Little dancer with Down syndrome charms while battling cancer

By Helen Adams
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Freddie Taylor dances with his mother, Joanne Taylor, in their room at MUSC Children’s Health. Freddie celebrates his third birthday June 14. Send Freddie a birthday card at Freddie Taylor, MUSC 7B Children’s Hospital, 165 Ashley Ave., Charleston, S.C. 29425.

Freddie Taylor gets a big smile on his face while he dances with his mom and dad to the Bruno Mars hit, “Uptown Funk.”

“Saturday night and we in the spotlight, don’t believe me just watch,” the song goes, playing from a small speaker in his hospital room at MUSC Children’s Health.

Freddie, who has Down syndrome and is battling leukemia, finds himself unexpectedly in the spotlight these days. A Charleston, South Carolina, TV news report featured his mother’s request for cards to celebrate Freddie’s third birthday, which is June 14. “He loves opening stuff,” Joanne Taylor says. “That’s why I got the card thing going.

People touched by her request and Freddie’s adorable face are responding — not just in the Charleston area, but well beyond. “Teachers are having their classes make cards for him. There was a lady from Hawaii who messaged me and said, ‘Aloha, our kids want to make him a card.’ I think that’s so cool.”

It’s part of a larger effort by the James Island family to connect with others as they deal with leukemia.

See Birthday on page 11

State budget gives boost to higher ed

Budget includes funds for tuition, construction, state employee raises

By Leslie Cantu
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The fiscal year 2020 state budget passed by the South Carolina General Assembly and signed by Gov. Henry McMaster includes welcome funding geared toward MUSC students.

The budget sets forth a $12 million appropriation for MUSC to put toward innovation or renovation. Most of that will be spent on renovating the Colbert Education Center and Library Building, built in 1971, and the Basic Science Building, built in 1970.

The building project will provide the College of Pharmacy with new, updated space in the Basic Science Building. It will also create more space for all students to study, renovate outdated classrooms and further consolidate academics in the heart of campus to foster interprofessional learning.

“The college is very excited about the opportunity to move more onto the central part of campus and to newer facilities,” said Philip D. Hall, Pharm.D., dean of the College of Pharmacy.

The college is currently headquartered in a 1952 building on Calhoun Street that was constructed as a cancer clinic with the college on the fourth floor. By 1970 the college occupied the entire building and today it also has researchers and a practice lab in the Drug Discovery Building and classes in the Basic Science and Biomedical Engineering buildings. Now, the college will get a 22,000-square-foot space in the Basic Science Building that meets the latest standards for learning.

It’s exciting to have academic space that will be...
Chris Bunt, M.D., associate professor in the Department of Family Medicine and assistant dean for student affairs in the College of Medicine, has been appointed inaugural editor in chief of Cochrane Clinical Answers, a clinically-focused resource for health professionals. He was previously associate editor since 2012 and has editorial experience as contributing editor for American Family Physician, the largest primary care journal in the U.S.

Michelle Hudspeth, M.D., professor and director of the Division of Pediatric Hematology/Oncology, has been named medical director of the Bone & Marrow Transplant Program. She has been medical director of the pediatric oncology program since 2007 and director of quality for the adult and pediatric BMT program since 2008. In this new role, she will direct both the adult and pediatric BMT programs.

Tom Anderson, center, CEO of the MUSC Foundation was presented with a resolution by MUSC President Dr. David Cole and MUSC Board of Trustees Chairman Charles W. Schulz on May 17. Anderson was recognized for his 18 years leadership and contributions to MUSC.

Marty Player, M.D., associate professor in the Department of Family Medicine and co-director for Telemedicine in Primary Care, has been elected to the board of directors of the North American Primary Care Research Group (NAPCRG). He will serve a two-year term as chair of the NAPCRG membership committee.

Anita Ramsetty, M.D., associate professor of Family Medicine and medical director and faculty advisor for the MUSC CARES Medical Clinic, was selected for the Leonard Tow Humanism in Medicine Award by the Arnold P. Gold Foundation. The award recognizes a medical student and faculty member who demonstrate clinical excellence and compassion.

The story “Physician assistants welcome new S.C. law” in the May 31 edition of MUSC Catalyst News included an incorrect figure for the number of applications received for the physician assistant program in the College of Health Professions. The Office of Enrollment Management received more than 830 applications for 60 available seats.
Know your numbers, improve your well-being

MUSC’s Enterprisewide employee well-being campaign, Imagine U, aims to equip all care team members with the tools and resources needed to achieve optimal wellness while encouraging all employees to “know their numbers.” Employees will be introduced to a simple and effective health risk assessment tool that can provide them with feedback and information to help them set and achieve personalized well-being goals and improve overall health outcomes.

