

MUSC Shawn Jenkins Children's Hospital is top-ranked in state

BY HELEN ADAMS

adamshel@musc.edu

In what has been a memorable year on many fronts for MUSC Children's Health, new rankings from U.S. News & World Report place the MUSC Shawn Jenkins Children's Hospital in the No. 1 position for the state. The rankings come just four months after the hospital opened, and as South Carolina deals with the ongoing coronavirus pandemic.

Four specialty programs within the hospital have been singled out by U.S. News & World Report for national recognition: cardiology and heart surgery, nephrology (kidney), gastroenterology and gastrointestinal (GI) surgery and cancer.

U.S. News & World Report issues the annual rankings "to help families with complex and rare conditions find the best medical care for their children," according to the publication's website. They're designed to steer children and their parents to the hospitals that are best equipped to treat them.

The cardiology program maintains its spot among the top 10 children's heart programs in the United States. Criteria include children's survival rate after complex heart surgery, along with the level of specialized staff, services and technologies and the ability to prevent infections.

Eric Graham, M.D., serves as chief of the cardiology program. He credits his team's history of exceptional clinical outcomes and innovative research for its No. 10 ranking. "To achieve this level of sustained success requires an incredible team. Our nurses, physicians, advanced practice providers, therapists, pharmacists, nutritionists, perfusionists, sonographers, environmental services, administrators and admins are all critical to our mission," Graham



Graham



Photo by Brennan Wesley

E.J. Wright was born with a rare heart defect. The pediatric cardiology team has been taking care of him for his entire life.

said.

"Our team members are brilliant, talented, hardworking, kind, and most importantly, 110% committed to our patients, one another and our program. Everyone appreciates how the contributions of each team member contributes to our program's overall success. This creates an amazing culture where anything is possible."

The nephrology program at the MUSC Shawn Jenkins Children's Hospital ranks No. 30 in the U.S. That means it excels when it comes to the survival rate of children who have kidney transplants, the management of dialysis and infection prevention and other factors. It maintains its status as the highest ranked children's kidney program in South Carolina.

The GI and GI surgery program is no stranger to the U.S. News rankings, either. For the 13th year in a row,

"Our team members are brilliant, talented, hardworking, kind and most importantly, 110% committed to our patients, one another and our program."

Eric Graham, M.D.

it made the grade, coming in at No. 43. The rankings factor in the survival rate for children who have liver transplants, the effectiveness of the hospital's treatment

See **RANKINGS** on page 2

6

Earl B. Higgins
Diversity awards mark
25 years.

7

Innovation Week
Shark Tank top honors
awarded.

3
3
5

MUSC saving lives
University Directives
Meet Rachel Mehard

MUSC researchers to discuss COVID-19 during TEDxCharleston panel talk

BY LESLIE CANTU
cantul@musc.edu

Two MUSC researchers will talk about the coronavirus pandemic in the Lowcountry during a virtual TEDxCharleston discussion that is free and open to all.

Michael Schmidt, Ph.D., is a professor in the Department of Microbiology and Immunology with a particular interest in reducing health care associated infections, pandemic flu preparations and disaster preparedness.

Satish Nadig, M.D., D.Phil., is a transplant surgeon who also researches ways to refine immunosuppression in organ transplants and led MUSC's effort to develop an antibody test for the novel coronavirus.

They'll be talking with The Post and Courier investigative reporter Tony Bartelme during the June 30 event.

Sewell Kahn, M.D., is co-leader of the speaker coaching team at TEDxCharleston and has been leading the effort to present this virtual discussion.

TEDxCharleston's regular annual conference, scheduled for April 1, had to be canceled due to the pandemic. But the organizers wanted to do something for the community, and this topic is, of

course, timely for all. TEDxCharleston plans to hold additional virtual discussions, likely on other topics, in the coming months.

Kahn said the session will begin with each researcher giving a brief rundown of his involvement, then Bartelme will pose questions. They'll try to keep the session upbeat, highlighting some of the good news coming out, while also talking about how life will likely change as we open up, what people should be doing and the prospects for a vaccine. There will then be 15 minutes allocated for the virtual audience's questions.

Anyone interested can find out more through the TEDxCharleston Facebook page or visit <https://musc.co/31ioMTs>.

Researchers sought for developing COVID tests

The Office of Research Development is seeking MUSC faculty/researchers interested in developing novel in-house COVID-19 genomic tests that can be used to expand screening capabilities for providers and staff. Contact Steven Carroll, M.D., Ph.D., carrolst@musc.edu.



Photos Provided

Drs. Michael Schmidt, left, and Satish Nadig will talk about the novel coronavirus pandemic during a TEDxCharleston Zoom panel discussion.

RANKINGS *Continued from Page One*

of children who have inflammatory bowel issues and other key measures. Like all of the rankings, the GI rankings also include input from specialists in the field who responded to U.S. News surveys and recommend the hospital for serious cases in GI care.

Finally, the MUSC Shawn Jenkins Children's Hospital's cancer program at ranks No. 44 on the list of "Best Children's Hospitals for Cancer." That's based in part on the five-year survival rate for children with for

leukemia-related cancer, bone marrow transplant services, programs for brain tumors and sarcomas and infection prevention.

All of the ranked programs now have more space for their young patients thanks to the new children's hospital, which has 20% more licensed beds than the old one. Entire floors are dedicated to heart and cancer care.

