside. “Because we see ourselves as rescuers and lifesavers, we tend to not let people know when we’re having problems.”

The Center for Firefighter Behavioral Health is working to change that.

Ruggiero founded the center in 2011. It’s currently co-directed by Angela Moreland, Ph.D., an assistant professor at the National Crime Victims Research and Treatment Center at MUSC, and Tatiana Davidson, Ph.D., an associate professor and co-director of the Telehealth Resilience and Recovery Program at MUSC.

The center focuses on developing technology-based resources and apps to train therapists and also to help firefighters help each other.

The self-help resources on the center’s website include information about preventing suicide, managing alcohol use and dealing with stress. Firefighters from across the country appear in video clips, acting out situations that demonstrate suicide red flags or speaking candidly about the stress in their own lives.

Rodney Profit, retired battalion chief with Summerville Fire and Rescue, is one of the Lowcountry firefighters who appears in the videos. He talks about the effect the Sofa Super Store fire had on him – he

See RESCUERS on page 9
Get your flu shot – Tent events

All MUHA and MUSCP care team members are required to have the influenza vaccine or have completed a declination form by midnight, Dec. 13. All university employees are strongly encouraged to get a flu shot as well.

**MUSC TENT EVENTS**
- Oct. 16 – 7:30 a.m. to 3:30 p.m., ART Portico
- Oct. 17 – 7:30 a.m. to 3:30 p.m., MUSC Horseshoe
- Oct. 30 – 12 to 2 p.m., SouthPark Classroom G (JB300M)
- Nov. 5 – 9 a.m. to 12 p.m., Parkshore Conference Room 260

Please note that if you get your flu shot at any location other than Employee Health or an on-campus flu tent, you will need to upload your documentation to the tracking system below.

**OFF–SITE FLU VACCINATION AND DECLINATION**
Employee Health Service will no longer accept faxed copies of flu vaccination documentation or declination forms. All documentation must be submitted online using the documentation tracking system (User’s Guide).

**TO SUBMIT DOCUMENTATION**
Before accessing the tracking system; scan or photograph a copy of your documentation and be prepared to upload it.

Use the following link to access the portal using internet explorer:
- MUSC Documentation Tracking System
- Login using the following:
  *Username: flu2019
  *Password: flu2019
- Enter your Employee ID number or MUSC email address and click Next.
- Click the drop-down box under “Select Option”
- Click Submit Flu Vaccine Info.
- Click NEXT.

**NON-COMPLIANCE DISCIPLINARY ACTIONS**
MUSC Health care team members, trainees, students/visiting students, volunteers, contract staff, members of the medical staff, temporary workers, medical residents and volunteers who do not receive the flu vaccine or submit an appropriate declination by Dec. 13 by midnight, will be subject to the following:

Employees will be placed on leave without pay until the flu vaccine is received or the required declination is submitted to Employee Health Services.

Employees who fail to comply by December 20, 2019 will be terminated from employment.

Non-compliant employees on approved leave of absence (including FMLA or military leave) on December 13, 2019, must receive the flu vaccine or submit a declination before returning to work during the flu season.

Contract staff, volunteers, trainees, students/visiting students may not return to any MUSC Health facility, except to receive care, until the flu vaccine is received or the required declination is submitted to Employee Health Services.
been in his wedding — and how the specter of that fire followed him on every call after that. He also describes the gut-wrenching self-doubt he experienced about decisions he had to make, including during one fire that killed a mother and child.

“When we got there, it was well-involved, and there was little to nothing we could do, but we did our best,” he said.

Because of the extent of the fire, Profit couldn’t send his firefighters in.

“Tactically, I know I made the right decision. But morally — should I have sent them in?” he said. Following that incident, he began contemplating retirement, he said.

These are the mentally and emotionally taxing life-and-death dilemmas firefighters face every day. Moreland said that these are precisely the types of issues their program addresses. Because of the strong stigma against mental health services, the center’s self-help apps seek to build upon the built-in peer support that exists in firehouses, because firefighters remain together after incidents, unlike police officers, for example, who disperse to their own vehicles or beats after an incident.

Moreland said the center holds focus groups and listens to people like Mishoe to understand the needs, then develops products to meet those needs. Their latest is a self-help module for family and friends of firefighters, which will soon launch.

Moreland and Leigh Ridings, Ph.D., a postdoctoral fellow in the Telehealth Resilience and Recovery Program, have also recently completed a handbook detailing additional considerations for fire departments that are hiring an increased number of military veterans.

The veterans say they don’t want to be treated any differently, Ridings said, but they may have compounded traumas from their military service on top of their fire service. It’s something for fire chiefs to be aware of as they’re on the lookout for signs of stress in their firefighters, she said.

Davidson said the center has heard from others — including law enforcement, emergency medical services, coroners and dispatchers — clamoring for resources aimed at their fields. The center’s staff are looking into other possibilities, but the funding from the Federal Emergency Management Agency and National Fallen Firefighters Foundation is directed specifically toward firefighters.

