# MUSC CATALYST news

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# Because of her, women can...

By Mikie Hayes

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"Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world," said Harriett Tubman, the best-known conductor of the underground railroad, who exemplified those qualities and more. Over a 10-year period of time, she conducted 19 trips that helped free more than 300 people from slavery. And in all of those rescues, the former slave who herself had escaped, never lost a single passenger.

Throughout history, there have been countless pioneering women like Tubman. Thanks to their extraordinary efforts, we are able to say it was "because of her..." Because of her, women can vote. Because of her, women can be CEOs and Supreme Court justices. Because of her, children from the slums had food, education, health care. Because of her, tumors can be irradiated.

Their far-reaching and important contributions are undeniably consequential. Many who paved the way for women and humankind at large — Susan B. Anthony, Marie Curie and Mother Teresa — faced seemingly impossible odds and many obstacles, and yet, they triumphed.

At MUSC, women are prominent at every table — in education, in research, in clinical care — from senior VPs, provosts and deans to executive directors, department chairs and chief officers. Women are in senior level leadership positions, and they are in every manner of critical position. Interpreters. IT experts. Mentor builders. Education accountability advocates.

During the month of March, MUSC takes its cue from the National American Women's History Initiative and celebrates Women's History Month, recognizing the extraordinary work that women do day in and day out and amplifying women's voices to honor the past, inform the present and inspire the future.

Every year, MUSC features the stories of remarkable

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Photo by Anne Thompson

Surrounded by children, North Charleston Mayor Keith Summey, center, cuts the dedication ribbon opening the new MUSC Children's Health R. Keith Summey Medical Pavilion. Joining Summey is MUSC leadership including Dr. Patrick Cawley, from left, MUSC Board of Trustees chairman Charles Schulze, MUSC President Dr. David Cole and Dr. Mark Scheurer.

# Mayor, MUSC leaders lead ribbon cutting of kids' medical pavilion

By Helen Adams

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Sheri Pilley knows exactly what families face when a Crohn's disease six years ago, when he was 9 years old. He's had multiple medical procedures since then. Today, he's in remission, and the family is celebrating the ribbon-cutting for a place they had an advisory role in creating — the MUSC Children's Health R. Keith Summey Medical Pavilion in North Charleston.

"This building is the ultimate example of making health care all about the child," Sheri Pilley said. "It's focused solely on kids. It's been a long time coming and will encompass everything that our family and so many others have dreamed of for their child's care."

The Summey Medical Pavilion will open April 1 at 2550 Mall Drive, near I26 and I526. Patrick Cawley, CEO of MUSC Health and vice president of health affairs for MUSC, called the 100,000-square-foot facility a milestone for the future of children's health across the state.

"This new facility will have pediatric surgery capability; exam room space for pediatric specialists; an after-hours clinic; imaging capability such as MRI, CT scans and ultrasounds; pediatric heart services; medication infusion services; a pharmacy; a lab; child life services; and technology that allows families to register at home or check in very easily at the touch of a screen when they get here," Cawley said. "The entire patient experience will be delivered in one place with the highest level of expertise available."

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Match Day 2019
College of Medicine hits
99 percent match rate.

Oxygen Ball
One of MUSC's own dances
with the stars.

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## Diet sodas linked to increased risk of stroke in women over 50

## AHA study reports risk for menopausal women

cause.

### By Bryce Donovan

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Of course it was too good to be true. A recent study has determined that diet drinks aren't quite as harmless as consumers might previously have thought. According to the American Heart Association's findings, drinking two or more diet drinks a day has shown a link to a higher risk of stroke in women over the age of 50.

"We all worry about our weight. So you choose a diet drink, thinking, 'OK, there's no calories in it. I'm doing something good for my body," said MUSC professor of epidemiology and neurology, Daniel T. Lackland, Dr.P.H. "But you are also tricking your brain to start a metabolic process for sugar that isn't there."

The problem with that, Lackland explained, is when the body doesn't get what it's expecting, it becomes confused on how to respond. In essence, your pancreas produces insulin to deal with anticipated sugar. But when no sugar arrives, the metabolic process is disrupted. As a result, when you actually do consume sugar, your body isn't sure what to do. It's been fooled too many times. Consequently, over time this disruption can lead to obesity, diabetes and a host of health problems.

In the AHA study, researchers analyzed data on 81,714 postmenopausal women between the ages of 50 and 79. The study had an average follow-up time of nearly 12 years.

Researchers found that women who

reported drinking more than one diet soda or other artificially sweetened drink a day had a higher risk of stroke caused by a blood clot. The association between diet drinks and stroke risk was even stronger in African–American women.

In fact, compared with women in the study who consumed diet drinks less than once a week or not at all, women who consumed two or more per day were:

- ☐ 23 percent more likely to have a stroke.
- ☐ 31 percent more likely to have a clot-caused (ischemic) stroke.
- 29 percent more likely to develop heart disease (fatal or non-fatal heart attack).
  16 percent more likely to die from any

Additionally, women who drank two or more artificially sweetened beverages a day but had no history of heart disease or diabetes were 2.44 times more likely to have a stroke caused by blood clot than those who didn't. That disparity rose to 3.93 times in African–American women.

The study did not focus on specific brands of drink or artificial sweeteners.

The AHA recognizes that diet drinks may help replace high calorie, sugary beverages but recommends water (plain, carbonated and unsweetened flavored) as the best choice for a no-calorie drink.

"The key here — like it is with just about anything — is moderation. Sure, it's not the fun answer, but we just need to be smart about how much of anything we eat or drink," Lackland said. "If something seems too good to be true, it probably is."



Photo by Bryce Donovan

The results of a new study may make some people decide to shelve plans to drink diet instead of regular soda.



# MUSC news

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## RECYCLEMANIA TRIVIA - WEEK 6

Take a picture of an E-waste and Battery Drop off location





Respond to recycle@musc.edu for a chance to win a prize



musc.edu/gogreen

Answer- C, Cardboard

## MEET WENDY



## **Wendy Balliet**

### Department; How long at MUSC

Psychiatry and Behavioral Sciences, Division of Behavioral Medicine; 8 years

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

I provide support and help patients learn new strategies to manage emotional distress related to chronic health conditions, namely brain tumor diagnoses, organ failure and chronic pain. Providing the space and opportunity for neuro-oncology patients to process the varied and difficult changes to their quality of life is difficult but extremely rewarding. Working with patients preparing for or recovering from solid organ transplant and helping them be more successful than initially thought possible with their new gift of life is fulfilling work.

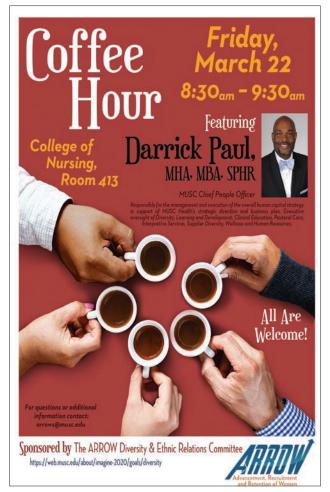
### Family and pets

Husband, Shaun; mother, Betty; brother and sister-in-law, Eric and Felice; nieces, Gabriela, Lilliana and a baby girl (coming)

## **Best thing about living in Charleston** *Dolphins at sunset*

### **Dream vacation**

New Zealand, Thailand, Bali and Australia





# The envelope, please: Match Day 2019 a success

By Bryce Donovan

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While all of his friends were out having a good time, Blair Lowery was breeding Labrador retrievers and studying genetic markers.

