

MUSC Health raising awareness of workplace violence

Not part of the job

BY LESLIE CANTU

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Punched, kicked, scratched, choked — that's not just a night's work for a UFC fighter but for many health care workers across the U.S.

Health care workers deal with four times the rate of workplace violence as workers in the private sector, according to the U.S. Occupational Safety and Health Administration. A 2016 OSHA report states that health care workers suffer half of all workplace assaults.

"For a long time, people have thought about patient safety. But rarely did we think about taking care of our own," said Elizabeth Mack, M.D., division chief of pediatric critical care medicine for MUSC Children's Health.

However, that is now changing, with divisions within both MUSC Children's Health and MUSC Health working on programs to improve employee safety.

MUSC Health is rolling out new workplace violence initiatives in collaboration with the South Carolina Hospital Association's Hospital Safe Zones campaign and Solutions for Patient Safety. Employees will begin to see posters in their workspaces featuring MUSC Health CEO Dr. Patrick Cawley; 8 West nurse manager Kim Curnell-Pean; and April Roscoe, manager of the safe patient handling and mobility program.

"You report, we support," the poster of Cawley declares.

IT'S NOT PART OF THE JOB.

Healthcare workers often believe that abuse comes with the territory. But violence is not part of the job. Report all incidents of verbal and physical abuse and help us make hospitals safe zones.



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April Roscoe, Safe Patient Handling and Mobility Program Manager



DO NO HARM: I MAKE THAT VOW TO YOU. WILL YOU MAKE THAT VOW TO ME?

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Kim Curnell-Pean, Nurse Manager Medicine Acute Critical Care



Images Provided

Two of the posters that appear in employee areas at MUSC Health as part of an initiative against workplace violence.

Valarie Bell Wright, Workplace Violence Committee communication lead at MUSC Health, said the hospital wants to raise awareness among staff that violence is not OK, reduce the violence and encourage workers to report incidents via one of the hospital's three reporting mechanisms: public safety, hospital security or an online reporting

form on a dedicated workplace violence page on the employee intranet.

Patients commit most acts of violence in health care settings, although staff, family members of patients and family members of health care workers can also be responsible, according to OSHA.

These conclusions are borne out in the types of incidents reported at MUSC

Health. According to risk management, there were 133 incidents of workplace violence at MUSC Health in 2018. The majority — 99 — were employee/patient incidents. Twenty incidents occurred between patients. The remaining incidents were in the single digits in each category and included interactions

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MUSC Convocation Aug. 20

MUSC RETIREMENT NEWS



Jenrette

Joseph M. "Buddy" Jenrette III, M.D., chairman of the Department of Radiation Oncology and an MUSC College of Medicine alumnus, is retiring on Aug. 30 after 40 years of service. He dedicated his career at MUSC to improving both the radiation oncology program and the lives of many patients throughout the Palmetto state. Jenrette began his career at MUSC as a medical student in 1975 and continued on to complete an internship and residency in radiation therapy before joining the faculty as an instructor in 1985. He subsequently assumed other roles and leadership positions. He has trained the majority of radiation oncologists who practice in South Carolina. A compassionate innovator, mentor and role model, Jenrette will be widely missed by those who worked with him including his trainees and patients. When recognized for his distinguished faculty service in 2015, leadership said, "He exemplifies the very ideal of what we all look for in our health care providers: knowledge, wisdom, compassion and determination, among other virtues."



Tolley

James H. Tolley, M.D., served as an assistant professor of surgery in the Department of Emergency Medicine until he retired from MUSC June 30. Tolley is a 1985 alumnus of the College of Medicine. From 1996 to 2008, he was medical director of Charleston Memorial Hospital ED and served as a full-time attending ED physician at MUSC until June 2016. In addition to his clinical work, Tolley was involved in medical community outreach and medical student career counseling. He was also a mentor for underrepresented minority students and served as a mentor for students of the MUSC Chapter of the Student National Medical Association. He has served on numerous committees and takes a special interest in medical community outreach and working with students planning to enter medical careers. Tolley is a past president of the Charleston County Medical Society and continues to serve on its executive board. He serves on the board of directors for the Waring Historical Library. He continues to serve the community through his efforts in medical education for children and adults, participation in community health fairs and school career days. With his appointment to emeritus status, he hopes to continue serving MUSC and the Charleston community by promoting health careers to URM

potential students, students and residents.