In addition to providing this new health risk assessment to employees, the Office of Health Promotion hosts screenings at various campus locations that are available at no cost to MUSC employees and their adult dependents covered by the MUSC Health Plan. These screenings are designed to be both convenient and confidential for all participants, making it easier for employees to understand their health risks and take charge of their well-being.

In alignment with MUSC’s strategic goal of “building healthy communities,” the second annual Know Your Numbers Imagine U campaign encourages employees to participate in an annual worksite wellness screening in order to know their current numbers, measure progress and participate in the 2019 Health Risk Assessment Imagine U challenge.

The program has been designed with the employee in mind – making it convenient, confidential and user-friendly from start to finish. In addition to the empowerment that comes with getting screened and “knowing your numbers,” this year all employees who complete the health risk assessment are eligible to earn 25 Imagine U points – making them eligible to receive a number of prizes at the end of the Imagine U quarter.

Are you ready to take charge of your well-being? Complete the following steps to get started:
- Register for an On-Campus Worksite Wellness Screening
- Upcoming Screening Dates:
  - Aug. 14 — Education Library, Rm. 109
  - July 22 — Gazes Auditorium
  - June 26 — Harborview Office Tower
- Note that screenings will be added regularly throughout the summer months to accommodate employee work schedules and encourage participation. For questions about worksite screenings, email musc-empwell@musc.edu.

Mom-daughter duo share duties in Digestive Disease Center

Jeanette Sewell and Jaime Edwards are both highly regarded patient care technicians in the Digestive Disease Center in Ashley River Tower.

They’re both known as dedicated, thorough and compassionate workers. They’ve both been chosen by their peers as “PCT of the Year” for their unit – Edwards this year and Sewell for the two preceding years.

And they just happen to be mother and daughter.

“It’s awesome,” Sewell said of working with her daughter. “She’s such a kind, caring person to begin with. And we’re really friends. It’s nice when you can be friends with your daughter.”

The pair didn’t set out to work together. Sewell was a kindergarten teacher at Sullivan’s Island Elementary, and Edwards worked in the Charleston County Consolidated 911 call center. But Edwards stepped out of the workforce when her middle child was born, and Sewell found she needed a job with more flexible hours when her father became ill.

Sewell and Edwards said they stay busy helping the nurses, doing everything from bladder scans to removing IVs and catheters to helping patients with gastrointestinal issues get out of bed.

“I love GI. That sounds crazy, but I really do,” Edwards said. She plans to go on to nursing school.

Sewell and Edwards said they stay busy helping the nurses, doing everything from bladder scans to removing IVs and catheters to helping patients with gastrointestinal issues get out of bed.

“They do whatever has to be done to make things work in the unit,” Flynn said.

Sewell and Edwards said they stay busy helping the nurses, doing everything from bladder scans to removing IVs and catheters to helping patients with gastrointestinal issues get out of bed.

Flynn said that in addition to Sewell’s primary responsibilities with patients, she also participates in peer interviews for job applicants. Both women, she added, offer valuable input and suggestions during monthly PCT meetings. Sewell and Edwards both also interview for job applicants. Both women, she added, offer valuable input and suggestions during monthly PCT meetings.
Learning by doing:
Medical students practice working with interpreters

By Leslie Cantu

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First- and second-year medical students getting ready to put their book knowledge into real-world practice got a chance to work with medical interpreters during a pre-clerkship program organized by the College of Medicine and MUSC Health Interpretation & Translation Services.

Terrell Washington, who’s entering her second year in the College of Medicine, said she embraced the chance to think about putting herself in the shoes of someone who doesn’t speak the language but needs medical care.

“If I feel like you should get the same care no matter what language you speak. If it were me going to another country, I would want people to have patience with me,” she said.

The college has held mandatory training on working with interpreters for about six years, said Alyssa Rheingold, Ph.D., who serves as one of the theme directors for the Fundamentals of Patient Care curriculum for pre-clerkship students.

This year was different, however, in that it was the first time the college partnered with Interpretation & Translation. The partnership meant that students got to work with Spanish language interpreters, as they have in the past, but also with American Sign Language interpreters. Community members volunteered as mock patients.

Antwan Walters, manager of Interpretation & Translation Services at MUSC Health, said members of the deaf and hard-of-hearing community were delighted to participate in an interpretation training exercise with medical students because it gave them a chance to explain what works and what doesn’t.