He was 12 at the time.

"I guess I kind of always knew I wanted to be a doctor," he said with a laugh.

On March 15, Lowery was one of 167 students from the Medical University of South Carolina College of Medicine's graduating class who participated in the 57th annual Match Day at Charleston Music Hall. Match Day, which occurs on the same day at medical institutions all across the country, marks the end of a months-long process that pairs graduating medical students with hospitals for their residencies. The students rank their top choices, and the hospitals do the same. The students didn't find out their matches until today.

This year's theme was fictional characters. In the crowd were the likes of Super Mario, Indiana Jones, Minnie Mouse and Wilson the volleyball from "Castaway." It was a regular who's who of make believe.

The packed house listened intently as Princess Leia, aka Donna Kern, M.D., senior associate dean of the College of Medicine, said, "Today we celebrate your accomplishments and pause also to acknowledge not only your hard work but those who have carried you through this training academy experience."

After her brief remarks, Kern, along with College of Medicine Dean Ray DuBois, M.D., Ph.D., counted down to zero, at which time all the students were finally able to open their sealed envelopes containing the location of their matches.

Lowery got his first choice: University of California, San Francisco.

Melissa Koci, dressed as Effie Trinket from "The Hunger Games," shared her take on the entire experience.

"Oh baby, my nerves are shot. This has been way more of an emotional burden than I ever would have imagined. We spend an entire year trying to sell ourselves to 10, 20, 30 programs. And then we have to rank them. And then we have to wait forever to find out where we're going to spend the next eight years of our lives. I have had crippling anxiety and nausea for the last several weeks."

In fact, she was so nervous that when she first arrived, she forgot to pick up her envelope. Luckily a friend reminded her, and when the time came to open it, her anxiety was allayed when she discovered she was going to one of her top picks: Baylor University.

"I have a lot of trust in myself to reach out and build a community wherever I go. So I knew wherever I landed, 'I will make you love me.' I don't think I can overstate how excited I am to be going to Dallas," she said.

Walker and Dena Blanding — who met five years ago in undergraduate school and got married a little over a year ago — raised the degree of difficulty even higher by applying for a couples match, meaning they essentially needed to both match with one of their top choices — and they needed to be in the



Photos by Anne Thompson

Medical students congratulate each other after learning the results of their matches during the 57th annual Match Day held at the Charleston Music Hall on March 15.



Medical students Courtney Poston, Meggan DeVeaux and Daisy Sanchez at Match Day. Right photo: Brittany Hozik is happy after learning she matched into a family medicine residency at Thomas Jefferson University in Philadelphia.



same city.

As fate would have it, MUSC wouldn't let them get away. She will be staying on in internal medicine and he in thoracic surgery.

"It's just a relief," Dena Blanding said. "To know the person who matters most to you is going to be right there with you — it's pretty special." Walker agreed. "I don't think I can overemphasize how fortunate we feel. Home field advantage is a wonderful thing."

The national average for matching is typically around 94 percent. This year, MUSC had a 99 percent match rate, one of its best years ever. Students were accepted to do residencies at universities like Johns Hopkins, NYU, Brown and Duke. Of the 167 who matched, a total of 55 (33 percent) will remain in South Carolina, with 40 of them staying right here at MUSC.

"I feel like the stress probably shaved 10 years off my life," Koci said. "But there is no place I'd have rather been than right here with these people."

## U.S. News & World Report ranks MUSC among best grad schools

Nursing, Health Care Management, Physician's Assistant, Medicine Research, Medicine-Primary Care are tops

### By Helen Adams

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Several programs at MUSC are included in U.S. News & World Report's 2020 rankings of the Best Graduate Schools. The list was released March 12.

Lisa Saladin, PT, Ph.D., executive vice president for academic affairs and provost, said it shows MUSC is giving students of all cultures a chance to achieve their academic and professional goals. "MUSC is honored to be recognized for its commitment to providing world–class academic education through innovative curriculum and quality clinical training via award-winning faculty dedicated to excellence."

MUSC's ranked programs include Doctor of Nursing Practice, Health Care Management, Physician Assistant, Medical School-Research and Medical School-Primary Care.

### DOCTOR OF NURSING PRACTICE

The College of Nursing's Doctor of Nursing Practice program ranks No. 14. To put that in perspective, there are more than 300 D.N.P. programs in the U.S.

The D.N.P. is considered the highest practice degree in nursing. Nurses with the degree not only become expert nurse practitioners but can also oversee the care of groups of patients, play administrative and managerial roles and develop policies.

Dean Linda Weglicki, Ph.D., RN, said she's proud of the nursing faculty's commitment to providing curriculum that's outstanding and relevant. "Our continued improvement in national rankings among D.N.P. programs is a testament to the college's remarkable leadership in innovative nursing education as well as our ongoing devotion to quality and excellence."

Weglicki took on the role of dean last year. The College of Nursing consistently earns national accolades for everything from online programs to federal funding for its research.

#### HEALTH CARE MANAGEMENT

The College of Health Professions' Master in Health Administration program comes in at No. 20 in the Health Care Management category out of 75 ranked schools. The program trains people to work as health administrators in a range of areas including hospitals, clinics, long-term care facilities, community health agencies and managed care programs.

#### PHYSICIAN ASSISTANT

U.S. News & World Report ranks MUSC's physician assistant program at No. 46. There are almost 240 accredited PA programs across the country, so that puts it in the top 20 percent.

People who earn a master's degree in Physician Assistant Studies work under the direction of medical doctors. They



Photo Provided

MUSC's College of Medicine ranks No. 60 for research and No. 78 for primary care in the 2019 U.S. News & World Report list.

can do everything from being part of a health care team to specializing in certain areas, making diagnoses and prescribing medications. At MUSC, the program lasts about seven semesters.

The PA program is part of the College of Health Professions. Dean Zoher Kapasi, PT, Ph.D., said his team is honored by the ranking. "These rankings are a testament to the stellar work of our faculty, staff and students."

## MEDICAL SCHOOL-RESEARCH AND MEDICAL SCHOOL-PRIMARY CARE

MUSC's College of Medicine ranks No. 60 for research and No. 78 for primary care on the U.S. News & World Report list. The college is considered among the best in the country when it comes to preparing doctors to care for patients of different backgrounds, according to a separate ranking by the American Association of Medical Colleges.

Dean Raymond DuBois said about a third of MUSC medical school graduates go into primary care, which includes internal medicine, family medicine and pediatrics. "Our increasing focus on primary care is reflective of our efforts to adjust to the changing health care landscape and meet the needs of all of the citizens of South Carolina."

The College of Medicine also teaches every student the basics of research and gives them a chance to find mentors and studies they can take part in through the MUSC Medical Student Research Portal. "Our research funding has consistently risen in recent years, a strong indicator of the quality and importance of the research being conducted at MUSC," DuBois said.

## Individuals, teams celebrated with MUSC innovator awards

Nine employees recognized for innovative ideas, inspiration

Staff Report

Sponsored by the Office of Innovation, the "I am an MUSC Innovator" campaign is designed to raise awareness of the many forms that innovation can take, to inspire others and to publicly recognize individuals/teams that are making an impact. For additional information, contact Jesse Goodwin, Chief Innovation Officer (goodwijs@musc.edu).

Amanda Giles, OTD, assistant professor, Division of Occupational Therapy, College of Health Professions.

Problem — Occupational Therapy students voiced a need to access learning materials for continuous review and study.