Limehouse

Walter Limehouse, M.D., retired as an associate professor of emergency medicine on June 30 after 22 years at MUSC. He graduated from MUSC in 1974 and joined its faculty in 1997. He served on the faculty senate and during his term as president, he initiated the steps leading university salaries currently guaranteed by rank. His interest in teaching medical ethics for MUSC students and residents led to his completing a Master in Bioethics from the Medical College of Wisconsin in 2011 and serving as chair of the MUHA ethics committee and consultation services from 2006 through 2015. By 2015, his efforts helped secure a full-time medical ethicist for the university hospital. He also serves on the ACEP ethics committee and SCMA bioethics committee. His service with the S.C. Coalition for Care of Serious Illness culminated with passage of the Physician Orders for Scope of Treatment (POST) Act in 2019 by the S.C. Legislature. He was medical director for the SANE program from 2017 until 2019. His teaching interests include medical and research ethics, palliative medicine and forensic issues – including workplace and domestic/interpersonal violence.

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



Women in Leadership-Where Are They?
Diann Krywko, MD, Professor, Emergency Medicine

An introduction to the current state of women in leadership and the importance of women in leadership roles.



Innovation in Medicine
Christine Holmstedt, DO, Associate Professor, Neurology

Setting yourself apart through innovative clinical care delivery



Tears in Medicine
John Wrangle, MD, MPH, Assistant Professor, Hematology & Oncology



Time's Up: #MeToo in Medicine
Rebecca Wineland, MD, Assistant Professor, Obstetrics and Gynecology

Changing the culture of sexual harassment for the next generation



Personal and Professional Branding: Another look at the Elevator Speech
Heather Woolwine, MA, Director, Public Affairs & Media Relations, Communications & Marketing

Defining your personal and professional brand is your responsibility. If you don't do it, you're leaving your brand—and your value—to be defined by everyone else. Join us for a brief discussion on first impressions and nonverbal behaviors, how to craft key messages and ways to cut through the clutter whether communicating in person or online.



Finding Joy in Networking and Collaboration
Diane Kamen, MD, MSCR, Associate Professor, Rheumatology & Immunology

We will explore ways to build your academic network, to help advance your career and lead to more fruitful (and joyful) collaborations.



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Transplant surgeon thrilled by President Trump's executive order

Quick changes in the treatment of chronic kidney disease

BY HELEN ADAMS

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When Satish Nadig heard about President Donald Trump's executive order on kidney health, he was stunned. In a great way.

"People have been working on this for years," the MUSC Health transplant surgeon says. "This is really a step in the right direction."

The order calls for concrete, and in some cases, quick changes involving the treatment of chronic kidney disease. The condition affects a whopping 37 million Americans.

Nadig, who has done hundreds of kidney transplants, sees up close the problems some patients face. There are a lot more people needing new kidneys than there are people donating them. "There's about 120,000 on the waiting list and only about 7,000 donors."

And too many people stay on dialysis without trying to get new kidneys, in Nadig's view. "We know that for someone to have a better quality of life and a longer life, transplant is better than dialysis. But there's been no financial incentive for dialysis centers to refer patients to get transplants early on."

He's also dismayed by the number of kidneys that never make it to the people who need them. "About 40% of kidneys don't get used."

President Donald Trump's executive order to advance American kidney health aims to change all of that. It calls for federal agencies to focus on:

- ❑ Educating people about kidney disease and supporting programs that promote awareness.
- ❑ Examining and improving the way kidney care service providers are paid, based on costs and quality outcomes.
- ❑ Preventing and delaying kidney failure by broadening the range of care and Medicare payment options.
- ❑ Creating incentives for doctors to treat

people on Medicaid who have kidney disease but aren't on dialysis yet.

- ❑ Offering financial incentives to get people on Medicaid to opt for dialysis at home instead of in clinics.
- ❑ Pushing for breakthroughs in artificial kidney research.
- ❑ Revising rules for organ procurement organizations to push them to get all usable kidneys from deceased donors to people who need them.
- ❑ Making it financially easier to donate kidneys by covering more of donors' costs.