“We don’t take it upon ourselves to contact and look at the patient, and vice versa,” Walters said. “Compared to if the interpreter was in a triangle, everyone would focus on the interpreter so now the patient and the provider no longer have that connection and the interpreter becomes the center of attention, which is not the goal. We are supposed to be as unobtrusive as possible.”

That doesn’t work for patients who use sign language, since they need to be able to see the interpreter. But even then, proper placement can help with the doctor-patient relationship. If the signing interpreter sits in line with the doctor, it’s easier for the patient to quickly look from the interpreter to the doctor and back again.

Walters also noted that a medical interpreter’s job is to interpret exactly what the patient and doctor say, not to loosely translate meaning. That means if a doctor starts using highly technical language, interpreters don’t presume to give a plain-language explanation.

For example, the interpreter knows from experience and training that “myocardial infarction” means “heart attack.” But if the doctor says “myocardial infarction,” then that’s what the interpreter says. If the patient looks confused, however, the interpreter might tell the doctor the patient doesn’t seem to understand.

“We don’t take it upon ourselves to lower the level of language,” Walters said.

“Our goal is to allow the provider to do that, because that’s their patient.”

It’s all part of fostering a strong doctor-patient relationship, he said.

Rheingold said the chance for real-life practice is important for students, who will encounter people of all backgrounds during their careers. “That is essential for them to have that opportunity,” she said.

Washington appreciated that MUSC makes these resources available and noted that the program emphasized it’s the doctor’s responsibility to use these resources. A language barrier isn’t an excuse for providing inadequate care, she said.

“I thought it was definitely a necessary class. It’s one of those things in health care I don’t think we put enough emphasis on,” she said. “And you really don’t think about it. You don’t think about it until you get into the hospital and you’re like, ‘Oh! This patient only speaks Spanish and I have absolutely no way to communicate with them so it’s great they’re introducing this while we’re in the pre-clerkship years.”

Walters said they hope to add speakers of other languages for next year’s program. He’s had some interest from people who speak Vietnamese, Mandarin and Tagalog.

Interpretation & Translation Services and the College of Medicine are also collaborating to create a new elective for fourth-year students on language access in health care.

Photo by Sarah Pack
Domino the Cat

Department; How long at MUSC
MUSC downtown campus; 9 months — I started hanging around the MUSC gardens around St. Luke’s Chapel after Hurricane Florence.

How are you changing what’s possible at MUSC
Through pet therapy ... People just light up when they see me and pet me. I bring smiles and comfort to all (and I love all the attention).

Hobbies and interests
People watching, bird watching, making new friends, sleeping, chasing squirrels and my favorite, playing dominoes.

Favorite spot in the office
A sunny window or a cardboard box.

Best thing about living in Charleston
My friends at MUSC.

What is your motto or mantra
“Adopt don’t shop” There are so many cats available just as cool as me who need a home. June is also Adopt a Shelter Cat month.
MUSC honors first responders during National EMS week

BY LESLIE CANTU
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A call goes out to 911.
Something terrible has happened.
Someone’s life is changed forever.
Chaos is on its way to the Emergency Department. By the time it arrives, it will be controlled chaos, but out in the field – in the dark, in the rain, on lonely highways or in frantic homes – first responders must bring a measure of order and calm to the situation. Emergency medical services technicians and paramedics assess and reassure patients and provide the initial medical care to give people the best chance of making it to the hospital alive.

On May 24, MUSC recognized first responders from across the region who have handled exceptionally difficult or unusual cases as well as those who have gone above and beyond to educate the community about injury prevention.

Organizers said they hope the ceremony becomes an annual event to acknowledge everything that EMS providers do.

David French, M.D., works in the University Hospital Emergency Department and also serves as MUSC’s director of prehospital medicine and medical director for Charleston County Emergency Medical Services. He began his career as a paramedic, and he said that EMS work becomes part of a person’s identity, despite the difficulties of the job.

“EMS is a tough job. I know that’s not a surprise to a lot of the folks sitting here, but it’s long hours, stressful and even dangerous situations, and we don’t always hear about how our efforts impact our patients or the community. And,” he added, “we may not always get the respect we deserve, even from physicians.”

Asha Kumar-Veeraswamy, M.D., who works in the MUSC Children’s Hospital Emergency Department, was taken aback by Kumar-Veeraswamy’s nomination for recognition. Kristen Dias, Christopher Dukes and Sam Potts of Colleton County Fire-Rescue for their valiant efforts in an emergency case.

When she talked to him again later, she recognized his voice as the one who had radioed in details of the incoming case to the doctors and nurses waiting in the Emergency Department.

