

Not too late to 'flatten the curve' of coronavirus spread

By HELEN ADAMS

adamshel@musc.edu

Now that South Carolina schools are closed and a lot of adults are working from home amid the coronavirus outbreak, people need to take the concept of social distancing seriously. That's according to microbiologist and immunologist

Michael Schmidt, Ph.D., at MUSC.

"I think social distancing is the only thing that is going to immediately address the situation that we're experiencing

here in the United States," he said. "Please help us flatten the curve. No play dates for your children, because you don't know what the other child has been exposed to and might be bringing into your house, where it could be passed on to you or the child's grandparent."

Schmidt is using a couple of terms that are relatively new to most people: "social distancing" and "flatten the curve."

Social distancing is a way to protect

See **CURVE** on page 7



Schmidt



Photo by Sarah Pack

An aerial view of MUSC's drive-through respiratory specimen collection site.

Patients who use MUSC Health Virtual Urgent Care offered access to drive-through respiratory specimen collection site

By HEATHER WOOLWINE

woolwinh@musc.edu

As an extension to the MUSC Health Virtual Urgent Care online platform, patients who need specimen collection for testing for respiratory illness or "COVID-19-like" symptoms now have access to an MUSC Health respiratory specimen collection site. This drive-through site is in the parking lot of the Citadel Mall campus, outside the MUSC Health West Ashley Medical Pavilion.

The MUSC Health West Ashley Medical Pavilion is not a specimen

collection site for this purpose. Signage directs patients with testing orders to the entrance of the secure site in the parking lot. Providers within the site, wearing the appropriate CDC-recommended personal protective equipment, quickly collect specimens from only those patients who have screened into the system as "high risk" for respiratory illness, including possible exposure to COVID-19.

"MUSC Health is leading the nation in how we're helping people in the community who are concerned or worried they have contracted COVID-19. By offering these services

not just to our own employees and patients, but the general public, it's just another example of how we are trying to stay in front of this," said Alice Edwards, administrator of Ambulatory Services at MUSC Health.

On March 7, MUSC launched access to free respiratory illness screenings using its virtual urgent care telehealth platform. Currently, using a promo code (COVID19), South Carolina residents can engage in a free online health care screening. There are no age restrictions on who can be screened, meaning both

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MUSC Health adds new coronavirus to virtual care options for free

By HELEN ADAMS

adamshel@musc.edu

MUSC Health has added COVID-19, the disease caused by the new coronavirus, to the list of conditions you can be screened for through Virtual Care. Anyone in South Carolina who has COVID-19-like symptoms can use the online system for free by using the promo code COVID19.

Edward O'Bryan, M.D., is an emergency medicine doctor who treats patients in person and through telehealth and serves as executive director of MUSC Health Solutions and chief medical officer of Business Health. He said telehealth can help slow the spread of the coronavirus. "As we preach social responsibility — don't shake people's hands, wash your hands frequently — this is another way to try to prevent community transmission."



O'Bryan

MUSC Health Virtual Care is a 24/7 system staffed by doctors, physician assistants and nurse practitioners at

MUSC Health who communicate with patients through a variety of online interviewing systems that include texts, calls and videos.

Symptoms of COVID-19 can include a fever, a cough and shortness of breath. MUSC Health Virtual Care has added an algorithm to screen for COVID-19 in its questionnaires, even in people who do not specify that they're concerned they might have it. If a doctor, PA or NP thinks a patient does have COVID-19, they will treat the symptoms and give the patient information about what to do if the symptoms are severe and call for a higher level of care.

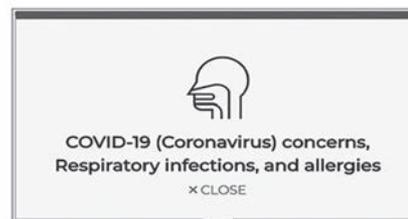
O'Bryan said Virtual Care could also benefit people who have other nonemergency health problems. "We will be using this quite a lot to keep people out of waiting rooms and urgent cares who are worried about catching the coronavirus from other people who are there seeking treatment."

The coronavirus could become a tipping point for telehealth, also known as telemedicine. A 2019 survey found that only about 1 in 10 Americans has used telehealth for a virtual visit. O'Bryan said that's likely to change as people look for ways to temporarily limit their exposure to others.

"Telemedicine is equivalent to in-person care for a large number of



What is the reason for this visit?



COVID-19 (Coronavirus) concerns

Cold, Sinus Infection, or Influenza (Flu)

Stuffy or runny nose, cough, sore throat, headache, fever, muscle aches

This screenshot shows what the new COVID-19 option looks like on MUSC Health Virtual Care.

conditions. We use it to treat 70-plus other medical conditions such as urinary tract infections, flu, rashes, all kinds of other things that we can treat remotely so you don't have to be exposed."

And the flu is one virus he's actually treating patients for right now. "The flu is still very prevalent here. We have had a lot of flu. People need to be on the lookout for it."

MUSC Center on Aging, Trident Area Agency on Aging sponsoring emergency food, supply drive for seniors

The MUSC Center on Aging is partnering with the Trident Area Agency on Aging to support area seniors who are being hardhit during this unprecedented time. Monetary donations are being requested so that much-needed food and supplies can be ordered and delivered directly to Lowcountry seniors. If you are in a position to do so, please consider

making a donation to assist the most vulnerable population in the COVID-19 crisis. Donations can be made at www.tridentaaa.org/donate/

For questions, please contact Heather Boger, Ph.D., director, MUSC Center on Aging (boger@musc.edu) or Kelly Franklin, coordinator, MUSC Center on Aging (dillonk@musc.edu).

MUSC CATALYST news

Editorial Office

MUSC Office of Public Affairs & Media Relations, 135 Cannon Street, Suite 403C, Charleston, SC 29425.

843-792-4107

Fax: 843-792-6723

Editor: Cindy Abole

catalyst@musc.edu

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Previous Answer: Paper towels are not recyclable, they should be placed in the compost or trash containers

GoGreen

USN&WR rankings list MUSC programs among best grad schools

Staff Report

Several programs at the Medical University of South Carolina are included in U.S. News & World Report's 2021 rankings of the Best Graduate Schools, among them Occupational Therapy, Physical Therapy and the College of Pharmacy.