The president has had good reasons to focus on kidney disease. His secretary of health and human services, Alex Azar, prioritized it – because Azar's father had a kidney transplant. And last year, the president's wife, Melania Trump, had a medical procedure for a noncancerous



Photo by Sarah Pack

Dr. Satish Nadig wheels in kidney donor Heather Cox to meet the 12-year-old girl who received her kidney.

kidney condition.

Nadig says the order has the potential to help millions of everyday Americans. "It's a win-win for patients. It highlights

the importance of transplantation and how transplantation changes people's lives overnight."

MUSC one of two institutions recognized for inclusive education

Staff Report

Blackboard Inc., a leading education technology company for teaching, learning and student engagement, recently announced MUSC as one of only two institutions to receive the 2019 Inclusive Education Catalyst Award for its commitment to digital accessibility for all learners with disabilities.

Blackboard recognized the MUSC Instructional Technology Team, along with the University of Texas at El Paso Center for Instructional Design Team, for training, content, teaching methods, technology and educational services that are fully inclusive and supportive to all learners with disabilities. In all, Blackboard honored more than 33 universities, institutions and learning programs in seven categories with 2019 Catalyst Awards.

MUSC's Instructional Technology Team, including Melissa Hortman and Alex Walters, Education and Student Support; Mohja Jerbi, College of Health Professions; and Daniel Berg, College of Dental Medicine, led the innovative

effort.

Willette Burnham-Williams, Ph.D., University chief diversity officer and Title IX coordinator in the Department of Diversity, Equity and Inclusion, praised everyone involved in this effort.

"The Inclusive Education Award honors those customers whose methods and services are supportive to all students and learners with disabilities. They have taken specific steps to rethink how learning is achieved and have provided the means to help students succeed."

Lee Blakemore, chief client officer and president of Global Markets at Blackboard, praised all winners for their innovation and excellence.

"We're thrilled to honor this year's Blackboard Catalyst



Burnham-Williams

See **INCLUSIVE** on page 11

Love high-fat food? You need to read this.

Cancer switch links high-fat diet, colorectal cancer

By HELEN ADAMS

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Research from MUSC links a high-fat diet to a molecular switch in the body that turns on the progression of colorectal cancer. College of Medicine Dean Raymond DuBois, M.D., Ph.D., calls it an important finding not only for scientists but also for anybody who overindulges in high-fat food and red meat.

“Diet matters. And when you up the level of fat in your diet, the cells in your colon change and can eventually become a cancer,” DuBois said.

Colorectal cancer is the second leading cause of cancer-related deaths in the U.S. Because it’s so common, doctors recommend that everyone be screened by the age of 50. People with a family history of the disease should start screening even earlier, by the age of 40. Colonoscopies can spot precancerous polyps, allowing doctors to remove them before they turn into full-blown cancers.

Colon cancer has few warning symptoms until it has taken hold and spread, often to the liver and lungs. So researchers are looking for better ways to predict, prevent and intercept cancer through new medical treatments or even possibly nutraceuticals, which are foods designed to prevent and treat disease.

The MUSC-led study, published online in the journal *Cancer Research*, builds on the idea that certain diets can increase the risk for cancer. The researchers wanted to understand the specific sequence of events that causes colorectal cancer to accelerate. “In the past, we did not know the molecular pathway or molecule at the point of interaction leading to progression,” DuBois said.

The research team, which included scientists from Arizona State University and the Ralph H. Johnson VA Medical Center, focused on cancer in its early stages. “We looked at what happens

“We found that there is a receptor in the nucleus of colon cells that plays an important role in converting a normal cell to one that is more likely to become a full-blown cancer cell.”

Raymond DuBois, M.D., Ph.D.

before a group of cells becomes a full-blown tumor. We found that there is a receptor in the nucleus of colon cells that plays an important role in converting a normal cell to one that is more likely to become a full-blown cancer cell,” DuBois said.

“This receptor is referred to as PPAR delta and it actually interacts with DNA, resulting in significant changes in the regulation of a number of different genes. We completed several laboratory studies in order to show how it was involved in the process of cancer progression.”

DuBois said the key finding in the lab is that they verified that a high-fat diet really does increase the tumor burden dramatically. “It definitely is working, in part, through this nuclear receptor that has been a focus of the DuBois lab for several years. The hope is that by modulating the activity of this receptor, we could reduce the effect of a high-fat diet on promoting tumor progression.