“His report was exactly what we look for on our side – and I don’t know if you guys realize how much we actually rely on the reports you give us. This report he gave was clear, concise, precise and without any editorial comment,” she said.

Kumar-Veeraswamy praised Dukes for his work that night.

“He exemplified the finest qualities of an EMT and quite honestly of humanity – selflessness, loyalty, courage and hope,” she said.

Dukes, Dias and Potts each received an MUSC Children’s Health challenge coin for their work on that case.

Hope is an important quality for an EMT to maintain, particularly in a state that recorded the

See EMS on page 10
LOWVELO ambassador pushes MUSC, community to pedal for cancer

Bike challenge to help fund cancer research

By Dawn Brazell
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Always one to support an innovative idea, MUSC first lady Kathy Cole was intrigued when she heard about LOWVELO, a new bike ride coming to Charleston where 100 percent of the rider-raised dollars will go to fund cancer research at Hollings Cancer Center.

The wife of MUSC President David Cole, M.D., FACS, Kathy has strong ties to the medical community and hopes to encourage MUSC employees and others who join MUSC teams to get the most out of participating in the event. Scheduled for Nov. 1 and 2, the ride features three routes, 25-, 50- and 100-mile options, which showcase the scenic landscapes of the Lowcountry.

One of her favorite features? The community joins together for a common cause.

Kathy explains why she’s so passionate about the bike ride.

How can this innovative fundraiser be a game changer?

Every dollar raised by riders goes directly to cancer research. Every dollar! That is one thing that makes this fundraising campaign so special.

Why was it important for you to serve as team captain of MUSC’s super peloton named oneMUSC?

My career started as a pediatric oncology nurse. I have seen firsthand how cancer can affect an individual, a family, a community. I have also been married to a surgical oncologist for over 30 years, so cancer has always been a part of our lives. As team captain, I can help make an impact in our MUSC family and community by supporting those who have dedicated their time and effort for this great cause.

How has cancer affected your family?

Cancer has touched many members of both my and Dave’s family. It makes us appreciate the days and time we have with each other. It also makes me want to find a cure, finally, so families don’t have to go through the pain.

Why is it so important to advance cancer research?

As an institution, we have made great strides in cancer research – strides that are only made possible through extramural funding such as research grants and the generosity of philanthropy. Fundraising is essential to ensure that these research strides continue in a positive and forward-moving direction.

Beyond supporting cancer research, this ride also promotes healthy lifestyles.

Why is this important to you?

Living a healthy lifestyle and supporting the promotion of healthy communities is not only one of MUSC’s Imagine 2020 initiatives, it is also a way that we, as a family, can come together to support each other. This ride does just that. It will bring together hundreds, if not thousands, of individuals from MUSC and all over the state to support each other and to stand together for a purpose that promotes healthy living while simultaneously funding cancer research. Sounds like a win-win to me!

This event encompasses every one of MUSC’s five Imagine 2020 goals. Why is that exciting?

Our MUSC family, including leaders, faculty, staff and students, worked together for countless hours, with insight from every entity across our institution, to design a strategic plan that supports the mission and vision of MUSC. The mere fact that we can see all five of these goals being implemented on a daily basis proves that the thought that went into designing this strategy was purposeful, insightful, mission-based work. This event not only supports our goals of Patients and Families First, Healthy Communities, Diversity and Inclusion, Scientific Discoveries and Innovative Learning but also promotes our values of Compassion, Collaboration, Respect, Integrity and Innovation. This is truly amazing.

What’s your favorite part about the ride?

Having the opportunity to be a part of it! I plan to be here every step of the way – to support our riders and to be at the registration event and the post-ride celebrations where I can interact with my MUSC family members, congratulate them on an amazing and fun day and thank them for the impact they are making for the future of cancer research.

This ride helps take the message of cancer prevention into the community – literally. Why is this important?

You cannot support something that you are unaware of. The more people we can affect, the better. The more people who see our riders on the streets and ask “What is this about?” – the more awareness we can raise. More awareness leads to more interest, and more interest brings even more participation and contributions.

Why should people participate?

Every person, in one way or another, is affected by cancer. Whether it is personally, their family members, their friends or acquaintances. Making an impact through awareness and fundraising touches everyone. This helps move cancer research to the next phase. It’s a small yet mighty contribution.
SC teacher gives hope to another through bone marrow match

‘I hope I’ll meet her in heaven’

BY HELEN ADAMS
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It was the third phone call that finally gave Mary Etta Castles the go-ahead. She could try to help save a life.