Innovation — An accessible app called CON RehabLearning: Goniometry for Clinicians and MOBI mobile app feature high-definition teaching videos and images to help students prepare for quizzes, case studies, etc. Apps available via iTunes and Google Play.

Support From – MUSC Changing What's Possible Through Innovation & Technology Grant (2015), Department of Health Professions.

Nominated by — College of Health Professions Dean Zoher Kapasi, PT, Ph.D.

Matthew Hebbard, Pharm.D., medication stewardship; Scott Person, Pharm.D., pharmacist in charge, MUSC Health Pharmacy Distribution Center; Beju Shah, Pharm.D., and Jonathan Yantis, innovation team, Information Solutions. Problem — Supply chain for medications use analytics and workflows that are difficult to leverage to decrease spending. Innovation — A collaboration between MUSC Health Pharmacy Services and Information Solutions has resulted in tools and workflows that have improved the efficiency of the medication supply chain and reduced medication spending. Support From — Mark Daniels, Jason Mills, Kyle Lenio, David Habib and Mike Caputo.

Nominated by – Mike Caputo, Chief Information Officer

**Stephen Kalhorn, M.D.,** associate professor, Department of Neurosurgery and associate program director, Neurosurgery Residency.

**Problem** — Innovation of surgical solutions to make spine operations less invasive, more efficient and successful in the long term.

Innovation — Working with the Zucker Institute of Applied Neurosciences, the team developed several devices including the TranZform bi-axial expanding biomechanical interbody cage (an implant placed into the disk space of the lumbar spine); VavuClear device designed to unclog suction in the OR.

Support From – ZIAN, the MUSC Foundation for Research



Photo by Anne Thompson

Second quarter MUSC Innovators are (front row, from left): Dr. Amanda Giles, Dr. Stephen Kalhorn, Amanda Lilienthal, (back row) Dr. Scott Person, Dr. Beju Shah, Jonathan Yantis and Dr. Matthew Hebbard. Not pictured are Dr. Marvella Ford and Michael Miller.

Development and Neurosurgery's Sunil Patel, M.D. Nominated by – Mark Semier, CEO-ZIAN.

**Michael Miller, RN,** Shared Governance chair, Meduflex Critical Care and Rapid Response Team.

**Problem** — Families and care givers of palliative care patients at the end of life often spend long days at the patient bedside supporting them and leaving the patient's bedside for the simplest things like to buy snacks and beverages.

**Innovation** — By providing family bereavement food trays, which include snacks and beverages, family members can comfortably stay close by their loved one's bedside.

**Support From** — MUSC Meduflex Team.

Nominated by — Heather Craven and the Nursing New Knowledge Council.

Marvella E. Ford, Ph.D., professor, Department of Public Health Sciences, associate director of Population Sciences and Cancer Disparities in the MUSC Hollings Cancer Center. Problem — African–Americans have the highest cancer mortality rates of any racial or ethnic group in the United States and in South Carolina. The SC CADRE was formed as a partnership between MUSC and South Carolina State University to create research to improve cancer health outcomes statewide.

Innovation — The SC CADRE established several multi-core

See **Innovators** on page 15

# Doctor puts on her dancing shoes for a good cause

'Dancing with the Stars' gala supports Oxygen Ball

By LESLIE CANTU

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In an airy ballroom studio in West Ashley, Tatsiana Beiko sways in Artur Malakyan's arms as he guides her in a series of tightturning steps that keep changing direction. He swoops into a chair, then sweeps her onto his lap and dips her.

Stop! Try again. Beiko isn't dipping enough. She's in more of a backward lean, resisting the backbend, and Malakyan wants her to let her head fall back dramatically.

But Latin dancing wasn't covered in the medical school curriculum. And Beiko, a pulmonary and critical care physician and researcher at MUSC Health, is far outside her area of expertise. She's game to learn the Dominican dance the bachata, though, because she's doing it for a good cause.

She'll be one of this year's celebrity dancers at the Oxygen Ball, a "Dancing with the Stars" –style gala hosted by the American Lung Association in South Carolina. The event raises money for lung research as well as lung health programs like asthma education, lung disease support groups, smoking cessation clinics and tobacco education.

"It was not an easy thing for me to consider. I didn't grow up dancing — and being on the stage? I can be a timid person there. But I thought that it would be good for me, and I thought, 'If I can speak at an international conference, I can dance on stage,'" she said.

Beiko has been at MUSC for seven years. She arrived for a fellowship in pulmonary

and critical care and now balances her days between research, patient care and working with fellows, residents and students.

"I'm a lucky person, because I get to do something I love every day," she said.

She was first drawn to working in the intensive care unit because that's where patients are the sickest and where health care providers can have the biggest impact, she said. She comes from a medical family — her grandmother was a nurse practitioner and two aunts were pediatricians — and she often compares what medicine can do for people now with what wasn't possible in previous generations.

"From hearing their experiences back in the day and comparing what we have right now, I really feel we are very fortunate to have all the availability to help," she said.

She came to love the second part of her specialty, pulmonary medicine, the more she worked in it. Now, her research is focused on chronic obstructive pulmonary disease, which is primarily caused by long-term smoking, and Alpha-1 antitrypsin deficiency, the only known genetic cause of emphysema.

With that focus, it's particularly appropriate that she's dancing at the Oxygen Ball. MUSC has been a sponsor since its inception 11 years ago, but this is the first time that a physician has been one of the celebrity dancers, said Rebecca Balitsaris, executive director of the American Lung Association in South Carolina.

Back at the dance studio, Beiko and Malakyan rehearse each step over and over again. As they're dancing, Malakyan counts



Photos by Sarah Pack

Dr. Tatsiana Beiko and dance instructor Artur Malakyan practice the bachata, a Dominican dance, ahead of the Oxygen Ball, a "Dancing with the Stars" –style competition. To view a video of Dr. Beiko practicing, visit web.musc.edu/about/news-center or to cast your vote (\$10 per vote) visit http://charlestonoxygenball.org/2019-celebrity-dancers/.



Dr. Tatsiana Beiko goes over test results with Helen Myers during a recent appointment in Mount Pleasant.

the music in English, but when he needs to explain in detail what a sequence should look like, the pair converse in Russian. Beiko is from Belarus and Malakyan is from Armenia; each has a native tongue, but they have Russian in common.

Malakyan explains that he chose the bachata for Beiko because, of all the dance styles she tried, it was the one she looked most comfortable doing. He demonstrates, showing how her hips started moving with the music when she first tried it.

Dancing together requires teamwork — there are a few perilous—looking dips and backbends where Beiko simply has to trust her partner. It's not unlike the teamwork at MUSC. Beiko says she's grateful to work on the team of Charlie Strange, M.D., where the physicians and staff provide support and guidance to each other. "Every single person in my division is an outstanding human being," she said.

Beiko enjoys all three aspects of her job — patient care, research and education — but says patient care is her No. 1 priority. She wants to continue to help patients manage their conditions. She also recognizes that providing emotional support to patients is an important part of her job, especially because for some people with advanced lung disease, there simply isn't any more that the doctors can do. She's a hugger, she says, and she wants patients to feel comfortable talking to her.

Beiko and Malakyan will perform on March 29 at the Gaillard Center. They're competing against four other couples, with each couple vying for "votes" at \$10 apiece. The lung association's goal is to raise \$210,000 through a combination of sponsors, ticket sales, attendee giving and votes prior to the event. Go to CharlestonOxygenBall.org to vote for Tatsiana Beiko, M.D., or for more information about the event.