Lisa Saladin, PT, Ph.D., executive vice president for academic affairs and provost, said it shows MUSC is giving students an opportunity to achieve their academic and professional goals in some of the top programs in the nation. "MUSC is honored," she said, "to be recognized for its outstanding programs and commitment to providing world-class academic education through innovative curriculum and quality clinical training via award-winning faculty dedicated to excellence."

BEST OT PROGRAMS

The MUSC College of Health Professions Occupational Therapy program ranks No. 13, moving up four spots from its most recent ranking in 2016. To put that in perspective, with 204 occupational therapy programs accredited by the Accreditation Council for Occupational Therapy Education in the U.S., this ranking places MUSC's program firmly in the top 10% of programs in the country.

On average over the past three years, the program has boasted a 94% first-attempt certification pass rate on the

National Board for Certification in Occupational Therapy and a 100% overall pass rate. The program also has an impressive 98% graduation rate.

This innovative three-year Doctor of Occupational Therapy program has been hailed as cutting edge by many colleges and universities throughout the country. OTs are trained to empower their clients to resume old or assume new life roles. An OT skillfully assesses a client's abilities and limitations and then designs an individualized treatment plan to increase skills and improve the client's quality of life.

Craig Velozo, Ph.D., OT, director of the college's Division of Occupational Therapy, was pleased to learn of the advancement in rank and said the rankings are a testament to the work and commitment of the faculty. "I am so pleased that the MUSC OT program is being recognized for the outstanding work of faculty in educating future leaders and in contributing to the body of knowledge of the profession."

BEST PT PROGRAMS

U.S. News & World Report ranks MUSC's College of Health Professions Physical Therapy program at No. 20, up eight spots from the most recent 2016 rankings. With 250 accredited PT programs across the country, this places MUSC's program squarely in the top 10%.

Educating physical therapists since 1973, the College of Health Professions has a sustained record of excellence

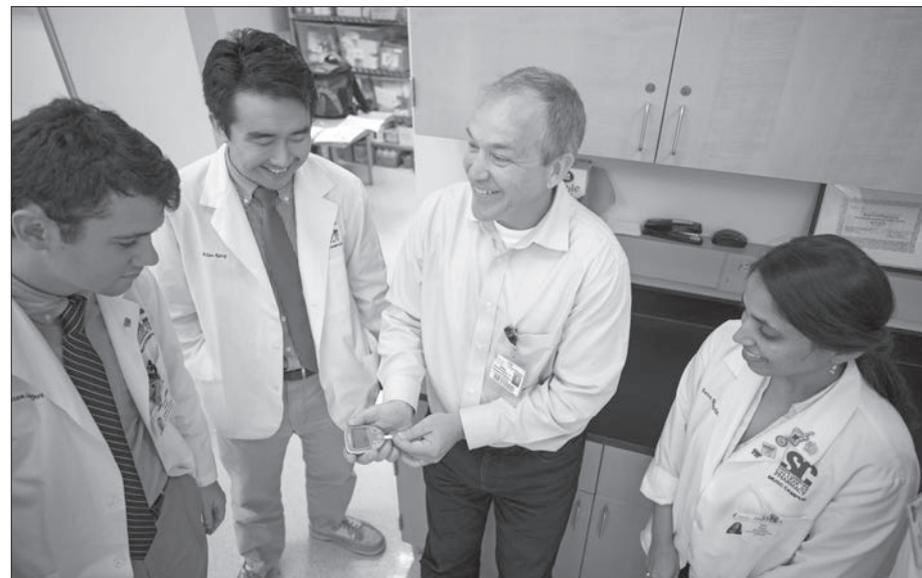


Photo Provided

College of Pharmacy's Dr. James Sterrett prepares pharmacy students as they begin rotations in Lowcountry clinics.

in education, research, leadership and service. Working in a state-of-the-art teaching facility and in concert with MUSC's world-class teaching hospital, PT students engage in interprofessional groups that mirror the world beyond the classroom.

The three-year Doctor of Physical Therapy program provides foundational learning, and students progress to clinical coursework with community-based service and embedded interprofessional learning. The curriculum culminates in a series of clinical practicums, allowing students to pursue their passions.

Mark Bowden, PT, Ph.D., director of the college's Division of Physical Therapy, said the program is honored by the ranking. "We are very pleased to continue to improve our ranking and our national presence. This improvement reflects all of the hard work by our faculty and staff, and much of the credit belongs to our outstanding students and graduates who reflect our ideals and objectives on a daily basis."

College of Health Professions Dean Zoher F. Kapasi, PT, Ph.D., was pleased to learn that both of these programs in his college had moved up the ranks.

"The latest rankings confirm our solid national reputation and are a testament to the stellar work of our faculty, staff and students. We are poised to fulfill our college's vision of improving the health of populations by training outstanding

health professionals to take care of the citizens of South Carolina and beyond."

BEST COLLEGES OF PHARMACY

The MUSC College of Pharmacy ranks 31st out of the 134 schools listed, ranking it in the top 25% of colleges of pharmacy. In total, there are 144 schools in the United States with an accreditation status with the Accreditation Council for Pharmacy Education.

Founded in 1881, the College of Pharmacy is ranked No. 1 in South Carolina and offers innovative interprofessional learning and research opportunities in a comprehensive academic health system, preparing students for impactful careers. The Class of 2018 had the highest Phase I residency match rating in the country and the Class of 2019 had the nation's 15th highest pass rate on the pharmacy boards.

Upon learning of the ranking, Philip Hall, Pharm.D., dean of the MUSC College of Pharmacy, was quick to praise faculty, staff and students.

"We have a premier pharmacy program, and it is exciting to have a ranking that reflects the achievements of a very hard-working group of exceptional people. I'm grateful to see recognition of their remarkable and innovative leadership in the classroom, the clinic, the laboratory and the community."

College of Health Professions' OT and PT students volunteered with a young patient in the 2019 Camp Hand to Hands event.



Photo Provided

Eat right — bite by bite

March is National Nutrition Month (NNM), a campaign that focuses on the importance of making informed food choices and developing sound eating habits. Additionally, NNM seeks to connect people with registered dietitians (RDs) who have the expertise to help people to understand more fully their personal nutritional needs on the journey toward their health and wellness goals and play a critical role on the health care team at MUSC.