“Obviously, we need to do more work and complete more detailed studies in human tissues collected from patients diagnosed with colon cancer. If we could get an accurate diet history from people who have colon cancer or even premalignant disease, it would allow us to



Photo by Sarah Pack

Dr. Raymond DuBois talks with research associate Jie Wei.

correlate the level of fat in the diet with changes in tumor biology. We’re working on that now.”

DuBois said there will have to be clinical trials completed before any treatments would be available for patients. That could be as long as five to 10 years away. “We really need to nail down a few more things before we can begin that process.”

But his team’s findings give him reason for hope. Colorectal cancer develops over a 10- to 20-year period, DuBois said. “If there’s anything we can do at the early phase to stave off the development or

progression of cancer, it will have a huge impact. If we could intercept the cancer cells before they become malignant, we could reduce suffering from this disease dramatically.”

Until recently, colon cancer was rare among people younger than 50. But doctors are now noticing a significant increase in the number of colon cancers in younger people. “High-fat diets and obesity appear to be a major culprit among younger people with colon cancer. Targeting the PPAR delta pathway may offer some hope to these individuals as well,” DuBois said.



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Unusual circumstances lead retiree, college student to become best of friends

By DAWN BRAZELL

brazell@musc.edu

It's odd how fate works. Four years ago, Charleston lawyer Ben Hagood was planning a dream vacation — a sailboat trip catching breezes in the Caribbean. Meanwhile, Thomas Hayes was looking forward to graduating from high school in his hometown in Kentucky.

The two, about 40 years apart in age, knew nothing about each other. They didn't know they shared a strong Christian faith, for example, or had similar senses of humor. They didn't know that if they met, they'd get along famously.

At that time, Hagood was enjoying life with his wife and two daughters. Hayes was enjoying life as a teenager anticipating high school graduation. He was eating lunch with his friends as they shared plans for the summer. An announcement was made that anyone 18 and older could come and be swabbed to be a potential stem cell donor. Hayes, who had just turned 18, debated going. He came close to opting out.

"It was lucky that it was that day, because if it was the day before, I never would have had this opportunity. And when we were all sitting around at lunch, and they called everyone to go up, I debated it for a second because I thought this will never happen. But I said if I have the chance to save someone's life, I might as well take the time. And I got swabbed."

Fast forward two years. It was five days before Hagood would leave for his trip of a lifetime. Hagood, who had had multiple myeloma, had been in remission for about six years. He debated canceling his routine check with Robert Stuart, M.D., an oncologist at Hollings Cancer Center, who specializes in blood cancers. He was excited and had a million details to arrange to be ready for his trip.

To learn more about or sign up for the National Marrow Donor Program visit the Be the Match registry.

In the end, he kept his appointment. Unfortunately, the visit didn't go as usual. Stuart told him he didn't like the blood results, and he would be rerunning some tests. He'd call him in the morning.

Hagood tried to shift the worry and asked for prayer the next morning in his Bible study group. Shortly afterward, he got the call. "I think you better come in," Stuart told him.

"Am I going sailing?" Hagood asked. "No, you're not."

Hagood reeled from the bombshell. Knowing Stuart's an expert in this area, he didn't argue. He came in for a bone marrow biopsy and got the confirmation that not only did he have B cell acute lymphoblastic leukemia (ALL), but also he was very sick. He had 10 medications to pick up from the drugstore on the way home. His wife was traveling overseas, and he didn't want to ruin her trip, so he decided not to tell her.

He unpacked his bags and went to get chemotherapy ports installed in his chest. "That was a lonely moment. I'll be honest with you."

Hagood learned that the acute leukemia was very different than the multiple myeloma he had had earlier. "It moves very fast. My bone marrow was clear a year earlier... But when Dr. Stuart got the bone marrow biopsy and the blood, the full blood test workup, I had something like 90% of leukemia blast cells in my blood and my bone marrow, so 90% of my system was diseased."

Stuart didn't share at the time how serious it was. Hagood could tell, though, that his daughter Nancy, a



Photos by Dawn Brazell

Ben Hagood, left, and Thomas Hayes meet for the first time at the Charleston International Airport on May 10 of this year.



Dr. Robert Stuart, left, who diagnosed and treated Hagood, meets and thanks Hayes for being a donor while showing him around Hollings Cancer Center.

medical student who at the time was doing her rotation on the floor where he would be treated, knew. Hagood would later find out that if he had skipped his appointment and gone sailing without getting the proper treatment, he could have been dead within two weeks.