To see the complete list of U.S. News & World Report's "Best Children's Hospitals" rankings visit <https://health.usnews.com/best-hospitals/pediatric-rankings>.

MUSC CATALYST news

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MUSC employee/visitor parking updates effective May 28

MUSC Office of Parking Management has announced changes to patient/visitor parking effective Thursday, May 28. Parking Management will resume control of the Ashley-Rutledge patient-visitor parking garage on May 28. All employees who have been parking in the Ashley-Rutledge parking garage and are registered, with parking

access on-campus, are asked to return to their assigned locations.

Park & Ride system employees will be authorized to park in the following employee garages: President Street garage, Bee Street garage, Rutledge Tower garage and M-Lot (enter from Courtney Drive). For information, call 843-792-3665 or email parkit@musc.edu.

Letter from the
Office of the

PRESIDENT

Dear MUSC family,

As we recover and move forward across the enterprise, our integrated teams continue to monitor and respond to COVID-19. From launching free mobile specimen collection and testing sites across the state to helping businesses, organizations and other universities understand evidence-based guidance for doing business safely, our culture of innovation is propelling us and our communities forward despite an imperfect, and at times, bumpy path.

Please take a moment to watch this video (<https://player.vimeo.com/video/430123615>) regarding my thoughts on where we stand today with recent increases in COVID-19 infections in South Carolina:

As I say in the video, we don't have an emergency yet, and we don't want one, either. Living with COVID-19 is our new normal until we, as a nation, are able to deploy an effective vaccine. In the meantime, we have the power to model the behaviors that help reduce COVID-19 infection and keep us all moving forward. Please continue to do your part as individuals and teams to keep infection rates as low as possible. You can monitor important COVID-19-related data updates by visiting the MUSC COVID-19 Epidemiology Intelligence Project, with updates provided on Wednesdays.

I'm grateful to everyone who is working so hard across MUSC and the larger community to monitor and respond to outbreaks of the virus and plan for the months ahead. You continue to inspire me and so many others, including MUSC first lady Kathy Cole, who wanted to share these words of gratitude.

Yours in service,

David J. Cole, M.D., FACS
MUSC president



Cole

MUSC is trying to save lives

Editor's Note: The following column was published in the June 24, 2020 issue of The Post and Courier. It is reprinted with permission.

BY BRIAN HICKS

of The Post and Courier

Saturday was a typical Charleston summer evening — folks strolled along The Battery, crowded into downtown bars and stood in line outside Hyman's.

In other words, you'd never know we're in the middle of a pandemic.

And that's what Dr. David Cole is worried about. The president of the Medical University of South Carolina fears some people have forgotten about the risk of contracting the coronavirus since the lockdown ended ... which is also just about the time our national attention turned to protests, civil rights and statues.

But the virus is not only still around, it's surging in South Carolina. The COVID-19 growth rate in downtown Charleston is about 14%. And yes, that's bad. It's one of the highest concentrations in the state.

"At this rate, in five weeks you have 27,000 cases in the tri-county area," Cole says. "That's not tenable. We're pushing beyond reasonable, and are going to need people to be more responsible. We need to be more accountable."

Dr. Cole is not an alarmist, he's a realist. And this isn't politics, it's science and math. Transmission of the virus is up significantly across the South, and everyone needs to pay attention.

Expect Cole and MUSC to keep reminding us of that. Both have been invaluable to the state's response to the pandemic. The medical university has been at the forefront of this crisis, developing and administering much of the local testing, helping other communities identify and contain hotspots and designing new methods for risk notification.

The hospital is much better prepared to combat the coronavirus than it was when this mess hit in March, and it's a good thing. The infection rate is going up here in part because people in their 20s and 30s are spreading the disease, and they move around a lot more than older folks.

Cole says younger folks probably figure they're young, healthy and the virus won't kill 'em. That may be right, he says, but the problem is they eventually pass it on to grandma or Aunt Sally.

To combat that dangerous cycle, MUSC has a pretty easy request. Pay attention to healthcare advice.

"The simplest thing is, people should wear masks," Cole stresses. "Asymptomatic people are walking around, and they are following guidelines imperfectly."

See COVID on page 4

University COVID-19 Directives

University Leadership

We must all do our part to protect our personal health and safety, as well as the health and safety of others, both at work/university and elsewhere. MUSC has approached the return to campus thoughtfully, considering CDC, WHO, OSHA and other state and federal guidelines, consulting with our own infectious disease experts and reviewing information provided by various organizations making recommendations for higher education. Importantly, however, the guidance and thoughts have

evolved and will continue to evolve as scientific research advances and we learn more about the community transmission of COVID-19, particularly in higher education and academic medical center settings. MUSC's approach is likely to change based on several factors, including the prevalence of community transmission in the Charleston area. Up-to-date directives will be available on the intranet. University employees and students are directed to follow these at all times when at work/university unless appropriate accommodations are

made according to the guidance below. Please note that students on clinical experiences and faculty working in non-MUSC facilities must follow the policies of the host institution. MUSC clinical faculty must follow these guidelines when conducting university business in non-clinical buildings.