This NNM, try to focus on ‘eating right – bite by bite.’ Making good choices doesn’t have to be complicated.

These simple nutrition tips, with helpful resources, will serve as a great place for you to start as you seek to make impactful and lasting healthy changes to your health and nutritional habits:

Include healthful foods from all food groups at each meal

The Academy of Nutrition and Dietetics recommends filling half of your plate with fruits and vegetables, which are powerful sources of nutrients that support good health and longevity and a vital part of a health-promoting diet.

When planning your meals, consider choosing fruits and vegetables of a variety of colors. Dietitians often refer to this as “eating the rainbow.” This practice of produce selection not only encourages variety but also ensures that you are eating nutrient-dense foods such as

leafy greens, broccoli, tomatoes, sweet potatoes, eggplant, berries and more.

The academy’s current nutritional guidelines also recommend that you vary your protein choices to include seafood, nuts and beans, in addition to opting for 100% whole-grain breads, cereals, crackers, pasta and brown rice, as your healthy and nutrient-dense source of carbohydrates at each meal.

When adding dairy to your meals, consider opting for fat-free or low-fat products. You will get the same amount of calcium and other essential nutrients as whole-milk dairy products but with fewer calories. You might also consider trying a nondairy alternative such as soy milk or nut-based products like almond or cashew milk, cheeses and yogurts.

For more information on consuming a nutrient rich diet, visit <https://sm.eatright.org/nutrichdiet>

Make informed decisions. Be able to read Nutrition Facts panels

Consumers today are more health-conscious than ever, and as a result, many food manufacturers use misleading tricks to convince people to buy highly processed and unhealthy products. Considering this recent phenomenon, one of the best first steps you can take when selecting an item is to ignore the claims on the front of the packaging. Often the front label makes deceptive

health claims and overestimates the healthfulness of an item based on a single claim, such as its being low in calories or low in fat. This is referred to as the “health halo effect.”

In order to avoid falling prey to this, it’s best to go straight to the back label where you can examine the ingredients and detailed information to determine if the item meets your nutritional needs and is in alignment with your personal food philosophy.

Product ingredients are listed by quantity from highest to lowest amount. This means that the first ingredient is what the manufacturer used the most of. A good rule of thumb is to scan the first three ingredients, as they make up the largest part of what you’re eating. If the first few ingredients include refined grains, some type of sugar or hydrogenated oils, you can assume that the product is unhealthy.

Instead, try choosing items that have whole foods listed as the first three ingredients. In addition, a list of ingredients that is longer than two to three lines suggests that the product is highly processed.

To learn more about nutrition basics, visit <https://sm.eatright.org/nutrifactbasics>

Learn strategies for successful meal planning

Meal planning is not only a great strategy to stick to a budget and save time on meal prep, but it also enables you to adhere to your nutritional goals when life gets chaotic and time is limited.

Simply put, the first step to successful meal planning is to make a menu. Decide which recipes you will make for lunch and dinner. When you have a plan, you will be less likely to spend money on fast food or convenience meals. You can also plan your meals around foods that are on sale. Check store flyers, newspaper inserts and coupon sites online. You may be surprised at the good buys available. Just be sure to buy and plan for foods that you will actually use so they don’t go to waste.

When planning your menu, consider eating seasonally. It can help you save money, as produce is often less

MUSC Health & Well-Being

By Susan L. Johnson, Ph.D.,
MUSC Office of Health
Promotion



expensive when it is purchased in season. Additionally, purchasing from a local farmers market, such as the MUSC Farmers Market that takes place every Friday from 10 a.m. until 2 p.m., on the Colbert Library Portico of the main campus, allows you to support your local farmers.

Another simple meal planning strategy is to batch cook. You can make a large batch, enjoy one meal during the week and freeze the remaining portion to be eaten later. This strategy ensures that you always have healthy back-up meals on hand and reduces cost and waste by purchasing food items in bulk.

For more information on meal planning and sticking to a grocery budget, visit <https://sm.eatright.org/mealplanning> and <https://sm.eatright.org/ERaffordably>

Cook at home

Cooking your own meals allows you to be an active participant in what you eat to ensure that it is in alignment with your personal dietary needs. Cooking at home can also serve as a fun way to explore new flavors and foods with your family and friends.

Successful home cooking habit start with a well-stocked kitchen. Be sure to have essentials on hand and don’t be afraid to try frozen, canned or dried fruits and vegetables.

For more information about cooking well at home, visit <https://sm.eatright.org/esntlkitchntools> and <https://sm.eatright.org/frshcanfrzn>.

Lastly, Registered Dietitian Nutritionist Day was March 11 and a time to celebrate the expert science-based advice of a registered dietitian nutritionist (RD or RDN) and thank them for advancing the nutrition statuses of their patients, clients and communities. To learn about NNM or to find a registered dietitian, visit www.eatright.org.

Blood donations needed around the Tri-county

The American Red Cross is facing a severe blood shortage due to widespread blood drive cancellations resulting from the COVID-19 outbreak. Healthy individuals are desperately needed to donate now to help patients in need of blood, platelets or AB Elite plasma.

The American Red Cross reiterates that donation is still a safe process and they have implemented additional precautions to ensure safety

of donors and their staff.

This severe blood shortage could impact patients who need surgery, accident and other emergency victims, as well as cancer patients.

For information on how you can safely donate and help ensure we don’t have a second health care crisis on top of the COVID-19 pandemic. Visit the American Red Cross website at redcrossblood.org.

MEET VAGNEY



Vagney Bradley

Department; How long at MUSC
 MUSC Hollings Cancer Center; Two months

How are you changing what's possible at MUSC

By using my passion for journalism to communicate to the public the importance of breaking medical research and findings

University or college

I'm a graduate of the University of Texas at Austin —Hook 'em Horns!

What music is in your player now

"80s" and "90s" music, R&B, Beethoven's Moonlight Sonata and Justin Bieber's new album, "Changes"

A unique talent you have

I play the flute.

What do you do for fun

I'm currently learning American Sign Language and Spanish.