“I was super excited. I started crying when I found out she was still alive. I honestly had thought that she probably didn’t make it.”

Castles had been hoping for that call for two years. She knew there was a seriously ill woman out there who “matched” with Castles through a bone marrow donor registry that Castles signed up for in college. That meant Castles could donate stem cells that might cure the woman’s blood disorder.

But the initial contact, two phone calls between the woman’s medical team and Castles, ended in disappointment. “They told me I was the best match and asked me if I wanted to move forward,” she says. “Then they called me back a couple of weeks later and said she wasn’t ready to receive a donation.”

Castles, now a 25-year-old special education teacher in Columbia, South Carolina, didn’t know much about the woman. “They told me she was 28 and lived in the Netherlands. I just pictured a girl a few years older than me.”

She stayed on Castles’ mind. “You just wonder. You hope that something good happened and she doesn’t need your stem cells anymore. But your brain goes to both sides.”

So when Castles got that third call about the woman a few months ago, asking if she was still up for donating stem cells, she was thrilled. “I was so happy to know that she was still alive. I was really excited to be a part of it. I feel so blessed to have been part of it.”

Mary Etta Castles donates potentially lifesaving stem cells at MUSC Health. Below photo: Castles donates stems cells at MUSC Health.

“You can do this to save someone’s life so they can have years and years of health and be with their families. It does take a very selfless person to do it.”

Stacey Warneke

Mary Etta Castles does not know the woman’s name when they called. “They told me she was 28 and lived in the Netherlands. I just pictured a girl a few years older than me.”

So when Castles got that third call about the woman a few months ago, asking if she was still up for donating stem cells, she was thrilled. “I was so happy to know that she was still alive. I was really excited to be a part of it. I love to help and be part of anything that brings goodness to others.”

Castles went to MUSC Health in Charleston, which has been a National Marrow Donor Program collection and transplant center since 1993, to begin the process of donating stem cells. Bone and marrow transplant coordinator Stacey Warneke says the center helps between 45 and 60 people a year donate stem cells or bone marrow, depending on what’s best for the person who needs the transplant. The recipients have blood disorders ranging from leukemia to sickle cell disease.

“We’re not taking anything that their body won’t make back. A lot of people think it’s like donating an organ – you’ll never get it back. But the neat thing is, your body makes back all the stem cells or marrow we take in the process,” Warneke says. “You can do this to save someone’s life so they can have years and years of health and be with their families. It does take a very selfless person to do it.”

To donate, there has to be a close match between the donor’s and the recipient’s human leukocyte antigen type. The HLA is a protein that helps the immune system figure out which cells belong in the body.

The whole process is anonymous, so Castles doesn’t know the woman’s name and the woman doesn’t know hers. But Castles has seen what living with a disease can do to a person. “I’ve known people throughout my life who have had cancer. If I knew there was something anyone could do to help them, I’d want them to do it.”

To help the Dutch woman, Castles had a series of shots of the growth factor drug filgrastim to boost the number of stem cells she was producing. Then blood was removed from her arm and run through a machine that pulled out stem cells. The rest of the blood went back into her other arm.

Meanwhile, the woman in the Netherlands had high-dose chemotherapy to try to clear out bad cells and make way for Castles’ healthy ones. A courier from Be the Match, the registry run by the National Marrow Donor Program, took the precious cargo to a cooler from Charleston, South Carolina, to the Netherlands, more than 4,000 miles away.

Warneke says most donations from MUSC Health go to people within the U.S., but the registry is international. “It brings this whole different perspective when you see the cells are going to somebody far away who you may never meet.”

Castles would like to know how the woman in the Netherlands is doing. “In the U.S., if both people agree, you can meet each other. In the Netherlands, it always has to be anonymous. I’ll never know who she is. But I hope that I’ll meet her in heaven. That’s what gives me hope – that I’ll see her one day.”

For now, she’s encouraging other people to join the donor registry. “It’s so easy, I don’t know why you wouldn’t do it. I feel so blessed to have been part of it.” Castles says. “You get to have a huge part in saving somebody’s life. That’s a really cool experience.”

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Patricia Chase is a pretty independent person, but she takes Lucy and Fred with her wherever she goes. The truth is, she doesn’t have a choice — even though they’re kind of wild.

“Lucy just does what she wants to do. Always getting in trouble. Lucille Ball all over, man. She’s going to do her own thing.”

Lucy isn’t a friend or a child. Lucy is Chase’s nickname for her left arm.

And Fred? He’s her left leg. “The leg is Fred Astaire because he’s always dancing and moving to the tune of his own beat.”