A. Wearing a Mask — All university employees and students are required to wear a mask when social distancing is not possible and in high traffic areas (e.g., elevators, busses, hallways, stairwells). Masks are also recommended when spending more than 15 minutes in a confined space with others even if social

distancing is possible (e.g., conference rooms, classrooms). Wearing a mask is meant to protect other people in case you are infected, especially if you are asymptomatic. Also note, wearing a mask is not a substitute for social distancing. Masks are being procured centrally and will be distributed based on need. University employees and students may also wear their own masks or cloth face coverings, provided they cover the nose and mouth fully. It is the responsibility of supervisors/program faculty to ensure that masks do not display inappropriate images. When in the workplace/

See DIRECTIVES on page 8

COVID-19 biorepository will enable researchers to study response to disease

By LESLIE CANTU

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An MUSC team has been systematically building up a biorepository of COVID-19 patient samples for the past two months and will soon be ready to distribute portions to researchers.

Patrick Flume, M.D., a pulmonologist and co-principal investigator of the South Carolina Clinical & Translational Research (SCTR) Institute, said a working group was established last week to advise on the best use of the samples.

“It’s a precious and finite resource, so we want to make sure it goes to the best science,” he said.

So far, the only samples distributed

have been to researchers at MUSC and Clemson University working on antibody test development.

To collect samples, the biorepository has been able to take advantage of MUSC’s statewide reach. MUSC Health Florence, which has cared for a greater number of COVID-19 patients than University Hospital in Charleston, joined the effort earlier this month and has already submitted samples from eight inpatients.

Flume noted that there’s a careful balance in asking the regional hospitals to participate in research, something they hadn’t done before being acquired by MUSC Health in 2019. Last fall, the SCTR team had started to explore expanding clinical trials to the regional hospitals; when the coronavirus pandemic



Photo by Sarah Pack

Dr. Patrick Flume is the co-principal investigator at the South Carolina Clinical & Translational Research (SCTR) Institute.

hit, that plan accelerated.

Amy Gandy, SCTR Research Nexus Laboratory manager, said that altogether the team has collected blood and saliva samples from 54 patients, including a total of 10 inpatients. Each blood donation can be subdivided into multiple samples, which can then be provided to a variety of researchers.

The biorepository also received about 10,000 nasopharyngeal swabs after they went through diagnostic testing for COVID-19, which the team then sorted according to whether they had tested positive or negative, Gandy said.

The research that can be done with these samples won’t be on the virus itself but will provide insights into the body’s immune response, Flume said. There are a lot of questions that can be answered

based on immune response, he noted.

MUSC Health also has clinical data about each patient that can be shared with researchers based on the level of approval they receive from the Institutional Review Board.

To date, the biorepository holds almost 1,575 samples, Gandy said. Though that may sound like a lot, there continues to be a need for more, and research coordinators are seeking more COVID-19 patients who are willing to donate.

“It’s a terribly important project. We’re especially grateful to those who are willing to donate, because it’s not going to help them directly. It’s about trying to find something that will help other people. We take that with great seriousness and gratitude,” Flume said.

COVID *Continued from Page Three*

That is exactly what’s happening, and some people are stubbornly clueless. Or they’re just being extremely selfish.

Yes, the people who complained the most about the inconvenience of sheltering at home and a shuttered economy are now making it harder for businesses to stay open. This past weekend, Hall’s Chophouse announced it would shut down for a while, and other restaurants that had planned to open simply haven’t.

Too many people out there obviously spreading this deadly disease.

Unfortunately, the virus — like everything these days — has become partisan. Except it isn’t. COVID-19 is not a hoax or a political ploy, and it’s not the flu. There are vaccines for the flu.

And until there is a vaccine for COVID-19, which is probably not coming before next year, Cole says there are going to be spikes in transmission. Taking precautions to minimize those spikes is the only way to have anything approaching normal. He suggests we

implement a warning system, such as Los Angeles has for smog.

We’d be on red alert right now, by the way.

MUSC is developing a risk notification app to let folks know when they’d been around someone carrying the virus. But such a system would require approval from the state Legislature ... and public participation.

Most folks assume no politician would risk the blowback of ordering another shutdown, and that’s true — to a point. But they’ll have no choice if this keeps running rampant and hospital ICUs are overwhelmed.

Cole says MUSC is prepared to handle an uptick in cases without going into crisis mode right now; there is capacity. But that could quickly change if more people don’t suddenly get more responsible.

“At some point there will be consequences,” Cole says. “If we don’t do as much as we can, we’ll be too far behind the gun when the wave is hitting us.”

MUSC has been right on this from the start. It’s time to start listening.

The David J. and Kathryn Cole

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MEET RACHEL



Rachel Mehard

Department; How long at MUSC

Department of Research Administration; two-plus years

How are you changing what's possible at MUSC

With the influx of research opportunities on COVID-19, I'm doing my small part by organizing talks with collaborating institutions, research organizations and individual study coordinators. I'm familiarizing myself with various virtual meeting technologies. It's been a privilege to support these incredible dedicated teams.

A unique talent you have

I'm a surface embroiderer, a skill taught to me by the women in my family. Anyone interested in learning how to stitch should check out the Embroidery Guild of America. We maintain a local Magnolia Chapter and would love to teach you a stitch or two.

What music is in your player right now

Fiona Apple's "Fetch the Bolt Cutters" and ASMR playlists that let me pretend I'm in a public space.