Favorite quote or words of advice

*"Faith is taking the first step even when you don't see the whole staircase."
 — Martin Luther King Jr.*

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FY2020 Quarter 2

MUSC Sustainability & Recycling
 musc.edu/gogreen

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 Cardboard



15.5 Tons of
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(FY20 Quarter 2: Oct 1, 2019 - Dec 31, 2019)

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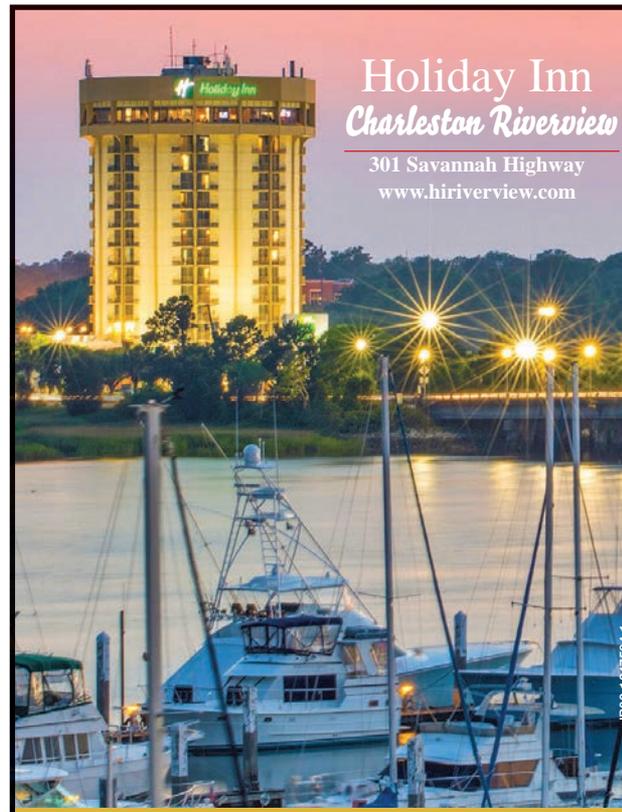


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MUSC Women's History Month

Nursing researcher looks at how health care can help with human trafficking

Every March, by presidential proclamation, the nation celebrates National Women's History Month to honor and celebrate the undeniable contributions women have made throughout time – in both good times and those that challenge the will.

MUSC honors women every March for all they do day in and day out to make the institution exceptional. And this March is hardly an exception. Women from all corners of the institution are critical during this particularly unsettling time. Their voices are heard and respected, their contributions unquestionably appreciated. We draw strength and inspiration from these remarkable women who work among us and, over the next few issues, we will feature stories of women whose impact is felt in meaningful ways.

BY LESLIE CANTU

cantul@musc.edu

Human trafficking is the fastest growing criminal enterprise in the U.S., said Stephanie Armstrong, R.N., Ph.D., an instructor in the MUSC College of Nursing.

It's easy to see why, at least for those with no moral code.

"Once a criminal sells guns or drugs, they have to replenish their supply, but people can be continually exploited," Armstrong said.

Armstrong's work focuses on the intersection of human trafficking and health care. She wants to help health care professionals learn to recognize the signs that someone is a victim of trafficking and then know what to do about it. And that's not easy, she acknowledges. Extricating someone from a human trafficking situation is complex, as the victim may be trapped in place by family ties, threats to their own or a loved one's safety, mental trauma or substance abuse.

Victims also need extensive services afterward to help them reintegrate into

society – services that aren't yet always available.

But Armstrong is motivated by her passion for health equity and vulnerable populations, a sense of purpose that was instilled in her at the beginning of her nursing career.

Actually, Armstrong didn't start out in nursing. She was a management consultant who worked on business process re-engineering. But she'd always had a love of anatomy and physiology, and she was a naturally nurturing person. She went back to school to become a nurse and began working in women's health with new moms in northern Virginia.

Eventually her alma mater asked her to teach some clinical classes, and she discovered a love for teaching. Now, she teaches women's and infants' health at MUSC in the College of Nursing, as well as special sections on human trafficking.

"I teach students early in the semester about trafficking, and almost every semester, I have someone identify a victim while they're in their women's health clinicals," she noted.

She's also developing an interprofessional elective course on human trafficking that will be available this fall to students of all six colleges.

Armstrong said human trafficking is a hidden crime that is all around us. Even the experts can't say with certainty how many victims there are because of its shadowy nature. And although there has been more media exposure of this crime of late, there still remains much misinformation and misunderstanding of it.

"We're definitely seeing more in the news – and that has been excellent in that it's bringing about more awareness – but I don't think people really understand how trafficking happens or who traffickers are or how to identify victims," she said.



Photo by Sarah Pack

MUSC's Dr. Stephanie Armstrong wants all hospitals to have a human trafficking identification and response protocol in place.

She likened public awareness surrounding human trafficking to the understanding of domestic violence 30 years ago. The two primary forms of human trafficking in the U.S. are sex trafficking and labor trafficking; of the two, sex trafficking attracts more attention. But labor trafficking can often be found in areas that require a lot of lower-paid workers, like those in the tourism industry or farm work.

She mentioned the visa system for low-skill seasonal or temporary workers, like housekeepers, landscapers, theme park or resort workers and restaurant staff, which she said can leave workers vulnerable to unscrupulous employers. Visas are valid only for a specific employer, so a worker who finds the work environment isn't what was promised can't just pick up and get a job across the street with another employer.

"If they leave that employer, then they are in the country illegally. They have to stay with that employer to be here legally. So the system needs some reform to help prevent this type of exploitation," she said.

Armstrong has also advocated on Capitol Hill for a bill that would expunge a victim's criminal record if the person was being trafficked at the time and was forced to commit crimes by the trafficker. Already, 44 states have such laws at the state level, according to the U.S. Department of State's 2019 Trafficking in Persons Report.

"The reason this bill is so important is that in order for survivors to move forward and beyond their exploitation, they need to be able to make money in the legal job market, so they need employment. And it's very difficult to obtain employment if you have a criminal record," she said.

She was thrilled when S.C. Rep. Joe Cunningham's staff contacted her a few weeks after her visit to say that he would cosponsor the bill.

But Armstrong is primarily focused on how health care professionals can address human trafficking. She works with HEAL Trafficking, an international multidisciplinary group that looks at human trafficking from a public health perspective. There, she serves on the group's research and education and training committees and was also selected to serve on a new committee to update the HEAL Trafficking Protocol Toolkit.