Fred and Lucy got their names after a 2013 stroke left Chase feeling like her left arm and leg had minds of their own. A stroke means a rupture or clot that damages a vessel that delivers blood to the brain. In Chase’s case, it killed brain cells affecting the left side of her body.

But Chase is not one to give up once she sets her mind on something — like walking again after a stroke.

After all, before the stroke, she had a job where determination was the main qualification. Chase was a process server. That means she tracked down people to give them legal notice that they were being sued or subpoenaed or something else they might not want to know about. Being yelled at was always a possibility. So was being threatened.

But Chase enjoyed the pursuit. She was good at it. After the stroke, she decided she would be good at her new job, too: getting back on her feet again.

“I was in the hospital for a couple of months, they told me. I really don’t remember anything. I guess I was in a coma. When I left the hospital, I went to my brother’s house in Walterboro. And that’s when I got stuck in the wheelchair. In a doorway.”

Chase wasn’t having it. “I sent the wheelchair back to the hospital and started using a walker. From that point, it’s been on, you know? I’m doing stuff they tell me I shouldn’t be doing, but I feel like my body can take it.”

Chase lives in South Carolina, which is part of the buckle of the American stroke belt. It has the fourth highest stroke rate in the country, due in great part to diet, genetics, unhealthy habits such as smoking and not enough doctors in small communities.

Experts at MUSC have developed a stroke recovery research program with the support of the National Institutes of Health. Five years ago, the NIH’s Centers of Biomedical Research Excellence program awarded MUSC a five-year, $11 million grant to establish the Stroke Recovery Research Center. It was so successful that the NIH recently awarded MUSC a Phase II grant with another $11 million to continue stroke recovery research and clinical trials.

Steven Kautz, Ph.D., a professor in the College of Health Professions, leads MUSC’s Stroke Recovery Research Center. “In the old days, doctors were taught that when someone had a stroke, the affected neurons die and couldn’t be replaced. A person would have to make do with the neurons that remained. However, now we know that a brain damaged by stroke can continue to change and rewire itself to recover and learn to do new things,” he said.

The MUSC studies are testing possible ways to improve:

• Walking and balance.
• Upper extremity function.
• Speech.
• Cognitive function.

The researchers are also trying to help stroke survivors who are suffering from what’s known as neglect. “That’s when the brain treats a portion of the space around it or even the parts of a person’s body associated with that space as if they don’t exist,” Kautz said.

Part of the research involves a technique called neuromodulation. “Researchers use electrical stimulation or medication to improve brain recovery leading to a person regaining some body functions. People need to build up new brain circuits to better produce movements,” Kautz said.

“Unfortunately, doctors don’t have many good tools for repairing or growing new brain circuits, so approaches like neuromodulation could be very helpful. The information we’re learning here could lead to better treatments, and might even help with other brain conditions, too.”

In the six years since her stroke, Chase has taken part in several trials at MUSC. She’s also done plenty of physical therapy and exercising on her own. It’s paying off, she said. “I shop, I cook, I basically do everything. I go to work and the gym.”

And the former process server’s work has gotten a little, well, lighter since the stroke. “I sort feathers, different styles and stuff at Brackish Bow Ties. I was determined to go back to work. I didn’t want to sit home.”

It isn’t always easy getting around with Fred and Lucy. But Chase said she’s improving all the time. “It’s tough. I’m not going to lie. But I’m determined to get better. I really am. I’m disabled, but I’m able. That’s my slogan. I’m good.”
Expert: Burnout leads to indifference or quitting

Employees need a third choice

BY HELEN ADAMS
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The next Charleston Science Cafe will focus on a newsy topic that the speaker says is finally getting the attention it deserves. “Those of us who study this have been screaming from the rooftops for so long.”

Teresa Stephens, an associate professor in the College of Nursing, is an expert on burnout. Not because she has it. She studies burnout and resilience. She got interested when she saw how quickly some nurses left their first jobs.

The World Health Organization just defined burnout as a syndrome in its disease handbook. Stephens says it’s about time.

“It’s very encouraging that it’s getting the recognition through the World Health Organization’s recent statement, and also over 10 leading organizations have declared burnout a public health crisis. It affects everyone, really. It has devastating effects.”

She’ll talk about burnout prevention at Charleston Beer Works on June 18 at 5:30 p.m. Science Cafes are casual conversations open to the public. MUSC hosts about one a month.

“We have developed these unhealthy cultures, workplaces, that are filled with people who really don’t care because they’re the only ones who are able to survive,” Stephens says.