Beach or pool

Beach

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MUSC celebrates 2020 awardees, 25 years of fostering diversity, inclusion

By CINDY ABOLE
aboleca@musc.edu

For 25 years, MUSC has recognized excellence with the annual Earl B. Higgins Achievement in Diversity Award. Each year, individuals are selected for their service and commitment to championing MUSC’s values of respect, collaboration, integrity and inclusion. Even in this unprecedented year, with the coronavirus pandemic and closure of campus activities, the awards prevailed. One difference this year, however, is the traditional April ceremony that celebrates the recipients was postponed to a later date.

The 2020 Earl B. Higgins Diversity Award winners in the University, MUSC Health and Student categories include, respectively, Natalie Johnson, associate dean for diversity affairs, College of Medicine; Tim Brendle, DNP, R.N., MUSC Health chief perioperative operations officer; and Priscilla Burgess, Pharm.D., College of Pharmacy Class of 2020 graduate.

Created in 1996, this award was established as a tribute to Earl B. Higgins, Ed.D., who served as director of MUSC Affirmative Action and Minority Affairs. The award celebrates individuals who, like Higgins, demonstrate leadership by promoting diversity, inclusion and other significant values that promote equity and equality. Higgins worked toward the recruitment of diverse students, faculty and staff to create an inclusive campus environment. The Earl B. Higgins Award honors those following in his footsteps.

Willette Burnham-Williams, Ph.D., the university’s chief diversity officer, recognized qualities of leadership, collaboration, inclusion and engagement in this year’s class of Earl B. Higgins Leadership in Diversity Award winners.

“As we celebrate the 25th anniversary of the Earl B. Higgins Leadership in Diversity awards, we recognize this year’s award recipients as exemplary models of what leadership in diversity looks like. I am proud to be a part of the annual recognition of individual and collective contributions of MUSC community members. The legacy and trailblazing work of Dr. Earl B. Higgins live on through their work,” she said.

The University Leadership Award recipient is Natalie Johnson, associate dean for Diversity Affairs-Group on Diversity Affairs in the College of Medicine. In her 19-year career at MUSC, Johnson has contributed



2020 Earl B. Higgins Diversity Award winner Natalie Johnson, second from right, is joined by College of Medicine Dean Ray DuBois, from left, Sherrie Nesbitt, Dr. Rose Delores Gibbs, Dr. Michael deArellano and Dr. James Tolley, at a previous MUSC Black History Program.

Photo Provided

“We have come a long way in the area of diversity, but it is obvious that we have more work ahead of us, especially in our fight against systemic racism. It is critical that all individuals take responsibility for this change and for the leadership of organizations to support the change.”

Natalie Johnson

to promoting and advancing strategic diversity and inclusion initiatives through her leadership and commitment and in the development and oversight of the college’s recruitment and retention programs and diversity programs supporting students, faculty and staff that are underrepresented in medicine. Among these are the Post-baccalaureate Reapplication Program (PREP) and Mentoring Ensures Medical School Success (MEMS) programs, where she provides mentorship to URM students to help to create more inclusive environments for students. She also collaborates with various units within the College of Medicine education core to support URM student retention programs and include individual counseling for students. She

See **AWARD** on page 10

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They look forward to hearing from you!
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MUSC Libraries



Shark Tank session caps off an Innovation Week filled with ideas

BY LESLIE CANTU

cantul@musc.edu

The novel coronavirus pandemic may have forced MUSC's annual Shark Tank innovation competition into a virtual format, but it didn't stop the flow of ideas from students, faculty and staff who see ways to improve how MUSC delivers care and education.

The Shark Tank competition, initiated in 2018, is the culmination of Innovation Week. It's an opportunity for the MUSC community, at all levels, to present their ideas to MUSC leadership, including President David Cole, M.D., MUSC Health CEO Patrick J. Cawley, M.D., provost Lisa Saladin, PT, Ph.D., and chief innovation officer Jesse Goodwin, Ph.D. These "sharks" rate the ideas on innovativeness, potential impact, feasibility and affordability.

More than 90 groups offered ideas in the poster session that precedes the live Shark Tank. From there, nine groups went on to present their ideas, via Zoom, to the judges in the categories of education, research and care delivery. The three winners will receive support to expand their ideas over the coming year.

The 2020 MUSC Innovation Week Shark Tank award winners:
Care: Listening to Women (LTW) – A Mental Health and Substance Use Screening and Treatment Program for Pregnant and Postpartum Women

Created by: Constance Guille, M.D.; Lauren Shipley; Erin Quigley; Nicole Dietrich; Lizmarie Maldonado; Annie Simpson, Ph.D.; Anna Kerr, R.N.; Rubin Aujla, M.D.; Ryan Kruis; Tomoko Goddard; and Kathryn King, M.D.

Mental health issues and substance abuse are significant concerns during pregnancy and the year postpartum. In fact, suicide and drug overdose are some of the leading causes of maternal mortality in the postpartum year, Guille explained to the judges.

There is an existing screening tool – Screening, Brief Intervention and Referral to Treatment – that is considered the gold standard, yet there

are multiple barriers to implementing it, she said. So the team created a mobile, text-based screening and remote care coordination system, paired with home telemedicine services, that allows women to do the screening on their phones and then be connected to care through telehealth. The remote care aspect is ideal not just in the time of COVID-19 but also for women who live in medically underserved areas where mental health treatment is hard to access.

Guille said the team needs development funds to create a way for information from the screening and telehealth care to be loaded into the electronic health record; this way the woman's obstetrician can keep track of her care. It also removes a burden from OB-GYNs who know that mental health is important but often feel they don't have the resources to address it adequately, Guille said.