"One of my missions is to see all hospitals have a human trafficking identification and response policy and protocol in place," Armstrong said. She found South Carolina hospitals lacking in such protocols when she surveyed them for her dissertation in 2018.

Between 50% and 88% of trafficking victims seek health care at some point during the time they're being trafficked, providing an opportunity for intervention – if a health care provider

*See **TRAFFICKING** on page 12*

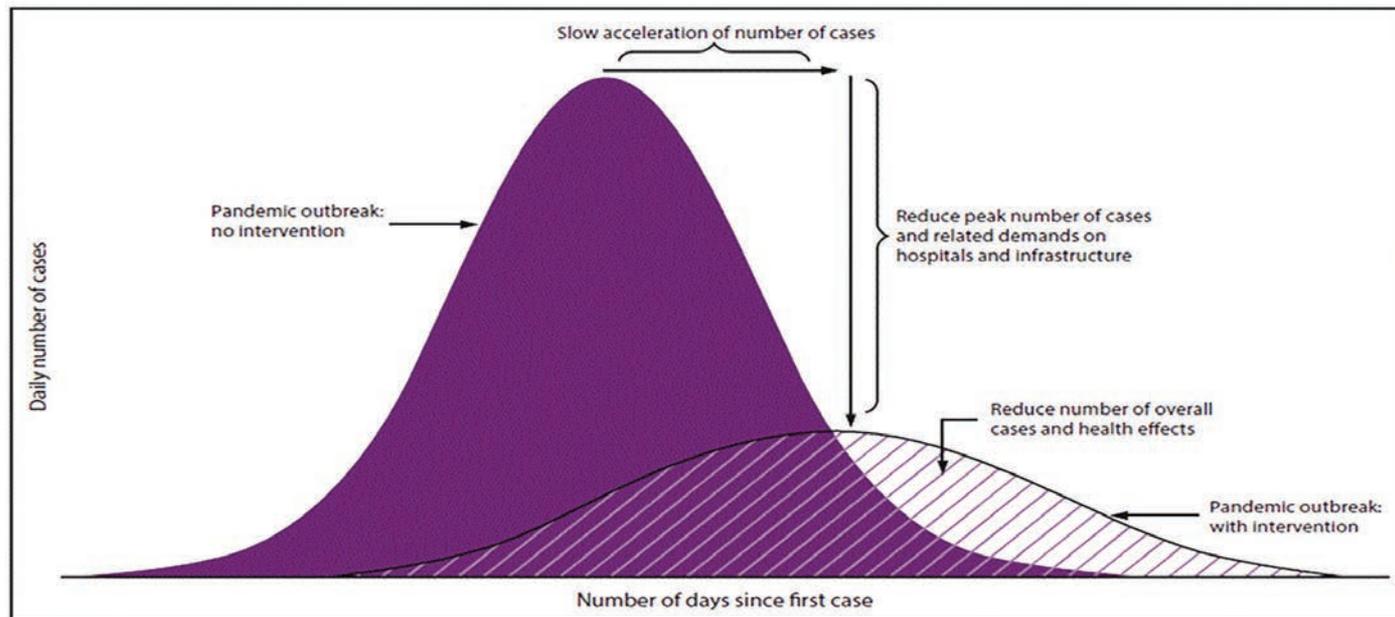
CURVE *Continued from Page One*

yourself from contagious diseases. It involves maintaining at least a six-foot distance from other people, getting away from anyone who's coughing or sneezing, avoiding shaking hands and using technology to meet instead of meeting in person when possible.

Flatten the curve means to spread out the impact of the virus over time instead of allowing it to spike as we've seen in Italy, for example, where the number of cases and deaths have soared. A spike could overwhelm our health care system, even here in the United States, Schmidt said.

"The scary statistic is, per capita, Italy has a greater number of physicians than the United States and more importantly, a greater number of hospital beds per capita than the United States. Yet we are witnessing bedlam in Italy simply because they all got it at once," Schmidt said. "By contrast, in China, social distancing did flatten the curve."

Schmidt said it's time for everyone to become part of the national effort to slow the virus' spread. "This may



This illustration from the Centers for Disease Control and Prevention shows what can happen during a pandemic with and without steps to slow its spread.

sound harsh, but people can no longer just think about their own comfort and pleasure. We really have to take others into consideration."

We need to protect people 50 and older in particular, Schmidt said. "Once you cross over 50, it's about a .5% chance of dying if you get COVID-19. Over 60, it's about 3.4%. By the time you get to 80, it borders on 15%, and God forbid you have any lung issues because this is a disease that can wreak havoc on the lungs in vulnerable people."

But he's encouraged by the measures he's seen in recent days, including closing schools, delaying or canceling professional sporting events and temporarily shutting down businesses.

List of useful MUSC COVID-19 webpages

- Free MUSC Health Virtual Care Screening
musccare (Spanish language option now available)
- MUSC Enterprise Updates
web.musc.edu/coronavirus-updates OR muschealth.org/coronavirus
- Medical Center Intranet – Daily Updates on Clinical Info/SBARS/PPE, etc. web.musc.edu/medcenter/index.htm (login required)
- Horseshoe Intranet COVID-19 Information Hub
https://horseshoe.musc.edu/ (login required)
- Human Resources Horseshoe Intranet hub (all three entities)
https://horseshoe.musc.edu/human-resources (login required)
- MUSC Remote Work
musccare/everyone/information-solutions/working-remotely (login required)

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The conference call is here to stay (like it or not), so know how to do it

Editor's Note: This is the first in a series of light-hearted columns that will deal with life in the midst of newly difficult times.

BY **BRYCE DONOVAN**

donovanb@musc.edu

Welcome to a pandemic world.

Our offices have been replaced by guest rooms, dress clothes swapped out for sweatpants and our toughest business negotiations now involve telling a 6-year-old that 12 hours is probably enough Netflix for one day.

But just because our environments have changed doesn't mean we have to be less productive. In fact, sometimes it's these kinds of situations that force us as human beings to really tap into our brains and think outside of the box, and by that I mean replace meetings with conference calls.

I'll give you as long as you'd like to groan.