### WOMEN

Continued from Page One

women from all walks of life who not only make things happen in the workplace, but as importantly, in their communities, churches and everyday lives. In this issue, we will discover the stories of four remarkable women, Jes Cornelius, Myra Haney Singleton, Geraldine Torres and Charmaine Wilder, who walk our campus every day without much grandeur or fanfare, yet each leads from where she is. These women are recognized this year for their many contributions and achievements. They represent the thousands of women at MUSC who inspire us all and use their time and talents to better MUSC and the world we share.



Jes Cornelius conducts a meeting with members of her team.

# Scars heal... then a champion emerges

By Mikie Hayes

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Jes Cornelius says the words aloud: "My scars have given me the courage to find the strength in my own voice." She repeats them — this time, slowly. This time she tears up. They are meaningful to her. Neither a proverb nor a Maya Angelou quote, these words weren't penned by a stranger. No. She wrote them, forged by adversity, and they remain close to her at all times — a constant reminder to speak up in the face of injustice, discrimination or inequity and help others find their voices.

MUSC recruited Cornelius to Charleston last April to assume the position of assistant chief information officer for applications, reporting to CIO Mike Caputo. A respected name in the health care IT field for the past two decades, she's held top leadership positions — from director of operations at Indiana University Health system to CIO of

Hendricks Regional Health in Danville, Indiana, all the while making her way in an industry that is still referred to by some as a man's world. And, bringing other women up the ranks with her.

IT. Information technology. Is it really man's world? Cornelius has mixed emotions. "Probably," she says.

She's certainly earned top titles in her industry. And yes, women today are more frequently seen in leadership positions. But have they actually achieved full equality in the IT space? Not really, she says. In the IT world, "male-dominated" is still the reality.

For one, with 90 percent of Silicon Valley jobs being held by men, and much of the nation having followed suit, the tech industry remains largely a boy's club. But, she said, MUSC is working to correct that disparity.

See Champion on page 12



Photos by Sarah Pack
Geraldine Torres is a Spanish language interpreter for MUSC Health.

## Interpreter is a voice for patients

By CINDY ABOLE

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I magine a couple rushing into the waiting room of MUSC Children's Health Pediatric Emergency Department with their 7-year-old child doubled over in pain. Her stomach is hurting badly, and the family is trying desperately to communicate with the staff. But the problem is none of them speaks English. While the team prepares to rush the young girl back for examination, the ED team turns to the experts for help. Interpreter Geraldine Torres arrives quickly on the scene to help the family.

It's not unusual to see Torres scurrying between Rutledge Tower clinics, University Hospital and Ashley River Tower. She's quickly trying to get from one area of campus to another to meet up with a patient to do a medical interpretation.

Torres is an in-person interpreter with MUSC Interpretation Services in the MUSC Health Diversity and Inclusion office. Along with a sign language interpreter, the MUSC team consists of 12 Spanish-speaking interpreters. Each is capable of providing onsite medical interpretation for patients 24/7.

It's difficult to miss Torres with her beaming smile, olive green jacket, pleasant and helpful attitude and backpack in tow. She's constantly scanning her iPad, responding to a service hub request or looking up details connected to her next interpreting visit.

For Torres, what she does in her job comes

naturally, as she loves being around and helping people — especially children. Her dedication to and professionalism with her patients, their families and medical teams easily translate in the smiles and expressions that say "thank you" in any language.

One could say that this former military wife, mother and grandmother found her calling in life working at MUSC. But, in truth, the journey to her dream job came almost by accident.

Born in the Bronx, New York, this Nuyorican (a portmanteau referring to a New York City Puerto Rican) relocated to the islands with her family and grew up in yet another Carolina — Carolina, Puerto Rico, a suburb just east of San Juan. By age 17, she and her mom moved back to the United States and settled with family in New London, Connecticut, where she met and married her husband, Luis Torres, an electronics technician in the U.S. Navy, in 1983

Throughout her life, Torres has loved working with children. While raising her family, she worked daycare jobs, cared for children and served as a volunteer at her children's school. It wasn't until her sons Adam and Matthew were older that friends encouraged her to enroll and complete the certified nurse aide program at Trident Technical College. The program prepared her to provide direct patient care — from taking patients' vital signs and helping them bathe,

# She has a passion for empowering other women

## Connective Tissue

By Helen Adams

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M yra Haney Singleton serves as a kind of connective tissue for the medical student body, mentoring, advising and finding role models for future doctors at at MUSC. "In an effort to foster reflection, I often ask students, 'Where do you see yourself in 10 years?"

Singleton, who holds a Doctor of Education degree, is the associate dean for Student Affairs and Student Wellness. She started working in the College of Medicine Dean's Office in 1999 as an executive assistant while she earned her master's degree, planning to become a high school guidance counselor. But people quickly noticed she had a knack for knowing how to help the sometimes–troubled medical students who came through the office to see the associate dean Singleton worked for at the time.

"In some of the cases, those were not the most pleasant meetings, so the students were very nervous and quite uneasy. I would just speak to them about their lives and their circumstances. When some of them got into some trouble, they'd ask me how to approach it. I told them to reflect, and if they did something wrong, they should own up to it, take steps to improve and find ways to grow from it."

Students came to rely on her for advice and encouragement, and College of Medicine leaders noticed the effect she was having. After Singleton finished her master's degree and was getting ready to leave to work as a high school counselor, they asked her to stay and serve in a student support role. She agreed. "I'm not an M.D., but I always felt a call to help students."

Singleton went on to earn her doctorate and grew interested in connecting female students with mentors. "I meet a lot of young ladies who would like to enter into certain fields. A lot of times, they have some apprehension and hesitation. I'll encourage them to find the woman you can emulate, that woman who can serve as your mentor," she said.

Singleton has served as a mentor as well. Former student and mentee Aundrea Loftley, M.D., is now an endocrinologist at MUSC Health. "Myra's investment in my education and career has been a fundamental factor of my success. Her willingness to share her knowledge and insight while leading with integrity and compassion inspire those around her. Her standard is excellence, and she exemplify the qualities of an ideal leader and mentor," she said.

Current student Sydney Ramsey, who graduates this spring, said Singleton believes in "lifting while you climb."

"She has really exemplified this motto throughout my time in medical school. In the past few years, Myra became Dr. Haney Singleton when she completed her doctoral studies. Even while working on her own education, she spent what must have been much more than 40 hours per week listening to, supporting and advocating for students. She



Photo by Sarah Pack

Dr. Myra Haney Singleton sits in her office next to a basket full of notes from medical students she's helped.



Photo provided

College of Medicine faculty members Dr. Paul Underwood, left, and Dr. Michael de Arellano pose with Associate Dean Myra Haney Singleton on commencement day. has truly been a great mentor, and I am grateful for her deep commitment to her own growth as well as the development of her students and mentees."

Singleton loves connecting with students such as Ramsey. "Some of the most touching parts of the job is getting an email with a link where a student is being introduced as a chair or doing something wonderful in their division. The email is often very simple. 'Look, Myra, I made it!' Many of the graduates are doing amazing things."

### Myra Singleton's advice for anyone who wants to succeed in life:

- 1. Develop goals and engage in meaningful activities to achieve them.
- 2. Build strong relationships.
- 3. Find someone who will teach, coach and inspire you. Mentoring matters.
- 4. Embrace all opportunities to learn.
- 5. Celebrate differences because we are better together
- 6. Lift as you climb. Help others move forward.
- 7. Strive to identify lessons amid difficult circumstances.
- 8. Prioritize what is important.
- 9. Take time to reflect and appreciate the seasons of life.
- 10. Create a moment of resiliency every day because service requires sacrifice.