And there are still more unmet needs for firefighters, Moreland and Davidson explained. Moreland said that they recently got a request to develop apps geared toward wildland firefighters.

“We’re still developing the resources,” Moreland said. “We’re just trying to disseminate them across the U.S.” They maintain a Center for Firefighter Behavioral Health Facebook page to help spread the word and encourage sharing of these free resources nationally.
What do a red and white pinafore, a piano player and a dedicated volunteer have in common? They all serve to make up the many dimensions of Raven Turner, one of last summer’s MUSC candy stripers. And while many hospitals around the country have adopted the term “junior volunteers,” MUSC is one of the few hospitals left that uses the recognizably nostalgic name, purposely keeping the historic candy stripe tradition alive through its iconic summer program.

Every year, MUSC selects a group of students, ages 14 to 18, to participate in an engaging educational volunteer program during the months of June and July. The students applying for the program must complete applications, participate in interviews, pass health screenings and provide both letters of recommendation as well as proof of their GPAs.

“The students that we select for this program really are the cream of the crop,” said Melissa Kubu, program coordinator for MUSC’s Volunteer Services, who helps select then works closely with the enthusiastic volunteers.

Energetic 18-year-old Raven was one of the students lucky enough to be chosen for the selective program. During her freshman year of high school, Raven’s science teacher noticed her interest and curiosity in the areas of biology and health sciences and encouraged her to apply to be a candy striper. After researching the program online, she realized that she had just missed registration for that year’s session.

Fast forward to her senior year of high school – not only did she apply in time, she was accepted along with 13 other students for the July session. Upon acceptance, Raven and her peers committed to volunteering at MUSC for three weeks, Monday through Friday, from 8 a.m. to 4 p.m.

“The program allows for students to become immersed in the medical field, which can help them decide early on if they want to pursue medicine as a career,” Kubu explained.

Raven’s time at MUSC was broken up into morning and afternoon shifts. Her role in the earlier part of the day consisted of going on rounds with her peers to patient rooms in both Ashley River Tower and University Hospital. She especially enjoyed engaging in conversation with patients, while at the same time educating them about the GetWellNetwork, MUSC’s interactive patient engagement platform that offers on-screen games, activities and relevant educational videos as well as the nurse-call feature and personal notifications, all of which encourage patients to be active participants in the care process.

Cheryl Hamill, R.N., patient engagement coordinator, worked with Raven and was impressed with her commitment to working with patients and their families.

“Raven was a wonderful example of a dedicated candy striper, exemplifying both her empathetic and intellectual nature. The patients always looked forward to her visits.”

By Marjorie Spruance
aboleca@musc.edu

MUSC candy striper volunteers clean iPads and other equipment at the Volunteer Office.

During her afternoon sessions, Raven spent her time as a volunteer at the Digestive Disease Center at ART on 6East. She assisted the nurses with any duties they needed help with and checked in on patients to see if they needed anything or perhaps just wanted to talk.
He couldn’t speak at first, Liechty says. “I asked him a few questions. I asked him if he was scared, and he nodded yes.”

The nurses could see that he was looking for someone, and realized it was his sister. Once he saw her, he calmed down. The nurses continued to give him oxygen and IV fluids. About 10 minutes later, he was able to speak.

“He opened his eyes and looked up, and we were right over top of him. He said, ‘Oh, three beautiful angels.’ He’s the sweetest guy,” Liechty says.

Thanks to the nurses’ quick work, the pilot did not have to divert the flight. They got Craft back into his seat and monitored him for the rest of the trip. When the plane landed, an emergency medical services team picked him up and took him to a hospital. He was cleared to go on to his family reunion.

The nurses got off the plane, too — stunned by what had happened and relieved by the outcome. “It’s all a blur – it went so fast,” Liechty says.

“After we got off the plane, the pilot caught up to us and said, ‘I was just listening in awe.’

I told him, ‘We all work together. We’re like each other’s right and left hand. We know how to work together.’ He said, ‘I could tell that was a fine-oiled machine.’”

Craft, now back home in Cope, South Carolina, doesn’t remember much of what happened on the plane. But he does know one thing about the three nurses. “I owe them my life.”

“I’m really learning what it’s like to be on the other side of things,” Raven said of her experience, which solidified her interest in the medical field. She began to to study nursing and music therapy at Charleston Southern University this fall. She feels her love for music and medicine creates an interesting combination that helps her connect with patients in the hospital.

Every day, Raven showed up early to her 8 a.m. shift so she could play the piano in University Hospital main lobby for patients, their families and staff. Kubu said it created a calming and welcoming presence for those who entered the hospital doors in the early hours of the morning. Part of the candy striper program calls for strong interpersonal and communication skills, and Kubu said Raven used those special gifts during her early morning shifts on the piano bench to make life better for all who were fortunate enough to hear her.

Raven is just happy that she was able to make a difference in the lives of patients and their families. And while her time in the candy striper program was brief, she is excited about continuing to volunteer at MUSC.
Seeing is believing.

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