Now that we've accepted that phone calls and web meetings are the way we're going to be interacting with our colleagues for the (un?) foreseeable future, it's probably a good time to go over the proper conference call etiquette. So here are 10 tips that will ensure your meetings are not only more productive but will also allow you to enjoy that forgotten guest room, which now that you think about it, could really use some updating.

1. Make sure you have a clear agenda.

Having a clear agenda is probably the most important rule you can follow if you want to have a productive conference call. When people know the expectations – who will be leading, what each participant's role is, how long everybody should talk – you are far more likely to stay on task and prevent your meeting from going like this:

MODERATOR: "Thank you all for making the time to be a part of this call. Why don't we start out with ..."

BRENDA: "Did you guys see the 'Bachelorette' last night? I mean, was that crazy or what?"

MODERATOR: (awkward laugh) "OK, so if we could just stick to the ..."

MARTIN: "I literally thought she was going to punch him. Her face when he said she was the only one for him? Dude,

everybody knows you have a girlfriend back home."

2. Stick to the expected length.

This one may seem simple enough, but it can be easy to drift, wasting valuable time. Start and end your call on time, showing all those involved that you value their time. Even Martin's.

3. Keep your sentences short and pause regularly between ideas.

Not only will this allow people to jump in or ask questions, but it will also force you to choose your words carefully and thus be less likely to ramble, as shown by this handy example.

INCORRECT: "You know, Wesley makes a really good point and just to reiterate what he was saying earlier – and I'll start from the beginning, just so we're all on the same page here – there is a real use for that kind of thinking when it comes to strategy ..."

CORRECT: "I agree."

4. Identify yourself whenever you speak.

At least at first, until everybody gets used to the sound of one another's voices. We weren't all blessed with James Earl Jones' pipes, so don't assume everybody knows who's speaking.

5. Don't talk over each other.

This is just common human decency. When you're on a conference line and you try to talk at the same time as someone else, it can sometimes cancel both out. At the very least, it can be confusing and annoying for the others on the call.

6. If you join late, don't announce yourself.

Victor, we all know you're notoriously tardy. So please don't announce – at the 14-minute mark, no less – that you're sorry you're late, as we clearly hear a toilet flushing in the background.

Which leads us to No. 7 ...

7. Use your mute button.

I can't stress this one enough. Whether it's your dog barking at something outside the window or to cover up your incessant sniffing, please keep in mind that the mute button is your friend. For example, listen to the difference in this scenario.

Without mute ...

MARY BETH: "I like that idea, Darren,



Photo by Icons8 Team on Upsplash

but I think we'll just stick with what I said earlier."

DARREN: (Laughs.) "Mary Beth, you wouldn't know a good idea if it hit you in the ..."

With mute ...

MARY BETH: "I like that idea, Darren, but I think we'll just stick with what I said earlier."

DARREN: (Long pause.) "Astronomical."

8. Know the technology.

If you haven't used the service or phone in question before, you should always do a dry run to work out any kinks. Is there static? How are the volume levels? And if you happen to use a service that includes video – which can really be a great way of adding a dimension of connectivity – make sure you understand how it works. Nobody wants to see a blank screen or the top half of your head, like you're FaceTiming with your grandfather.

9. Let people know if you're dropping off early.

Look, we're busy. And sometimes

we need to move on to something else before the group is finished. But rather than just hanging up, when there's a break in the action (or even better, you can do this in an email to the moderator beforehand), let the group know you'll be leaving the call early. That way, time isn't wasted posing questions to a dead phone line. Not to mention, it usually serves as a subtle cue to the moderator that it might be time to wrap things up.

Which brings us to the last tip, which is ...

10. Circle back afterward with decisions made on the call.

I know this might come as a shock, but not everybody pays attention all the time. So, it's always a good idea – typically this is something the moderator will do, but if not, he or she can assign the responsibility to someone else – to send a follow-up email outlining what was discussed and any action items that might have resulted from the call.

Like who's going to help Darren with his resume.

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First quarter MUSC innovator awards celebrate campus trailblazers

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 publicly recognize individuals and teams that are making an impact. For additional information, contact Jesse Goodwin, chief innovation officer (goodwijs@musc.edu).

Melanie Cason, Ph.D., R.N., assistant professor and director of the Simulation Program in the MUSC College of Nursing. **Problem** – In teaching graduate nursing education courses online with distance students, I felt it was important to provide them with a way to learn simulation pedagogy to better prepare them to be effective simulation facilitators. A lack of communication and support between nursing programs in South Carolina was leading to inconsistency in providing simulation education. There was a lack of collaborative resources for nursing faculty.

Impact – By incorporating a Double Robotics robot into the accelerated BSN simulations, the graduate students are now able to remote in, move about the room and provide feedback during debriefing. All students evaluate the experience, and it has been successful in providing collaboration between the levels of nursing education. A simulation module has been incorporated into the instructional processes course that includes best practices and a required written assignment.

Recognition – I would like to acknowledge the Promise of Nursing for South Carolina Nursing School Grant Program administered by the Foundation of the National Student Nurses’ Association for support with both the robot and the establishment of the SCNSA.

Richard Drake, Ph.D., professor and director of MUSC Proteomics Center; **Anand Mehta, Ph.D.**, professor and Smart State Chair in Proteomic Biomarkers at MUSC; and **Peggi Angel, Ph.D.**, assistant professor, Department of Pharmacology and director of the Mass Spectrometry (MS) Imaging Research Center at MUSC

Problem – The need for accurate detection of changes in glycosylation, an important process in intracellular interactions, is crucial in patients in a disease state such as diabetes and cancer. However, most techniques for the identification of these biomarkers are not sufficiently sensitive to be used at early disease stages. MS-based imaging techniques are breaking new ground in identifying and quantifying the chemical composition of glycans. The team made significant developments in MS imaging, particularly matrix-assisted laser desorption/ionization (MALDI) imaging, which are enabling researchers to monitor very specific biological changes occurring between different disease states. **Impact** – An advantage of MALDI imaging for glycan analysis is that their defined masses can be obtained and assessed reproducibly – a crucial feature for translating biomarkers into the clinic. Research shows that MALDI imaging can now reveal specific peptides that are modified in the disease



Photo by Anne Thompson

First quarter MUSC innovators include: Front Row: Dr. Jami Jones, from left, Sandra Fox, Ellen Debenham, Melanie Cason, Peggi Angel, Dr. Jillian Harvey and Mickey Haryanto; Second Row: Emily Warr, Richard Drake, Anand Mehta, Lauren Dickerson, Beth Romaine, Lindsay Loewer. Not pictured is Shawn Valenta.

state. The advancement in imaging methods enables better detection. These are therefore vital new tools to translate findings into clinical biomarkers

Sandra Fox, R.N., nurse manager and **Mickey Haryanto, R.N.**, program manager – MUSC Health Joint Replacement. **Problem** – As part of their post-operative recovery, our joint replacement patients are encouraged to begin walking as soon as possible after surgery. Research has shown that the hospital environment has an impact on stress-related illness and collections of artwork with natural images and abstract designs help patients to progress more quickly. Therefore, we are installing images of beautiful Charleston landmarks and nature scenes to enhance the aesthetic environment and also provide focal points to help patients meet their mobility goals after surgery.