"So that thing was moving that fast. And, you know, I think about the timing of it all. How horrible was that? That it happened right before the sailing trip. But then you know how blessed I am that I got to have that blood test right before I went, and this thing got caught."

BLOOD CONNECTION

Stuart worked to get Hagood's cancer in check and buy him time until a stem cell transplant could be arranged. The beauty of that transplant, if successful, is that it would be a double cure, both for the multiple myeloma in remission as well as the B cell ALL diagnosis.

Hagood, who has three brothers, figured someone in his family would be a match. "I was told by Dr. Stuart and the coordinator that my brothers were

See MATCH on page 7



Photos by Dawn Brazell

Hagood, left, and Hayes tour the MUSC campus and share stories of the experience that brought them together.

MATCH *Continued from Page Six*

my best likelihood of a match, so they worked up my brothers first."

It turned out that not one was a match, but there were more than 100 people in the database who were a full match, something he came to realize later was quite unusual. The search to find the youngest, best match led to a college student at Ohio University in Athens, Ohio, who hailed from Kentucky.

Hayes was on vacation when he got the call that he was a match. "I kind of forgot about it for two years. Two years later, I was sitting on my couch, and I get a call from a New York number. I'm thinking I don't know anyone in New York, and for some reason, I decided to pick it up."

He learned he'd been identified as a potential match for a patient with leukemia and was asked if he'd be willing to submit a blood sample, which he did. About a month later, he was told he was a perfect match and asked to come to Washington, D.C., to undergo some tests.

"A week later, on August 2 of 2017, I donated my cells, and one day later, they were here in Charleston," Hayes says. "It felt surreal, because I remember when I first had that initial screening that they said one in 750 people get a call, so I was thinking this will never happen to me. And when it did happen to me, the guy kind of went over that sometimes people aren't willing to do it."

Though his mom was nervous and wanted more details, Hayes had a sense of peace about it. "I thought I have this surreal opportunity to be able to save

"I thought I have this surreal opportunity to be able to save someone's life. It's worth a little discomfort that I'll have to go through to get the chance to do it. It was an amazing opportunity."

Thomas Hayes

someone's life. It's worth a little discomfort that I'll have to go through to get the chance to do it. It was an amazing opportunity. It's a feeling that I have the unique chance to feel, and I'm glad I did."

Hayes did a nonsurgical donation, which he thought would be the smoother of the two options. He went to Washington, D.C., and was hooked up to an IV for six hours. Other than fatigue the next day, Hayes says it wasn't that bad.

During the procedure, blood goes from one IV site into a machine where the white blood cells and stem cells are separated (by centrifugation) from the other blood cells and shunted into a bag. The other blood components, such as the red cells, platelets and most of the plasma are returned to the donor through another IV site. Hayes says the worst part for him was having to sit for six straight hours. Asked if he'd do it again, he smiles. "Absolutely."



Hagood was drawn to the piece of art, "Recovery Stroke," while being treated at Hollings, and knew he wanted to share its meaning with Hayes if he ever met him.

DONOR REUNION


In the lobby of Hollings Cancer Center is a giant sculpture of a wing. The artwork by Grainger McKoy is called "Recovery Stroke." It's a place Hagood, who responded well to his transplant, knew he wanted to go if and when he ever got to meet and thank Hayes.

Not everyone meets their donor, as there's a year wait and both parties have to agree. During that time, Hagood couldn't shake a need to thank his donor, though, and he decided he would try to reach out to the Be The Match program to see if his donor was willing.


Hayes was. They began corresponding and instantly bonded. On May 10 this year, they met in person. Hayes flew into Charleston with his mom and was met by Hagood and his family. As they toured Hollings Cancer Center and met the staff involved in Hagood's treatment, there were tears and hugs all around.

Hagood, as he'd hoped, got to stop with Hayes in front of the sculpture. Drawn to the sculpture because it symbolizes the wing at the weakest part of the flight stroke, Hagood says it captures where he was before he got Hayes' life-saving transfusion. The position produces neither lift nor forward momentum, but it has to happen to prep the power stroke to propel the bird forward.