# Rethinking the goal in treating alcoholuse disorder

Paper suggests reducing drinking as more useful goal

By Leslie Cantu

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"Success" for people with alcohol-use disorder has traditionally been measured as total and complete abstinence. That's the model that Alcoholics Anonymous uses and most people are familiar with. But a group of researchers believes that shifting the model — so that a reduction in the amount of drinking could also be considered a success — would encourage more people to seek treatment and give pharmaceutical companies an incentive to develop more drugs to treat alcohol–use disorder.

"It's a new era of both meeting people where they're at but also educating people about what the academics know about how the brain works, how it's affected by alcohol and how that can be reversed by medication," said Raymond Anton, M.D., Distinguished University Professor, Department of Psychiatry and Behavioral Sciences and Scientific Director of the Charleston Alcohol Research Center. He also



Anton

serves as chairman of the Alcohol Clinical Trials Initiative (ACTIVE) workgroup under the American Society of Clinical Psychopharmacology. The group includes representatives from pharmaceutical companies, government regulatory and funding agencies and academic institutions. The ACTIVE group published a paper in JAMA Psychiatry this month, one of a series on this topic.

The paper outlines the group's look back at three large multi-site clinical trials testing drugs on alcohol–use disorder. The Food and Drug Administration currently considers abstinence and "no heavy drinking days" as primary outcome measures for such drug trials. A heavy drinking day is four or more drinks for women and five or more drinks for men.

The ACTIVE group reanalyzed the trial data, using the World Health Organization's risk drinking levels for alcohol. The levels are divided into very high risk, high risk, medium risk and low risk, according to the grams of pure ethanol (number of drinks) consumed each day. The group then looked at how many trial participants were able to move down one or two risk levels — for example, moving from the veryhigh—risk category to the medium—risk category would be considered a two-evel reduction.

What they found was that more people had been able to reduce their drinking than had been able to remain



Photo by Moss on Unsplash

Helping people to reduce their drinking rather than focusing on complete sobriety could encourage more people to seek help, researchers say.

"Being abstinent is a very hard thing to do, both because the brain has been changed by chronic alcohol use leading to dependence, and also the social stigma around complete abstinence."

Raymond Anton, M.D.

completely abstinent or have zero heavy drinking days. In fact, abstinence had the lowest achievement rate for all three trials. The greatest number of patients succeeded in reducing their WHO risk by one level, and the next most successful group reduced it by two levels.

That might not look like success according to the traditional goal of complete sobriety — and it wasn't considered a success at the time of the clinical trials — but reducing alcohol consumption can have a huge effect on a person's health and well-being, according to Anton. In others papers published by the ACTIVE group, a one— or two-level reduction in WHO risk drinking level caused an improvement in a number of health and social variables. Offering a reduction in drinking as a goal of medication treatment likely would encourage more people with alcohol problems to consider treatment.

"If they have the choice between drinking moderately or abstinence, almost everybody is going to choose drinking moderately. Our society is built around that. Being abstinent is a very hard thing to do, both because the brain has been changed by chronic alcohol use leading to dependence, and also the social stigma around complete abstinence," Anton said.

He's not dissuading people from seeking abstinence if that

works for them, he stressed. Instead, he thinks that people should look at alcohol–use disorder the same way they look at diabetes or high blood pressure — as chronic conditions that can be managed, but not cured, with medication and behavioral counseling and lifestyle changes.

There's a vast gap in what scientists have learned about how alcohol affects the brain, leading to dependence and addiction, and what most people know about alcohol, he said.

"They don't know there's really a well-established science around studying alcoholism, what is now officially called alcohol-use disorder, with basic science and good clinical trial methodologies. It's changing what many people think of as a social or a moral condition into more of a scientific or medical discussion. A good part of the people in the country still don't understand that, I think," he said.

If the FDA were to loosen its guidelines to include a reduction in "WHO risk drinking levels" as a desirable outcome for clinical trials – as is currently done in Europe - drug companies would probably be more willing to develop medication to treat alcohol-use disorder, Anton said. There are only four FDA-approved medications for alcohol-use disorder, the last of which was approved in 2006. The first one, Antabuse, was approved almost 60 years ago. The abstinence guideline by itself is simply too high a bar for medications development, Anton said, plus the drug companies' research shows that potential customers aren't as interested in taking medicine if the only option is to commit to lifelong abstinence. Right now, only 20 percent of those who could benefit from alcohol treatment actually get it, and only 4 percent actually receive one of the medications shown to help reduce drinking and promote abstinence.

"The information published in this paper, and others by this group, could be ushering in a new era of medication development for alcohol-use disorder and possibly attract more people to treatment who would not have considered it previously," he said. "That would be a positive outcome for individuals and their families with alcohol problems, serve society well and likely lower costs of health care nationally."

# MUSC staffer pushes for educational improvements

## Advocate on fire for the community

By Leslie Cantu

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I t was the high school graduation programs that got Charmaine Wilder's attention. When she graduated from James Island High School in the '80s, she recalled, the programs had been filled with the names of four-year institutions as the graduates' destinations. But lately, she noticed, more graduates seemed to be going to two-year institutions.

"Not that anything is wrong with attending Trident, but I was trying to figure out where the focus shifted from getting a four-year education to an associate," she said. "I just saw such a major difference, and my question was, 'What happened?'"

Wilder had left Charleston after high school to attend college in North Carolina. She earned an undergraduate degree in business administration and then two master's degrees — one in management and leadership and the other in information technology. She was settled in North Carolina, but she felt driven to advocate for improved educational opportunities in her hometown.

Wilder returned to Charleston and secured a job in Facilities Management at MUSC. By day, her co-workers know her as the woman in charge of the facilities fleet — keeping track of maintenance, budgeting for new vehicles as MUSC expands its physical presence in the Tri-county, outfitting and training new employees and conducting mandatory defensive driving classes.

She is part of the inaugural MUSC Center for Transformation and Change Diversity and Inclusion Program and sits on the Finance and Administration Diversity Advisory Council and the Facilities Diversity Task Force.

But when she's not on the job, she's on the ground, working with parents, community groups and school leaders focused on student performance. Wilder emanates a welcoming warmth paired with a passionate determination. Cheryl Cromwell, the director of education programs with Charleston RISE, said she got to know Wilder at their church, where Wilder helped her re-energize a youth ministry by increasing the number of adult leaders to 35 from seven and reaching 125 children. When Cromwell took her position with Charleston RISE, a young

nonprofit that seeks to build a network of informed and inspired community advocates for quality public schools, "She was one of the first people that I called," Cromwell said.

Wilder became an inaugural member of the grassroots organization that trains parents, grandparents and community members about the educational system in general, and Charleston County School District in particular, during a 15-week fellowship. The fellows then set out to implement team projects to improve education.

The group has four main campaigns: school board accountability, outreach to faith leaders, data and community awareness and high-quality middle schools in North Charleston. Wilder led the faith leaders campaign.

Wilder said her fellowship class requested data centered on student performance and then developed rankings for local schools. The results, she said, were shocking. Many schools that parents thought of as "good schools" didn't have the test scores to back that up. When Charleston RISE collated all the data for African-American children in the district, the results were alarming. For example, 80 percent of African-American third-graders were scoring below grade level in English. Third-grade reading is an important milestone, Wilder noted, because it's at that level that teachers no longer focus on how to read and instead expect students to be able to read to support their learning in all other subjects, from math to social studies. And students who are behind in reading can't take advantage of innovative programs. The option to take college courses at Trident while they're still in high school is off the table for these students, she said.