Guille said she foresees MUSC offering the screening and telemedicine service to other hospitals or to private obstetric practices.

Education: Care and Safety Resource (CSR) Avatar
Created by: Brittany Meibers, R.N.; Lindsey De Jesus, R.N.; Natasha Smalls, R.N.; Kai Jenkins, R.N.; Heather Toepfner, R.N.; April Roscoe, R.N.; Corrie Scharrenberg, R.N.; Elizabeth Glover, R.N., and David G. Bundy, M.D.

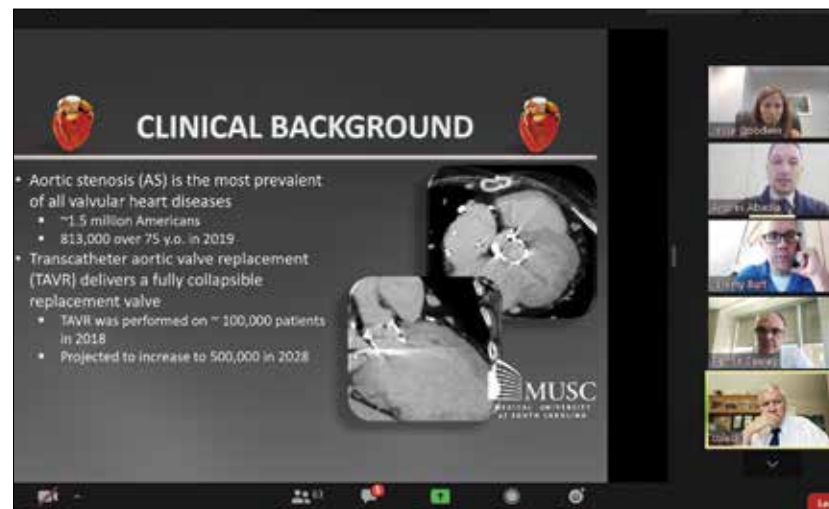
Nurses in the Meduflex float pool can be assigned to one of five specialized adult intensive care units, each with its own protocols and procedures, presenters Meibers and Glover explained to the judges. Although all of that information is on MUSC Health's intranet, it can be time-consuming to track it down, they said. Care team members should be at the bedside rather than on the internet, Glover said.

In response, they proposed a program that could be a smartphone app as well as a desktop icon. Nurses would see an avatar of a human body and could click on different body areas to pull up procedures related to that area – for example, clicking on the head would



Screenshots Provided

Nurses Brittany Meibers and Elizabeth Glover present their group's idea during the 2020 Shark Tank Zoom session.



Drs. Abadia and Burt present their group's idea.

pull up information about delirium and clicking on the arm would pull up information about central line-associated bloodstream infections.

Making this information more easily accessible should improve quality outcomes and further standardize care, they said.

Meibers and Glover said that after testing the program in the ICUs, they can envision expanding it to other nursing areas and to the regional hospitals as well as to other care providers like doctors and physical

therapists.

Research: The Future of Preprocedural Planning for Aortic Valve Disease

Created by: Andres F. Abadia, Ph.D.; Jeremy R. Burt, M.D.; Brian C. Dean, Ph.D., Richard Bayer, M.D.; U. Joseph Schoepf, M.D.; and Madison Kocher, M.D.

Some 1.5 million Americans are diagnosed with aortic stenosis, or a

See INNOVATION on page 11

DIRECTIVES *Continued from Page Three*

university, masks or cloth face coverings:

- Should be worn when in a vehicle with another individual and when using drive-through services.
- May be removed if it impedes vision, if an employee or student has a medical condition (see below) or if it would create an unsafe condition in which to operate equipment or execute a task.
- May be removed to eat or drink during breaks and lunch periods, however, at those times social distancing should be practiced.
- May be removed when driving alone or when isolated in a personal office.
- Should be worn by university employees when conducting business at the worksites of other entities.
- Before putting on a mask, clean hands with alcohol-based hand sanitizer or soap and water for at least 20 seconds.
- Must fit snugly around the mouth and nose; if the mask has a metal wire, it should fit snugly to the bridge of the nose.
- Not be touched while wearing; cloth masks should be washed at least three times a week unless visibly soiled or heavily contaminated with oral secretions which requires daily washing.
- Not be worn if it is damp or when wet from saliva or mucus or when visibly soiled.
- Should be discarded daily or more frequently if soiled, if the mask is disposable.
- Removed from behind or by the ear loops, being careful not to touch the front. Store cloth masks mask in a clean baggie or container for transport.
- Immediately wash hands with soap and water for 20 seconds or disinfect hands with sanitizer after removing the mask.
- Individuals who cannot wear a mask for medical reasons must provide written documentation from their provider; in this case, employees should be referred to Human Resources and students should be referred to the Director of Equity, EEO and University Accessibility Services at <https://education.musc.edu/leadership/diversity/ada-resources>.

B. Gloves — For most university employees and students, gloves should not be used for general protective use for the following reasons:

- ❑ Touching your face with contaminated hands, whether gloved or not, poses a significant risk of infection.
- ❑ Gloves often create a false sense of security for the individuals wearing them. People are more likely to touch contaminated surfaces because they feel protected from the virus.
- ❑ When wearing gloves, people are less inclined to wash their hands, even though hand-washing is the number one defense against any virus.