See MATCH on page 11



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Family's love inspired idea to improve life for children

A grandfather's love for hospitalized granddaughter was inspiration for Chad's Brackets idea

By MARJORIE SPRUANCE

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One of the scariest experiences for a young child is a visit to the hospital. It becomes even scarier when his or her medical issues require a prolonged stay. The bright lights and noisy machines are enough for children to become overwhelmed with anxiety and wish they were anywhere else in the world than a hospital bed.

What if there were a way to lessen children's anxiety about their stays in the hospital and bring some joy and excitement into a world filled with confusing medical terms and worried looks on their parents' faces?

What if the answer were something as simple as a red wagon?

The idea to help brighten a child's stay in the hospital came from father-son duo Roger and Chad Leggett. Roger's granddaughter Felicity, Chad's daughter, was diagnosed with a brain tumor in 2011 at the age of 4. The family spent much of their time in the hospital in Atlanta, Georgia, as a result of her illness.

Roger explained that his granddaughter went to the doctor for some routine shots, which ended up

saving her life. A couple of days after receiving the shots, she began to have severe headaches, which resulted in a trip to the hospital.

Within two hours, the hospital staff discovered her brain tumor.

One day during her stay, Roger and Chad observed a mother struggling to pull her child in a wagon while simultaneously holding an IV pole. As the pole was about to topple over, the two men rushed to her aid. They realized that there had to be an easier way for parents to navigate moving their children from point A to point B throughout the hospital.

That's when the idea for Chad's Brackets was born.

Just six weeks later, Chad died from heatstroke on the family's deer farm in rural Georgia. This unexpected tragedy didn't stop Roger from continuing to pursue their idea to find an innovative way for families and hospital staff to transport children throughout hospitals — not just there in Atlanta — but all over the country. He partnered with Children's Hospital of Atlanta to create a safe and efficient design to connect an IV pole to a child's wagon, which would greatly help patients and their families.

Inspired by the wonderful care his



Photos by Cindy Abole

Chad's Brackets' Roger Leggett is presented with framed artwork by MUSC Children's Hospital staff and volunteers in recognition of the organization's donation of customized children's wagons to the hospital.



about purchasing them. Roger, instead, preferred to donate these wagons to MUSC.

On June 11, he presented 25 red wagons to the new hospital. During an event in the Child Life Atrium at MUSC Children's Hospital, he gifted the first one.

Melissa Kubu, program coordinator for MUSC's Volunteer Services, said that the wagons would be tremendously valuable in the new children's hospital. Roger added that they also provide a great comfort to the children.

"We've even had some children who are afraid of hospital beds sleep in the wagons," he said during the gathering.

The new hospital is set to open in October, and the new wagons will make it easier to transport children throughout the facility. At the same time, the shiny red wagons will not only brighten the kids' days but also make their experiences more positive while they receive treatment.

Kubu is grateful that the Leggetts saw a need in their community and transformed it into something that would help countless children and their families across the country.

Roger Leggett meets with Melissa Kubu, Volunteer Services coordinator, on June 11 to deliver 25 customized red wagons as a donation to the MUSC Shawn Jenkins Children's Hospital and Pearl Tourville Women's Pavilion.



VIOLENCE *Continued from Page One*

amongst visitors, staff, employee family members and outside parties.

A workplace violence training program team began offering workshops in April 2018 to help employees understand how to defuse tense situations. Cynthia Cathcart, R.N., with the Nursing Professional Development Department, said the program really took off in March, after Cawley talked about workplace violence and de-escalation in one of his presentations. She emailed him to ask if she could use part of his presentation.

“He emailed me back in two minutes and said, ‘Please, use whatever you need to get the word out,’” she said.

Cathcart said the workshops usually train groups from a single unit. University actors re-enact scenarios that actually happened on that unit with participation from one or two employees, and then the group dissects what the employees did well and what they could improve. Word choice, such as framing a decision or request as the result of hospital policy rather than a nurse’s personal preference, can help avoid setting up a patient versus staff situation, Cathcart explained.

She also encourages everyone on a unit to attend a training, including secretaries and patient care technicians, as they’re often the first face seen by patients and families.

So far, more than 500 people have gone through the training, with the program on track to reach 750 people by September.

Even as this training has made progress, the issue of hospital safety has made headlines in South Carolina after two hospital shootings in April – one in Orangeburg and one in Clinton – and when a Roper Hospital patient managed to grab a stun gun from a security guard last month and use it on a nurse.