Impact – While working on the project, exciting synergies were realized. These include engagement by the care team in providing photographs and the collaboration with the College of Nursing and nursing quality improvement project designed to measure the effect of the artwork on ambulation metrics and the patient experience.

Recognition – Katie Hinson and Britt Bates from MUSC’s Arts in Healing program; Stephanie Michelle Brown, from the Office of Innovation; April Roscoe, Safe Patient Handling; Krista Stansik, R.N., 10 East and PI of the nursing research and R.N. improvement project; Dave Comeau, rehab manager; Kimberly McCants, P.T.; Teresa Stephens, Ph.D., R.N. College of Nursing



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See **INNOVATORS** on page 10



MUSC social workers celebrate strong history, commitment

By Ciera Jones

goldsmib@musc.edu

Every March, Social Work Month arrives, and we take a moment to celebrate social workers here at MUSC, embracing the theme selected by our national association. This year, that theme is “Generations Strong.” We are going to take a deeper look into the life of millennial social worker Brittany Bryant, DSW.

As soon as I entered her office, I knew she was going to be impressive. I expected the regular office that everyone is familiar with at MUSC – the L-shaped metal desk with cubbies at the top and a few generic office chairs for patients to sit. Instead, I was greeted into a space that had the feel of a home office. No metal, just a ton of pics of Bruno Mars – who she is a super fan of. The only obviously work-related thing in the office was a dry erase board, which had the Transtheoretical Model and the Stages of Change written on it. The office was furnished with a nice wooden desk, comfortable wing back chairs, lamps, pictures of her three children — it was welcoming, and so was she.

Bryant graduated from the College

of Charleston with a bachelor’s degree in psychology. She went on to earn her Master of Social Work from the University of South Carolina and a Doctorate in Social Work and Leadership from the University of Tennessee, Knoxville.

From an early age, she discussed always wanting to help people. In high school, she was trained as a natural helper to assist her peers in dealing with relational issues and peer-to-peer problems. In college and shortly after graduation, she was a volunteer at People Against Rape where she was later brought on to work full time as an outreach victims advocate. Bryant’s journey through social work has included assisting children with developmental delays and their families in accessing resources, delivering evidence-based treatment to minority teens to aid in reducing the rates of HIV infection and sexually transmitted diseases, providing trauma treatment to children and teens and, finally, providing substance use treatment to adults and adolescents with co-occurring mental health and substance use disorders.

Currently, she is an assistant professor and has been with the university since

initiatives, College of Health Professions; Lauren Dickerson, Office of Student Services; Jillian Harvey, Ph.D., associate professor, Jami Jones, Ph.D., department chair, Beth Romaine, business manager, Shawn Valenta, administrator of Telehealth.

Problem – Currently, masters-level health care management students have a variety of options to participate in case competitions. However, none existed for undergraduate students. Also, undergraduate students do not always have exposure to academic medical school campuses. Graduate students have often reiterated what a valuable learning experience it was for each of them to participate in these case competitions.

Impact – The planning and implementation of the inaugural undergraduate case competition for health administration programs took approximately nine months to one year. There were 15 undergraduate teams from across the country who participated in the event. The project was extremely well

INNOVATORS *Continued from Page Nine*

Emily Warr, R.N., director of operations – MUSC Center for Telehealth.

Problem – Historically, continuous patient observation has been performed by patient safety companions (PSCs, also known as sitters). Our team developed a technology-based patient observation solution.

Impact – The Continuous Virtual Monitoring intervention has had widespread service engagement and integration in 23 units across the enterprise. Notably, three medical units with relative longitudinal experience have observed sustained decreased falls and associated potential cost avoidance.

Recognition – Morgan Sires, the clinical manager of the CVM program and patient safety companions, and Michael Haschker, manager of the telehealth technology team.

Lindsay Loewer, director of strategic



Photo by Sarah Pack

Some of MUSC’s social workers include Top Row: Joyce Rivers-Miller, from left, Renea Bligen, Suzanne Mondello, Tonisha Cabbagestalk; Middle Row: Brittany Bryant, Jessica Winkler, Keshia Graham, Mary Catherine Dubois, Sherrell Thomas-Nelson; Bottom Row: Ciera Jones, Angel Harmon, Marisa Gallagher and Rita Aidoo.

May of 2017. She is the director of MOTIVATE, an adolescent substance use treatment program located in MUSC’s Center for Drug and Alcohol Programs. She is also involved in adolescent substance use research where she examines the gaps and barriers to treatment for adolescents affiliated with the department of juvenile justice.

In addition to her full-time commitment with MUSC, she is also a captain in the South Carolina Army

National Guard where she serves as a behavioral health officer. Every other semester, Bryant works as an adjunct professor in the College of Social Work at the University of South Carolina where she takes pride in educating future clinicians while promoting her love for social work and the delivery of high quality care to each patient and client.

Bryant is not shy expressing how she feels about her work. “I LOVE my patients,” she’ll tell you. Her passion shines through in each description of what she does and who she helps. To her it’s personal. Making a difference in her patients’ lives is important to her and her work, and her research to improve access to services and high-quality treatment for her patients exemplifies this.

As social workers, we hear a lot of about self-care, and how important it is – especially in our line of work. Bryant recognizes this and says that she is protective of her time. She does everything she can to make sure she leaves work in enough time to pick up her three daughters. She does things she enjoys like playing kickball outside or having “homemade spa days” with her 7- and 6-year-old.