Photo by Sarah Pack
Graduate Studies faculty Cynthia Wright, center, Paula Traktman and others wear masks at the May 16 Diploma Drive-Thru event.

- ❑ If you are asked to wear gloves for a specific activity, follow proper procedures to remove and dispose of gloves (Appendix 1).

C. Social Distancing Between Floors — Employees and students who are physically able are encouraged to use the stairwells. If they must use the elevator, no more than three individuals should be in an elevator at one time. This may vary depending on the size of the elevator and you are encouraged to use your discretion to maintain social distancing. When using the elevator, individuals must wear a mask and avoid touching the elevator buttons with exposed hand/fingers, if possible (e.g. use your elbow). Wash hands or use hand sanitizer upon departing the elevator.

D. Conference Rooms/Meeting Rooms — Whenever possible, meetings should be conducted using digital platforms such as Zoom, Microsoft Teams, Collaborate or WebEx. When meetings are held in an office or conference room, social distancing and mask rules must be followed. In meeting/conference rooms, departments should remove or rearrange chairs and tables and/or add visual cues to support social distancing practices between employees. Wipe all surfaces after using common areas.

E. General Employee/Student Responsibilities — Employees are strongly encouraged to disinfect their own workspace at least daily, giving special attention to frequently touched surfaces such as computer keyboards, phones, door handles and desktops. Students are required to clean their study areas immediately after each use. We are working to procure

disinfectant wipes for use. For electronics, if using a spray disinfectant, it should be applied to a paper towel or cloth before use. Employees and students should be reminded to avoid touching their faces and to wash their hands thoroughly with soap and water or use hand sanitizer with at least 60 percent alcohol several times during their work/study hours to reduce the risk of potential person-to-person infections.

F. Restrooms — Guidelines for restroom breaks include the following

- ❑ If the maximum capacity for the restroom is posted, adhere to the capacity set.
- ❑ Occupy alternate urinals and restroom stalls to maintain separation of 6 feet.
- ❑ Do not congregate in the restroom. Be courteous and aware of others' needs to use the restroom.
- ❑ To the extent possible, do not touch doorknobs, faucets, paper towel dispensers, etc. with bare hands.

G. Break Rooms — Employee/student breaks and meal periods should be staggered when operationally feasible to limit the number of people in communal spaces at one time. If you are eating in your work environment, maintain 6 feet distance between you and others. Only remove your mask or face covering to eat, then put it back on. Departments should remove or rearrange chairs and tables or add visual cues in employee break rooms and student lounges to support social distancing practices between employees. Individuals must wipe all surfaces, including tables, refrigerator handles, the coffee machine, etc. after use.

H. Social distancing — Individuals should always strive to remain 6 feet apart from all other individuals. If a classroom, conference room or other space has either a capacity limit or identified seating to maintain the 6-foot distance, these must be adhered to.

I. Vulnerable Populations — Members of vulnerable populations such as the elderly, people with immunosuppression or co-morbidities, pregnant women or those living with vulnerable individuals may continue working/studying remotely as long as it may be accomplished effectively from a remote location. A student who self-identifies as vulnerable or who lives with a member of a vulnerable population should contact their faculty advisor, program director or college dean to discuss options for continued remote learning. Any leaders who supervise a faculty or staff member who self-identifies as vulnerable or who lives with a member of a vulnerable population must first discuss options for working remotely. If the leader determines that the faculty or staff are unable to effectively work remotely, the leader must contact the appropriate HR personnel regarding options such as sick/annual leave,

John R. Raymond Fellowship Awards recognize 2020, 2019 winners

By ALEX SAMPLE

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Mentorship is an important part of a professional's career. Each year, the Women Scholars Initiative (WSI) and Advancement, Recruitment, and Retention of Women (ARROW) jointly administer the John R. Raymond Award fellowships to selected faculty members who aspire to initiate relationships with mentors who are experts in their chosen fields. A former vice president and provost, Raymond was instrumental in establishing and advocating for the WSI.

"The John R. Raymond Mentoring Fellowship supports women faculty who have creative and goal-focused ideas that will develop their professional skills and careers," said M.A. McCrackin, D.V.M., Ph.D., selection committee co-chair, a position she shares with Gayenell Magwood, R.N., Ph.D. The two, McCrackin said, work closely with the awards committee to select the recipients of the award.

Award recipients must demonstrate a strong desire to excel in their fields as well as potential for enhancing the MUSC tripartite mission of education, clinical care and research. MUSC presented the first John R. Raymond Award in 2012. Each year since, fellowship recipients have made great strides in research and increased resources they attract to MUSC.

"The opportunity to identify and partner with an external academic mentor perfectly suited for the fellow's project builds confidence, expands professional networking and fosters technical and soft skills critical to successfully achieving promotion and tenure at MUSC," explained McCrackin. "Past award winners have gone on to become campus leaders in clinical, research and teaching activities."

The 2019 award recipients set forth ambitious plans and set the bar high for the 2020 winners. The 2019 John R.

Raymond recipients included Krishna Patel, M.D., an associate professor in the Department of Otolaryngology, and the dynamic duo of Regan Stewart, Ph.D. and Rosaura Orenge-Aguayo, Ph.D., both assistant professors in the Department of Psychiatry and Behavioral Sciences, who accepted the award as a team, with approval from the award committee.