“If you care about the work you do, specifically anyone who’s in a service-oriented profession – EMTs, fire personnel, social workers, pharmacists, dentists, doctors, nurses, teachers – you went into the profession because you wanted to help others. Those are the people we know from the evidence are at the most risk of moral distress and burnout.”

The WHO defines burnout as a syndrome that comes from “chronic workplace stress that has not been successfully managed.” It causes you to feel low-energy or exhausted; feel mentally distant from your job or negative or cynical about it; and become less effective at work.

A Deloitte survey found that almost 70 percent of workers said employers weren’t doing enough to prevent or ease burnout.

“It’s really sad, because the people who care are left with two choices. One, they either quit caring, which is burnout. Or two, they leave to find something better. We’ve got to make it to where there’s a third, more viable choice that makes them want to stay and keep caring,” she said. “Surround them with other people who care and are willing to do the work of change. That’s my whole purpose in this. That we actually recognize that we all have to change and we have to do it together.”

Learn more about her research on burnout and resilience, and why keeping employees from burning out is important for organizations’ bottom lines, at the Science Cafe.

EMS

Continued from Page Six

highest number of traffic deaths per 100 million vehicle miles in 2017. Traffic deaths in South Carolina are above the national average on a per capita basis, too: In 2017, there were approximately 20 traffic deaths per 100,000 people in South Carolina compared to just over 11 traffic deaths per 100,000 people across the United States.

Already in 2019, more than 390 people have died on South Carolina’s roads.

One EMS crew was able to keep one patient from being one of those statistics, and an MUSC Health doctor got to see its work firsthand. Lacey MenkinSmith, M.D., works in the University Hospital Emergency Department but was driving by the scene of a crash and stopped to see if she could help.

“Seth Croucher had already done an exceptional job,” she said of the first responder who placed a tourniquet on the patient’s leg. Charleston County EMS Station 4 crew soon arrived, and Liz Rowell and Alexa Ritchie continued the medical care that Croucher had started and brought the patient to MUSC.

Dr. David French praises EMS workers. For a list of awardees visit, https://web.musc.edu/about/news-center/2019/06/04/ems-week

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Photo by Son Nguyen

Jamie Edwards handles a call while Jeanette Sewell manages a call on 6East DDC unit in Ashley River Tower.

and have trained, mentored and helped welcome many new hires to the team.

Sewell said that any job is easier when you like the people you work with.

“I love interacting with the patients. I love my co-workers,” she said.
**Budget Continued from Page One**

designed with students in mind, rather than clinical space retrofitted for classes and faculty offices, Hall said. Five successive pharmacy deans have worked to make a new facility possible. “I’ve been blessed to see it come to fruition,” Hall said. Both Hall and Lisa Saladin, P.T., Ph.D., executive vice president for Academic Affairs and Provost, said it is the first time in decades that MUSC has made a major investment in academic facilities on campus.

In addition to the $12 million cash infusion, the General Assembly appropriated $1.5 million in recurring funds to go toward the debt service to help pay off the project.

Besides the pharmacy addition, most of the classrooms in Basic Science will be overhauled. “We have very outdated, theater-style auditoriums for classrooms,” Saladin said. Room 100 will remain theater-style, but the other classrooms will be updated. “The ability to have a lot of interaction within the room doesn’t exist when you’re in a theater-style ‘sage on a stage’ type of classroom.”

The library needs some infrastructure updates – an electrical overhaul, connectivity overhaul and more outlets so students can plug in devices – but it will also be totally updated to provide more and enhanced study space. Saladin said there will be more carrels and small-group study rooms. A new innovation space behind the Innovation Station will allow vendors to visit campus and demonstrate the latest technology. A learning space for the College of Medicine that will include curricular space for faculty and a student lounge will help enhance the space for College of Medicine students. The Health Care Simulation Center, currently housed in the College of Nursing, will also be moved to the library.

Saladin said the MUSC board of trustees and all necessary state boards have signed off on the first stage of the $53 million plan. Pending final approval at all levels, Saladin said the plan is for construction to begin in May 2020.

The 2020 state budget also includes $4.5 million in tuition mitigation that the university received in exchange for agreeing to not raise tuition this year.

“I am excited about the building – I think it’s fabulous. But the additional funds for recurring state dollars to mitigate student tuition is an indication the legislature is really looking to prioritize higher education and helping us with reducing the debt load on students by helping us keep tuition low. That’s incredibly important and greatly appreciated,” she said.

On the clinical side, the General Assembly provided an additional $7.25 million for telehealth, bringing the total to $13.2 million in recurring funding, said Mark Sweatman, assistant to the president for governmental affairs.