"It really put a fire in us to want to do more," she said.

Charleston RISE is especially interested in North Charleston and the options available to students once they hit middle school. "We want to provide high-quality options for all students, no matter where they live," she said.

The group has also worked to develop relationships between parents and schools, she said, adding that some parents said they didn't feel welcome in their children's schools. "You don't want to just hear from the school when your child's not doing well," she said.

Cromwell said that Wilder is a visionary



Photo by Sarah Pack

Charmaine Wilder at the birthplace of Septima Clark, educator and civil rights advocate who developed the 'citizenship school' model to teach literacy and political education. Wilder says she feels she's continuing Clark's work.

"There's a whole lot to be done. We just need those hands, those bodies and those people who are committed to getting the things done that need to be done."

Charmaine Wilder

and has the uncommon ability to communicate with people of all backgrounds, making her "paramount to our success." Wilder, she explained, has built relationships with pastors, parents and school board members.

A passion to help children has long inspired Wilder's efforts. When she lived in North Carolina, she worked in elementary schools to give extra help to students struggling with reading. She saw that children could thrive if their brains and hearts were fed. When she returned to Charleston, her focus shifted to her church's youth group, where she noticed that some children hadn't been exposed to much outside of Charleston. She began organizing trips over long

Presidents Day weekends to feed their brains and hearts. The trips incorporated a little bit of black history, included a visit to a college campus, personal development and got the kids out of their neighborhood bubble.

"If you're not exposed, then you think that this little box you live in is all there is. And it's not. There's a whole big world out there."

Wilder also sat on the Constituent District 3 School Board when she first returned to the area. She thought about running for the Board of Trustees for the Charleston County School District in the last election cycle but decided against it. She smiles and laughs but won't comment about whether she'll run in the next election.

Education has become a big focus in the South Carolina General Assembly this year as people realize that the state cannot continue on the same path. Cromwell said Charleston RISE got this conversation started two years ago, though The Post and Courier's "Minimally Adequate" series has pushed it into the spotlight. She said that volunteers like Wilder are integral to keeping the momentum going.

Wilder agreed.

"There's a whole lot to be done. We just need those hands, those bodies and those people who are committed to getting the things done that need to be done," Wilder said.

## CHAMPION Continued from Page Eight

"MUSC has an overarching commitment to diversity," she says. "Right now, it's very limited in some ways. When I came to MUSC, there were only two other female IT leaders in the entire enterprise. So, yes, the unspoken boy's club still exists — especially as it relates to inclusion in certain things or events and in terms of assumptions that are made. It's not that it's 'bad,' per se; perhaps as women, we're just used to it."

She says women have to work harder to engage in the conversation and prove to colleagues that they have the knowledge. "That is something I work very hard at every day, and I've done that my whole career."

Some of the unconscious bias is simply ingrained, she says, but she feels like she can help move things in the right direction. She is in the MUSC Center for Transformation and Change Diversity and Inclusion Program — a yearlong course that has changed the way she sees things. It's meant to open people's eyes to biases and practices that can inadvertently cause misunderstandings and provide the means to create a more inclusive and socially just organization.

"In situations, as a leader, you have to speak up for people. If I see something, I can't not say something. That's why I'm taking this course — to learn how to have some of those crucial conversations. If I'm in a meeting and someone says something offensive or off-color, it's important to be able to say, 'Hey, did you catch that? I don't think you meant that, and, if not, what were your intentions?' We don't want to tell people they're wrong. That's not how we do it. It's important to be respectful."

While many women in leadership often feel they have to measure their words and the way they conduct themselves in daily interactions with their male counterparts, Cornelius doesn't feel pressured by stereotypes to be anyone other than herself. And according to people who work for her, that's a warm, caring and open person.

Even with 200 employees on her team, she offers an open-door policy so they have an outlet for the stress and emotion they deal with every day. She smiles as she remembers her first few weeks on the job after leaving the Midwest.

"When I came to MUSC, I thought people were going to ask me about strategy and what I would do in my first 30 days. But it was more like the 'Dating Game,'" she laughed. "'Where do you live?' 'What's your daughter like?' 'Are you in a relationship?' 'Do you have any pets?' I realized they wanted to know

me personally."

So she shares a bit of herself in her "Tee It Up Tuesday" messages that highlight things that happened during the week that she ties to what's going on at work. Recently, for instance, she attended the Black History Month's "Still I Rise" ceremony. She left particularly moved by the concept of "you will never know."

"At the beginning of the presentation," she recounted to the team on a recent Tuesday, "they emphasized that we all have challenges, life stories and experiences that shape who we are. They had us turn to each other and say, 'You will never know.' This was harder than you think to admit to strangers. Most of us keep these life challenges locked in. If we pass each other on the street, in the hospital or in our own department, we have no idea what each person passing us by is really going through."

But what if they did take the time to know, she asked them. What if people listened and when someone said they were just "OK," someone on the team would stop and listen to see if that person needed an ear or a shoulder that day.

"When we are fielding calls from a hurried nurse or an angry physician, we must keep this in mind," she said. "They may be on a double shift, have just lost a patient or are dealing with a surge of new babies. Or, personally, they may be dealing with an ill family member or have received a terminal diagnosis. While we may never know, we will strive to show compassion and kindness in all of the services we deliver. It's hard some days, because we also have our own stories. When we stop to think and listen to others, we may find support and understanding in unexpected people and places."

Cornelius is one of five assistant chief information officers who report directly to Caputo. Colleagues say she has a gift for being able to humanize IT. That's where she thinks she's an asset.

"We're taught this from an early age not to cry — it shows weakness — or that we need to be dedicated to our careers to the exclusion of all else. Well, I tell my team that their families, their faith and their health comes first. Always put those first. I will always support you in that."

People often ask her where her strength, resolve and candor come from. She'll tell them — she wasn't always this way. There was a time in her past when she sat silent. And she regrets it.

"I saw lots of very 'in your face' racism, genderism, sexism. I didn't know how to address it. I was uncomfortable but never said



Photo Provided

## Relaxing in a sandy cove, Abby and Jes Cornelius take in the scenery in Napili Bay in Maui, Hawaii.

anything. I didn't have my voice."

But then life changed, and so did she. When she was 30 she went through a divorce. Her whole world became about supporting her daughter, Abby, and being the best mom she could possibly be. "I always wanted to make sure she never felt like she came second," she explained.

After the breakup, Cornelius went back to school, finished her bachelor's degree and got her master's. She began to advance in her career, always shooting for a better position and financial situation.

It was during this reboot of her life that Cornelius found her voice and become a champion for others. She chose to mentor single moms.

"I wanted to help women who had gotten out of bad relationships — newly single women with kids to care for, who didn't have good jobs or any kind of career paths. I'd help them move up in their careers. Find better jobs. Move up to management. I'd tell them, 'Call me. Text me. Let me know if you need support.' It was then I came to see how important it is to speak up for people. 'Hey, this person is qualified. She's working on her degree. How can we get her into a new position!' That was extremely important to me. That all feeds me, because I've been through it."

Through it all, she's tried to be a role model for Abby — her "mini-me" and love of her life. She beams when she tells you that her life revolves around Abby, a sophomore in college who's headed for a STEM career. They share the same birthday and love spending time together traveling, snorkeling in calderas and kayaking in bioluminescent bays. They also like to watch scary movies on Netflix. Anything, really — as long as they're together.