Patel used her award to continue building a comprehensive, dedicated facial paralysis clinic at MUSC by traveling to observe her mentor, Babak Azizzadeh, one of the top doctors in his field, in Los Angeles. She hoped to build a program that would improve outcomes for facial paralysis patients in South Carolina.

"Facial paralysis is a problem that can impact people of all ages," explained Patel at the 2019 award ceremony. "From an infant being born with congenital facial paralysis to a 30-year-old suffering from Bell's palsy to an elderly patient having facial paralysis from stroke or cancer."

Orenge-Aguayo didn't always know she wanted to be a professor. She came to MUSC planning to follow a more clinical route, until she met her colleague mentor, Regan Stewart. Their relationship as colleagues developed organically, and they found themselves to be most productive when working together. The pair, whose motto is "somos un equipo," which in Spanish means "we are a team," believed that entering into a new mentorship as a team will allow them to be even more efficient in achieving their goals.

Stewart and Orenge-Aguayo spent the past year working toward their goal of becoming leading researchers in addressing mental health disparities for underserved patients. They planned to accomplish this goal jointly through a mentor relationship that focused on implementation science. For this team, applying as a pair was the clear choice.



Photos Provided

2020 John R. Raymond Mentoring Fellowship winners are Dr. Kara Lyzac, left, Department of Otolaryngology and Dr. Kelli Williams, Department of Pediatrics.



Photo by Leslie Cantu

2019 John R. Raymond Fellowship winners Drs. Krishna Patel, from left, and Rosaura Orenge-Aguayo and Regan Stewart pose with ARROW Selection Committee members Drs. Gayenell Magwood and M.A. McCrackin.

"When applying for this award, we thought 'Why compete against each other? We work so much better as a team,'" said Orenge-Aguayo at the 2019 award ceremony.

Once again, the committee set high goals, and this year's awardees hit the mark. Despite interruptions caused by the COVID-19 pandemic, the ARROW John R. Raymond Fellowship Selection Committee was able to proceed in awarding the 2020 JRR Fellowship

Awards and selected Kara Lyzac, Au.D., Ph.D., assistant professor in the Department of Otolaryngology and Kelli Williams, M.D., assistant professor in the Department of Pediatrics, as this year's recipients.

Lyzac plans to use the award to complete a one-on-one mentorship with Shuman He, M.D., Ph.D., associate professor and director of the Auditory

See FELLOWSHIP on page 11



Photos Provided

Dr. Tim Brendle, far right, was a medical volunteer at the Sydney Gay & Lesbian Mardi Gras parade. The SGLMG was established in 1978 to protest wide-spread discrimination and oppression of the LGBTQ community in that country and internationally.

AWARD *Continued from Page Six*

also facilitates sessions that can lead to academic success for these students.

Johnson is a member of the college's admission committee; the Education, Diversity, Admissions and Students Affairs Council; and the MUSC Diversity Officer Council. She serves as a representative on the Association of American Medical College's Group on Diversity Inclusion Committee.

"It's such an honor and privilege to be a recipient of this prestigious award. We have come a long way in the area of diversity, but it is obvious that we have more work ahead of us, especially in our fight against systemic racism," said Johnson. "This work is not just the responsibility of diversity officers, or underrepresented minorities, everyone must see the need for change and become champions in making a change. It is critical that all individuals take responsibility for this change and for the leadership of organizations to support the change. I am thankful that I am able to contribute to diversifying MUSC and health care."

TIM BRENDLE — MUSC HEALTH

The MUSC Health Leadership Award recipient, Tim Brendle, DNP, R.N., is the MUHA chief perioperative operations officer. With more than 26 years of perioperative experience and 14 years of perioperative-operational leadership, Brendle has served various roles while at MUSC, including nurse

manager, clinical director, director of the Main OR and associate chief nursing officer for perioperative services.

Launching his career at MUSC as a weekend staff and charge nurse, Brendle has been passionate about diversity and inclusion and remains committed to helping to build MUSC as an inclusive organization. He has led in developing plans to increase a more diverse nursing workforce by working with the MUSC Health diversity and inclusion team and nursing leadership to recruit and retain more Asian nurses. He also worked with MUHA Human Resources and nursing departments to establish pipeline career programs at South Carolina's historically black colleges and universities as well as at Tri-county middle and high schools.

As part of his doctoral research in nursing practice, Brendle committed his time to focusing on improving outcomes for LGBTQ patients by helping clinicians understand disparities in care that this patient population experiences. He also brought awareness and education into MUSC Health's work environment by providing transgender health training and education to leadership, physicians, nurses, social workers and members of the health care team. Brendle is also a popular speaker whose lecture topics range from diversity, unconscious bias, LGBTQ cultural competence to health care disparities.

"I'm so appreciative for the recognition from the Earl B. Higgins leadership committee for my work with diversity and inclusion," said Brendle. "Given



Priscilla Burgess, third from left, joins Student National Pharmaceutical Association members attending the 2018-2019 regional conference in Washington, D.C. SNPhA's mission is increasing diversity in the pharmacy profession and helping underserved populations.

recent events, it's more important than ever that we understand, accept, respect and value each other's differences. Each of us are unique in our own special way, and this uniqueness is what makes us all stronger. Imagine how different the world would be if we all would embrace our differences instead of fearing and alienating them. Let me close with a quote from Harvey Milk: 'All men are created equal. No matter how hard they try, they can never erase those words. That is what America is about.'"