Bryant shared a message that is relevant to all social workers, both young and seasoned. “It is a privilege and honor to be invited into the lives

received and honored with an innovation award from our accrediting body: the CAHME-Aramark Innovation Grant. We are currently in the planning stages to host another undergraduate case competition in the fall of 2020.

Recognition – This event was a group effort that was supported by both the university and MUSC Health.

We would also like to recognize **Craig Beeson, Ph.D.**, professor – Drug Discovery and Biomedical Science, posthumously. Beeson was nominated by the dean of the College of Pharmacy, Phillip Hall, Pharm.D., who said, “Dr. Beeson made considerable contributions to developing the basic science that fights disease, and there are many generations whose health and well-being will be dramatically better because of his work.” Dr. Beeson was also a member of the National Academy of Inventors.

See **SOCIAL** on page 11

VIRTUAL *Continued from Page One*

adult and pediatric patients can be screened through the online platform.

Although online screening is free, it is important to note that specimen collection available at the drive-through site and subsequent laboratory processing will be billed to patients' insurance providers or considered self-pay. As always, patients can access the MUSC Health financial assistance team if they encounter difficulties or barriers to payment. Whether billed to insurance or considered self-pay, the average out-of-pocket cost is \$25 to an individual patient. Patients will receive information about collection and testing procedures prior to their arrival at the collection site.

The combined effort to provide direct and timely access to screening and specimen collection for possible patients with COVID-19 exposure or suspected respiratory illness identified through the MUSC virtual urgent care platform is unique nationwide. For example, while other health systems are offering drive-through specimen collection, "tent-style" walk-up sites or telehealth to help mitigate the spread of COVID-19, this is the first known combination of telehealth screening and drive-through specimen collection to address and mitigate the potential exposure to and spread of the virus.

"This is a very innovative use of technology to help mitigate the spread of COVID-19, and I am incredibly proud of our MUSC Health care team for working so hard and quickly to make this option a reality," said Patrick J. Cawley, M.D., MUSC Health CEO and vice president for Health Affairs, University. "We are considering additional locations

throughout the Tri-county area and our statewide system, should they be needed. Our state and local-level partners are in the loop on what we're doing and seem appreciative of our leadership with this model. We want to do everything we can to think out of the box in terms of how we can help the community during this time."

It is important to note: This is not a self-select drive-through or walk-up service for anyone in the community who has a health concern; individuals who report to the site for specimen collection, but do not have a testing order through the MUSC Health Virtual Urgent Care platform, will not be allowed to enter the secure site.

A major concern for health care providers remains exposing vulnerable or noninfected patients to those patients who do have the virus and arrive to seek care in clinics, waiting rooms, hospitals and other such areas.

"By keeping the collection site separate from our other facilities, we feel it offers a safer environment – both physically and psychologically – not only for those who are having specimens collected but also for our care team members as well as patients who might be seeking care for completely unrelated issues," said Erik Modrzyński, manager of Safety, Security and Emergency Programs for Ambulatory Services at MUSC Health.

SOCIAL *Continued from Page Ten*

of those that we serve. As we serve patients and clients, we must remember to serve with compassion, patience and understanding. We must express gratitude as we walk the journey with our patients and clients from a place of brokenness to a place of healing."

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TRAFFICKING *Continued from Page Six*

recognizes the issue.

Armstrong said health care workers might observe physical signs of torture or abuse, like chunks of missing hair, missing teeth or bruises in various stages of healing. People who are being trafficked generally endure poor living conditions and may have food or sleep taken away as punishment; because of these conditions, they're particularly susceptible to communicable diseases.

Providers might also notice that a patient is unwilling to make eye contact or looks constantly to a companion to provide all the answers. Increasingly, Armstrong said, traffickers are using technology to control their victims.

"The patient will come in and have their phone on speakerphone, and the trafficker will be listening to the entire interaction with the provider while they may be sitting in the parking lot," she said. "It's really important for health care providers to know this so they can try to separate the individual not only from an accompanying person but from any technology devices as well."

"We have to remember that our wheelhouse as health care professionals is to offer medical care and the opportunity for assistance – if they're ready to receive it."

Stephanie Armstrong, Ph.D.

Knowing how to respond can be tricky. "We have to remember that our wheelhouse as health care professionals is to offer medical care and the opportunity for assistance – if they're ready to receive it," she said. "Not everyone is ready to leave their situation because there could be confounding factors."

Those factors could include threats of harm to family members if the victim attempts to leave. A female victim might also have had a child with the trafficker.

Once they escape the trafficking situations, victims have extensive needs ranging from basic necessities like housing to help for severe mental

trauma. Armstrong said the Tri-County Human Trafficking Task Force is working to understand what local community service providers offer, where the gaps are and what can be done to fill those gaps.

It's important for health care providers to understand how to provide trauma-informed, survivor-centered care so that they do not retraumatize victims and can help them to overcome the shame and stigma of their situations, she said.

Armstrong thinks back to her younger self. She was 19 – young, blonde, pretty and naive. She was working retail in Virginia when a man came in and told her he was working on a movie that was filming locally. He asked her for help to find a dress for his wife to wear to the wrap party. Armstrong spent an hour helping him browse. He didn't buy anything but returned later, saying that because she had been so helpful that he'd love to invite her and a friend to the party and would send a limo to pick them up.

Armstrong was excited. "I was like, 'We're going to meet all these

celebrities!'" she recalled. Luckily, an older and wiser co-worker suggested they get some information from the film company. After some phone calls, they discovered the movie he'd mentioned was actually being filmed in Mexico at that moment. Needless to say, Armstrong didn't go to the fictitious party. She doesn't know what might have happened had she gone, but she has her suspicions.

"Whatever it was, it wouldn't have been good getting in a limousine where you can't get out."

But she realized how easy it had been for that man to get her to believe him and even to trust him. She understands how people can be deceived and fall prey to traffickers, particularly children.

Armstrong thinks it's important that South Carolinians understand just how pervasive trafficking is in this state.

"It's really throughout the state. It's across the country. It's everywhere, unfortunately."

Armstrong was scheduled to present on human trafficking and implicit bias at the April 1 TEDxCharleston at Charleston Music Hall. The event has been postponed.



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