She's especially proud Abby has already developed her voice. "She's more comfortable having conversations when people try and put her in a box. I've always told her, 'Do things at your own pace. I don't care what you do. I'm proud of you, and I love you. Don't worry about what other people think.' I want her to always speak her mind. Never take the back seat. She'll never hear me say, 'Don't say that.'"

### EXPANDED BANDWIDTH

Mom, boss, mentor — Cornelius stays busy. She also loves to work out, and she's a pretty stellar bingo player.

"I'm totally addicted to a few things. I recently started barre classes — it's so much fun. I love spinning. I love Netflix. I love to win at bingo, and I'm addicted to Chick-A-Sticks — peanut butter candy rolled in toasted coconut. There's nothing better than when Abby and I drive to Savannah and get them from the barrel."

And she loves her job. Yes, she works a lot. Especially with her daughter away at school. "What would I do if I didn't work?" she jokes. "Seriously, you do have to do something just to veg out and let it all go."

She runs Applications, the area responsible for any software that MUSC uses to deliver care enterprisewide. Currently, there are 450 applications. She'd like to serve as the CIO for a large system — perhaps one day, MUSC. But today, she enjoys reporting to Caputo, calling him an outstanding leader who's open to ideas and loves to debate the pros and cons.

With a lot to compare it to, she considers MUSC a premier organization. When she was hired, Caputo said, "We are in growth mode." She said, "Good. I want to help you get there."

PAVILION Continued from Page One

North Charleston Mayor Keith Summey, whose name is on the building, teared up at the ribbon-cutting ceremony while recalling his family's experiences with health scares.

"If you've ever been a parent and your child gets sick, it's the most helpless feeling in the world," Summey said. "The Medical University children's hospital became part of our life 38 years when ago my daughter got sick. And she's here. I think maybe all four of the grandkids have been in the children's hospital at one time or another for outpatient or inpatient services."

Now, they'll have an option in North Charleston as well. Summey described the care and surgery center as a blessing. "This is a place for quick service to all of our children where parents can bring them so they can get the comfort I feel every time I've taken my children to the Medical University of South Carolina."

MUSC Children's Health Chief Medical Officer Mark Scheurer said the Summey Medical Pavilion will change comprehensive pediatric care. "Children are not mini-adults



Photos by Anne Thompson

MUSC Children's Health child life specialist Jennifer Redfern, second left, leads a tour around the new Summey Medical Pavilion on March 8.

and they deserve a child-focused, convenient and specialized facility to handle any need, regardless of size or scope."

Charles Schulze, chairman of the MUSC Board of Trustees, agreed. "Imagine how this will transform the patient experience for children and their families. None of this could have taken place without the support of the city of North Charleston."

The mayor of that city put things in perspective as he looked to the future of health care for kids in North Charleston. "This facility is named after me, but 20 years from now, the families who are coming in will say, 'Who is R. Keith Summey?' Guess what — the service to those children and their lives will still be there. And I think God has a way of letting us know, even after we've gone, that life is better because of the efforts that we have made together to provide a better service of health care for the children of this entire state."

VOICE Continued from Page Eight

dress and use the toilet to assisting with their meals. In 2005, she got a job as a nurse's aide of MUSC Children's Health Emergency Department. She did OK until she was asked to help clean up after a patient's broken toe.

"I almost fainted at the sight of blood and even had my doubts that I could continue in my job," Torres said. "But I found the courage to be stronger with every patient case." A year later, she transferred to a job working second shift in the Level 1 and Level 2 nurseries Labor and Delivery and the Antepartum Unit.

Aside from her duties as a nurse's aide, she began to interpret a bit between nurses and Spanish-speaking mothers who gave birth in the early hours when interpreters were unavailable. "I really loved working there, because it was a chance to work with babies and children again," she said.

Later on, two of the full-time interpreters urged her to apply for an open position in the interpreters' department. Hired as a hospital interpreter, she quickly acclimated to her new job, learning and using best practices and serving as a cultural intermediary between providers and patients. She felt deficient in her knowledge of medical terminology but quickly caught up. She also learned the importance of speaking slowly and using basic words for patients to understand.

"Many of the patients I support are non-English speaking adults who speak primarily Spanish," said Torres.

Before hospital interpreters were available to patients, it was common practice for adults to enlist their bilingual children to interpret

for them during medical appointments, tests or procedures. Untrained interpreters, the children were more likely to make mistakes or give incorrect instructions to the adults, which could not only create stress for all involved but lead to negative outcomes as well.

"Medical interpretation is a complex effort, and I don't encourage anyone to do it without going through proper training or learning best practices through a formal program," Torres said. "We're here to help our patients who need us. Patients have a right to receive their medical care in the language they understand through hospital interpretation services so that they can be involved and make good medical decisions about their treatment or care."

Aside from interpreting in her native language, she's learned about subtle but important differences among people of different Hispanic and Latino backgrounds and cultures. According to Torres, certain Spanish words or phrases don't always translate to the same meaning when used by a person from Mexico, Guatemala, Honduras or other Latin American countries.

"For example, the phrase for giving birth in Puerto Rico, 'dar a luz' may not have the same meaning to a native of Mexico, Guatemala or Venzuela," said Torres, who continues to learn from her patients. "'Aliviarse' or 'Ya se alivio' would be the equivalent, but it's meaning is different and translates 'to alleviate or relieve."

Another interpreting tool that Torres uses is watching people's facial expressions. Observant of body language, she often refers to the provider or care team member

for clarification in relaying the message, "Did you mean this, or is this what you want to say?" Torres said that's critical to avoiding errors and mistakes in these types of communications.

Another challenge is translating for a child. Torres knows children who come to the Emergency Department are already scared and not feeling well. She always starts with a smile and speaks slowly so a child can understand. She introduces herself and her role as an interpreter. She's also careful to choose her words rather than use complicated medical terms. Soon, she added, the child feels more relaxed and begins to open up to me and to staff. "As an interpreter, I must interpret meanings and not only words."

Antwan Walters, manager of Interpretation and Translation Services, explained that since 2016, the interpretation and translation services team has been part of MUSC Health's Office of Diversity and Inclusion, having formerly been under clinical nursing/ patient and family education. He spoke highly of Torres' contributions.

"Geraldine is one of our core interpreters in our department," said Walters. "She's well known and respected in the hospital and among the care team members. Staff know her, patients and patient families know and value her. She's a friendly, personable team-player and professional. She's quick to share innovative ideas and approaches to help the interpretation staff as well as patient and their families. She's a great asset to our department."

As the need for language services in the health care setting grows, so does the requests for medical interpreters. The number of

Spanish-speaking patients at MUSC has increased substantially over the years.

In 2018, the in-person medical interpretation team responded to more than 42,000 interpretation requests. About 97 percent of these requests were for Spanish interpretation support.

"As MUSC focuses on diversity, language is an example of the biggest needs for diversity. As MUSC grows and expands in the future, we will also be looking to expand our team and services to support our patients and staff within new hospitals, clinics and facilities within the MUSC Health system," said Walters.

Torres appreciates that in addition to providing in-person interpreting, MUSC offers patients and staff interpretation by phone as the service is available 24/7 and offers more than 200 additional languages.