“It’s local, and it’s hitting home,” Cathcart said. “We hear about people in Massachusetts or Maryland or Wisconsin, and we think, ‘Well that’s not us.’ But when it’s Roper or Orangeburg, then it is us.”

Some incidents in the Children’s Hospital that left employees injured hit home for Mack, too.



Image Provided
MUSC Health CEO Dr. Patrick Cawley on a poster that appears in employee workspaces.

“It’s helpful to staff to let them know we value them, too.”
Elizabeth Mack, M.D.

“We’ve got little people who can get pretty feisty, especially kids who have brain injuries or who have had horrific experiences in their childhood, and all they know how to do is fight and attack,” she said.

MUSC Children’s Health is part of a consortium of more than 140 children’s hospitals called Solutions for Patient Safety. The group seeks to eliminate preventable harm, like infections or medication errors. But the collaborative is also looking at the number of days that staff members have to take time off or work light duty because of injury due to workplace violence; slips, trips and falls; and overexertion injuries.

One of the ideas floated in the network was to use a specialized team model, similar to a code team or brain attack team, to create a behavioral event response team, or BERT.

Mack took the idea and decided to pilot such a team in the inpatient area of the Children’s Hospital. The PI-BERT, or pediatric inpatient behavioral event

response team, rolled out on May 1 and handled its first call that same day.

The team includes a chaplain, security officer, hospital supervisor and both a pediatric critical care doctor and nurse. But all those people don’t charge into the patient’s room at once, Mack said. Their goal is to de-escalate the situation and use their collective experience to determine the best course of action.

“Is the best thing to walk away? Is the best thing to give medicine? Is the best thing to get the trigger out of the room?” Mack asked rhetorically, explaining that some patients might react poorly to a particular type of behavior or person after a bad past experience. The group also considers whether the patient needs other resources – perhaps palliative care, a child life specialist, an ethics consultation or psychiatry.

She said the hospital has also started asking patients and families screening questions regarding past violent behavior during the admissions process, with the goal to create an action plan ahead of time for patients who might become violent.

“It’s helpful to staff to let them know we value them, too. We have so much about patient safety – and we certainly haven’t perfected that – but we haven’t really conveyed, ‘We value you and your safety too,’” Mack said.

That’s the message of the SCHA’s Hospital Safe Zones campaign. Schipp Ames, vice president of communications, education and member services at SCHA, has heard stories of violence and abuse from his wife, a nurse. He said the SCHA is working to change a culture that for a long time has “considered that violence and some level of abuse was part

of the job.” He added that it’s time people realized that frontline health care workers can’t be treated that way.

But, he noted, it can be difficult for health care workers to decide to report incidents.

“You’ve been taught all of your career to put the patient above yourself,” he said. “Quite often, particularly if it’s a mental health or behavioral health patient, that caretaker is so dedicated to that patient that they don’t want to stigmatize that patient by reporting it.”


Ames praised MUSC, the first large health system in the state to sign on, for supporting the initiative. A lot of hospitals are reluctant to acknowledge that this is an issue, he said, but part of the SCHA initiative is to standardize reporting so officials have a better idea of how many and what types of incidents are occurring.

Right now, Ames said, there isn’t good data for health care workplace violence in South Carolina. Often, there isn’t even good data within a single institution, because people make reports to different areas such as human resources, security or risk management, he explained.

In addition to gathering data, the SCHA is going to the South Carolina General Assembly, seeking to change the law to enhance the penalties for assault when the victim is a health care worker.


South Carolina is one of only three states without enhanced penalties for health care workers, according to a report in the New England Journal of Medicine. Eight states have enhanced penalties only for assaults against first responders and EMS workers.

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MATCH *Continued from Page Seven*

Hayes helped him with his stroke recovery, and in the process, became a lifelong friend, he says. "My daughter said that it was kind of like Dad's long lost son is coming home. And yeah, I mean, it's just somebody I have a blood connection with in an extraordinary way. It's someone who has helped give me the gift of new life. I was just really excited to see him and thank him in person."

Hayes, now 22 and a senior in college, feels the same way. They discovered they share the same Christian foundation and faith. "Growing up, it's what I was taught. It's where a lot of my morals have come from," says Hayes.