On a statewide level, the General Assembly spent $5.5 million to expand eligibility for the Children’s Health Insurance Program. Early estimates show the money will allow more than 22,000 additional children to participate in the program, Sweatman said. The income limit to qualify will now be at least as high as the Southeastern average, according to the South Carolina Hospital Association. It had been the lowest in the region.

The General Assembly also remembered state workers. State employees making less than $70,000 will receive a $600 bonus in September and state employees making less than $100,000 will receive a 2% raise. The General Assembly also provided MUSC leadership the option to implement a 0-2% pay for performance merit increases for employees making more than $100,000 per year. A memo regarding the specifics of eligibility for these increases will be provided to university business managers in the near future.

**Birthday Continued from Page One**

Freddie’s cancer treatments and weeks in the hospital. Freddie is holding up remarkably well for a little boy stuck inside most of the time for more than 50 days. “He still wakes up pretty happy every day. He’s fun. He’s outgoing, silly, stubborn,” his mother says.

She spends most nights in his bed with him so the 2-year-old won’t get scared. His firefighter/paramedic dad visits when he has time off.

Taylor says kids with Down syndrome run a higher risk of developing leukemia. Doctors diagnosed Freddie with the blood cancer in January. “He has B-cell acute lymphoblastic leukemia.”

The Cancer Program at MUSC Children’s Health is the largest and most comprehensive kids’ cancer center in South Carolina, ranked as a “best hospital” for pediatric cancer for three years in a row by U.S. News & World Report.

It’s where Freddie will go through three years of treatments. “He’s doing so well right now,” his mother says. “I think mid-July is when we’ll be done this round.”

While the family is very grateful for the cards and birthday wishes for Freddie, they also hope people take away another message from their situation: Reach out. Ask for support if you need it, and support others who need to hear from you. “I know people always say, ‘I didn’t want to bother you.’ It doesn’t bother me. Please keep checking. Even if it’s just a ‘Hi, I’m thinking of you.’”

And celebrate with others when you can, even if it’s in a hospital. Freddie’s parents play “Uptown Funk” on his way back to his room from treatments. It can be infectious, his mother says. “He has all the nurses and the doctors dancing when we go down the halls.”

**MUSC APRN and PA of Year Award**

Nominations due Aug. 1, 2019

The APP Best Practice Center and Advanced Practice Provider Council would like to recognize one PA and one APRN that exemplifies and exceeds the MUSC standards of professional behavior on a yearly basis. Any MUSC employee can nominate a PA and APRN (separate nominations) by Aug. 1. Nominations can be sent to AAP nominations chairman Kristy Smith at smithkr@musc.edu. The PA and APRN of the year will be announced during PA Week (October) and NP Week (November) and CRNA Week (January).
June “Health Focus” schedule on SC Public Radio

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

June 17 — Segment #1
Topic: Telehealth Monitoring of Diabetes
Guest: Dr. Elizabeth Kirkland
Medical internist Dr. Elizabeth Kirkland discusses using a telehealth approach to monitor patients with diabetes. Kirkland is an assistant professor of internal medicine and co-director of the Technology Assistance Case Management Program at MUSC.

June 17 — Segment #2
Topic: Educating Nursing Students about Palliative Care
Guest: Dr. Carrie Cormack
Nursing professor Dr. Carrie Cormack will talk about palliative care education and training for undergraduate nursing students. Cormack is assistant professor in the College of Nursing and lead pediatric faculty in the Doctor of Nursing Practice program.

June 24 — Segment #1
Topic: Reducing Stigma for Women Living with HIV
Guest: Dr. Julie Barroso
Dr. Barroso will share interventions that are being developed in South Carolina to reduce the stigma for women living with HIV. Barroso is a professor and department chair in the College of Nursing.

June 24 — Segment #2
Topic: Stem Cell Therapies for Orthopaedic Conditions
Guest: Dr. Shane Woolf
Orthopaedic surgeon Dr. Shane Woolf will discuss stem cell therapies for orthopaedic injuries and conditions. Woolf is chief of sports medicine in the Department of Orthopaedics.

South Carolina Investigators in Transplantation Lectureship
a part of the Transplantation Research and Immunobiology Institute (TRII)

Gregory Tietjen, Ph.D.
Assistant Professor
Department of Surgery,
Division of Transplantation and Immunology
Yale School of Medicine

Diagnostic and Therapeutic Innovations for Repair of Marginal Organs During Ex Vivo Perfusion

June 14, 2019
1 p.m.
Drug Discovery Auditorium, Room 110

MUSC CATALYST NEWS, June 14, 2019

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