In her 14 years working at MUSC, Torres is proud to have played a role in the continuum of care for many patients. She's been a part of the joy and celebration at the birth of an infant and watched children grow up through their medical care. She's delivered news that a cancer patient is now cancer free. She's also been present during sad times, explaining the death of a patient to his or her family or translating a terminal diagnosis. Working over the years with health care teams, she's watched medical students become physicians, nurses become nurse practitioners and care team members retire or pass on.

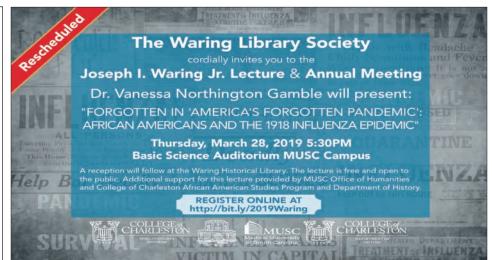
"It's an honor and a privilege to share in all these moments, and I feel honored to do the work that I do," Torres said.

## MUSCW Posies for Patients



Photo provided

MUSC Women's Club members Terri DeVane, from left, Paige Hamann, M. E. Canaday, Megan Zwerner, Susan Lewis, Sylvia Vena; Back row: Mackenzie Hamann, Jane Mansfield, Faye Griffin, Lisa Dubois, Jill Ewell, Chris Christopher and Karen Gemmill gathered Feb. 26 for the group's annual Posies for Patients event. The group coordinated with the Volunteer Office to create and deliver 200 flower arrangements that they delivered to adult patients.



## Dean honored with national cancer leadership award

### Researcher recognized for leadership, prevention efforts

### By Allison Leggett

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The American Association for Cancer Research will recognize Raymond DuBois, M.D., Ph.D., dean of the MUSC College of Medicine, as the recipient of the 13th Margaret Foti Award for Leadership and Extraordinary Achievements in Cancer Research at its 2019 annual meeting, March 29 to April 3, in Atlanta, Georgia.

DuBois, an internationally renowned expert in the molecular and genetic understanding of colorectal cancer, is a professor in the departments of Biochemistry and Molecular Biology. The award recognizes his global leadership in the early detection, interception and prevention of colorectal cancer.

DuBois discovered the mechanistic function of prostaglandins (PGs) and cyclooxygenase in colon cancer initiation and progression and clarified the role of PGs in the tumor microenvironment, spearheading the consideration of aspirin and other nonsteroidal anti-inflammatory mediators for cancer prevention.

"Dr. DuBois is a highly distinguished researcher whose innovative work, including the use of non-steroidal anti-inflammatory mediators for the prevention of colorectal cancer, has made him an international leader in the field of early detection and prevention of the disease," said Margaret Foti, M.D., Ph.D., chief executive officer of the AACR. "In addition to his groundbreaking research, Dr. DuBois' exceptional leadership in the scientific community has garnered national and international acclaim. I am thrilled that he the Distinguished Achievement Award from has been chosen by the selection committee to receive this award. We look forward with great excitement to honoring him with this award."

The AACR will present DuBois with this award during the opening ceremony on March 31. In addition, the award includes a cash prize, a portion of which DuBois plans to donate to the MUSC College of Medicine medical student scholarship fund.

"Many of the milestones I've achieved in my career were made possible by the support of other people," DuBois said. "I think it's only appropriate to use this award to help further the education of future physicians at MUSC.'

MUSC Executive Vice President for Academic Affairs and Provost Lisa Saladin, PT, Ph.D., explained the significance of the

Margaret Foti Award. "This award recognizes some of the top researchers, physician scientists and advocates who have supported cancer research through their leadership, passionate advocacy and profound contributions," said Saladin. "I join in the MUSC academic and research communities in congratulating Dr. DuBois on this prestigious honor."

The Margaret Foti Award for Leadership and Extraordinary Achievements in Cancer Research was established in 2007 to recognize a champion of cancer research whose leadership and extraordinary achievements in cancer research have had a major impact on the field.

DuBois' work in this area has elucidated the role of anti-inflammatory agents in the tumor microenvironment, resulting in the establishment of various clinical trials, including a trial in which precancerous polyps are treated with celecoxib (Celebrex), an arthritis drug that selectively inhibits the proinflammatory enzyme COX-2.

DuBois is past president of the AACR, chairman and president of the AACR Foundation and a fellow of the AACR Academy. He also served as a member of the AACR board of directors and in several editorial roles with cancer prevention and clinical research journals of the AACR. DuBois serves as vice-chairman of the Stand Up To Cancer Scientific Advisory Committee.

Among other significant honors, DuBois is a recipient of the Gonzalo Rio Arronte Award (2011), the Anthony Dipple Carcinogenesis Award (2006), the Dorothy P. Landon-AACR Prize for Translational Cancer Research (2004) the American Gastroenterology Association (2004) and numerous other honors.

Prior to joining MUSC, DuBois was executive director of the Biodesign Institute and the Dalton Professor of Chemistry and Biochemistry at Arizona State University. He served as the provost and executive vice president at The University of Texas MD Anderson Cancer Center in Houston from 2007 to 2012, and prior to that, directed Vanderbilt's Division of Gastroenterology, Hepatology and Nutrition, and served as director of the Vanderbilt-Ingram Cancer

A graduate of Texas A&M University, DuBois earned his Ph.D. from the University of Texas Southwestern Medical Center in



Photo by Brennan Wesley

Dr. Raymond DuBois will be presented with the 13th Margaret Foti Award for Leadership and Extraordinary Achievements in Cancer Research at the American Association for Cancer Research's upcoming meeting March 31 in Atlanta, Georgia.

Dallas. He obtained a medical degree from the University of Texas Health Science Center at San Antonio, followed by an Osler Medicine internship and residency and a gastroenterology fellowship at The Johns Hopkins Hospital in Baltimore. He

is also a fellow of the American Association for the Advancement of Science and past president of the Southern Society for Clinical Investigation and the International Society for Gastrointestinal Cancer.

## INNOVATORS Continued from Page Six

groups and other support teams. The Hollings Cancer Center established a new RMC Clinical Trials Office and was able to expand staff that include two part-time lay navigators as important resources.

Support From – S.C. State and MUSC leadership, SC CADRE leadership at Hollings Cancer Center and S.C. State, Biorepository/Clinical Trials Office Shared Resource staff.

Nominated by – College of Medicine Dean Ray DuBois, M.D., Ph.D.

Amanda Lilienthal, MUSC Physicians Revenue Optimization manager, Revenue Cycle.

**Problem** – There is an existing need to prepare data for leadership in a useful format. An analysis that works for one area might not work for another.

Mark your calendars for MUSC Innovation Week, April 29 through May 2. This weeklong event will be loaded with events that feature renowned speakers, guided tours of some of MUSC's innovation hot spots, on-campus Science Cafes, networking and the MUSC Shark Tank competition. Visit https://research. musc.edu/innovation.

**Innovation** — There was a benefit to having Revenue Cycle liaisons become certified medical coders. The team continued with further training to develop critical thinking skills as a way to approach problems and find solutions.

Support From — Katrina Reynolds, Shannon Ravenel, Suzanne Makin and Tess Whitworth.

Nominated by – Katrina Reynolds, Chief Revenue Cycle Officer.

## Oysters, Fun At Medical District Greenway



Photo by Anne Thompson

Participants came out to the Charleston Medical District Greenway on March 15 to enjoy an oyster roast with all the fixings, brew, pizza, live music and Irish dancing by Legacy Irish Dance. The event was part of a fundraiser and preview of a planned brick-paved walkway that will highlight this space. Anyone can still purchase commemorative bricks, which costs \$250. Visit www. charlestonmedical district.com.