"I've learned through the Christian faith to do unto others as they would do unto you. And if I was in his situation, sitting in his shoes, and there was someone with the opportunity to save my life, I would certainly want that to happen. So my faith really kind of pushed me to do this and gave me the moral background that I needed to make a decision like this."

Hagood says he knows he's lucky. Not everyone finds a match. He and Hayes hope their story will encourage

others to get on the registry. For his part, he knows Hayes was meant to be in his life. There are too many intertwining links in their stories to be just fate. "It's a God thing," he says. "There are coincidences too great to be random."

Hayes' maternal grandfather was a close friend of former MUSC President James B. Edwards, who gave Stuart the approval to perform the first bone marrow transplant in the state 32 years ago. His paternal grandfather died of leukemia, something he didn't know until he became a donor.

Hagood says he'll be forever thankful to Hayes. "I think it's from the divine that gives us all a desire to want to help other people. And I think that's what motivated Thomas, originally, when he had the opportunity to go in the registry. But how extraordinary for him at age 20 to be part of this amazing medical process where he's actually helped save my life."

Hayes says he loves Charleston and feels a part of the Hagood family now. "I mean, there's this connection that you just can't fake. This is something that's real and something that's special between two people. I think we'll stay friends for the rest of our lives."

Awards and this year's winners, visit <https://community.blackboard.com/groups/catalystawards>. For more on the MUSC/Blackboard Ally Tour, visit <https://usergroup.ally.ac/s/tour/blog/view?id=62>

INCLUSIVE *Continued from Page Three*

Award winners for their commitment to improving the educational experience for all learners through EdTech and sharing these insights with the broader community. Clients like these inspire us to accelerate innovation that drives student success, and we're proud to be a part of their story," said Blakemore.

Melissa Hortman, Ed.D., director of instructional technology at MUSC, was excited about the news.

"MUSC was one of the stops on the Blackboard Ally Tour in April," she said. "We recorded a podcast, received a write up about the great things MUSC is doing for "reimagining educational possibilities" and shot a video with some individuals across campus. This was such a great experience for us and an even more amazing experience to be highlighted on their website."

A cross-functional team of Blackboard experts selected the winners of the Catalyst Awards. Currently, MUSC's Instructional Technology Team are joining other honorees from across the globe to receive its award and be formally recognized for the team's work and contributions at Blackboard's annual user conference, BbWorld, in Austin, Texas.

Blackboard is an education technology company that focuses on teaching, learning and student engagement. Founded in 2005, the annual Catalyst Awards recognize and honor innovation and excellence in the Blackboard global community of practice, where millions of educators and learners work every day to redefine what is possible when leveraging technology.

For more information on the Blackboard Catalyst

2019-20 MUWC scholarship applications due Aug. 26

The Medical University Women's Club is offering its annual scholarships to MUSC students from all six colleges for the 2019-20 academic year. The award amount available this year is \$15,000. All full-time MUSC students (second year and higher) are eligible to apply.

The deadline for submission is 4 p.m., Monday, Aug. 26. Completed applications should be submitted via email to muwcscholarship@gmail.com.

For information and a link to the online application, please visit <http://academicdepartments.musc.edu/womensclub/scholarship.htm>.

MUSC Health Rainbows Night Aug. 14 at Charleston Riverdogs

MUSC will team up with the RiverDogs and Charleston Pride to celebrate the LGBTQ community on Aug. 14. Game time is 7:05 p.m. and discounted tickets are available for MUSC employees and students at \$5 MUSC rate. Email gallachr@musc.edu.

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SCSU STUDENTS CONNECT WITH RESEARCH, INNOVATIONS AT MUSC



MUSC’s John Yost, left, demonstrates for a student from South Carolina State University’s (SCSU) Biomedical Research Training Core for Undergraduate Minorities (BRTCUM) how 3D imaging and virtual reality can be used to help surgeons prepare for procedures in the operating room. The SCSU BRTCUM students toured several of MUSC’s technology cores on July 17 including Proteogenomics, the 3D Biofabrication Center, Advanced Cell Imaging and the Center for Cellular Therapy. The student tour was supported by South Carolina IDeA Networks of Biomedical Research Excellence, an NIH-funded program supporting biomedical technology at MUSC and other S.C. institutions.

Photo by Anne Thompson



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