PRISCILLA BURGESS — STUDENT AWARD

The Student Leadership Award recipient, Priscilla D. Burgess, Pharm.D., is a Class of 2020 College of Pharmacy graduate. In the four years she has been at MUSC, Burgess has played an active role within the College of Pharmacy, other areas of MUSC and greater Charleston community. She served as a College of Pharmacy student ambassador, mentored underrepresented high school students in the college's Minorities in Medicine program and participated in the college's diversity and inclusion committee to help to recruit minorities. In 2018, she and fellow students worked with the dean's office to establish the college's first PharmDamentals program – a daylong experiential visit for minority students interested in a career in pharmacy.

A natural leader, Burgess served in leadership positions with the Student National Pharmaceutical Association and Phi Lambda Sigma Leadership

Society and worked to increase minority recruitment. She participated in programs that would enhance MUSC's community outreach by organizing events to raise awareness for stroke and heart disease. She was also treasurer of the Multicultural Student Advisory Board, College of Pharmacy treasurer for the Student Government Association and a presidential scholar with the MUSC Dr. Raymond Greenberg Presidential Scholar Program.

Burgess also co-founded and coordinated pharmacy services at the Shifa Clinic to provide compassionate quality medical care to uninsured, indigent adult Lowcountry residents regardless of race, religion, ethnicity or national origin. Working with James Sterrett, Pharm.D., second and third-year pharmacy students provided pharmacy services for this population as well as collaborating with nurse practitioner and physician assistant students by connecting them to key clinical trials that offer primary care and working primarily with Hispanic patient populations.

"I am so honored to be recognized for my leadership in diversity and inclusion while being a student at MUSC. My goal from my acceptance into the College of Pharmacy was to celebrate and recognize the diversity within the college and to aid in making the university even more inclusive. It is so important that diversity is represented in the health professions in order to be representative of the patients we care for," said Burgess.

INNOVATION *Continued from Page Seven*

narrowing of the aortic valve, reducing blood flow from the heart into the body. In 2018, 100,000 people underwent a procedure called transcatheter aortic valve replacement, or TAVR, and that number is projected to increase to 500,000 by 2028, Abadia told the judges.

Before the procedure, radiologists must measure anatomical landmarks to provide a map for the cardiologist. But this is a time-consuming process that varies according to the radiologist, Abadia said. The group proposed

redirecting an artificial intelligence algorithm created by Burt to standardize the process while reducing the time it takes.

“We aim to expand the current algorithm, to automate the measurements in a reproducible manner, which could significantly reduce the time spent on this task,” Abadia said.

In addition to time savings, using artificial intelligence could improve the quality of measurements and the quality of patient outcomes by reducing complications, Burt said.

FELLOWSHIP *Continued from Page Nine*

Electrophysiology Laboratory at The Ohio State University. Leyzac hopes to receive specialized training and technical support in the area of cortical auditory evoked potentials in cochlear implant patients to expand cochlear implant research at MUSC.

Williams will be mentored by Lisa Forbes Satter, M.D., medical director for the Texas Children’s Center for Human Immunobiology at Baylor College of Medicine. Williams’ goal is to attain professional growth, development and mentorship to build a comprehensive clinical immunology program for

patients with immune-mediated disorders through multidisciplinary clinical care and translational research.

Carol FeghaliBostwick, Ph.D., chair of ARROW, said the recipients of the John R. Raymond Award fellowships have an outstanding opportunity to reach outside of their own communities and attract resources that can lead to great change.

“Research,” she said, “is fundamental to the mission of MUSC, as are the professionals who are making great advancements in academic medicine.”

For more information on the awards, visit <https://education.musc.edu/leadership/provost/reporting-units/arrow/awards/raymond-fellowship>.

DIRECTIVES *Continued from Page Eight*

leave without pay, leave under Families First Act, FMLA, etc. The request for consideration of vulnerable status and the decisions made must be documented. Those who do not feel safe coming to campus must contact their supervisor or student affairs office to determine if they are able to work/learn remotely. Information provided by employees/students regarding any medical condition must be maintained confidentially and in a separate medical file.

J. Individuals with child care responsibilities — while schools/child care services remain closed, may continue working/learning remotely as long as it may be effectively accomplished. If a leader or supervisor has an employee/student in their area

who has childcare responsibilities and is not able to work/learn remotely, the leader must contact the appropriate student affairs office (students) or the appropriate HR contact (employees) regarding options. The request for consideration of accommodations to fulfill childcare responsibilities and the decisions made must be documented.

Note: If a leader or supervisor has an employee who is deemed critical to transition on-site and the employee is unwilling to return due to fear or other reasons not specified in #I or #J above, the leader must contact the appropriate HR personnel to resolve the issue. All requests, decisions and outcomes must be documented.

K. All University personnel and students — must self-monitor daily and get tested if symptoms arise (Appendix

2). If you experience any signs of COVID-19 infection (e.g., runny nose, sore throat, cough, shortness of breath, chills, muscle aches, headache, subjective fevers, diarrhea, nausea, abdominal pain, sudden loss of taste/smell), then you must remain at home in self-quarantine and must be tested for COVID-19. It is highly recommended that you use the MUSC Virtual Urgent Care telehealth platform (musc.care) to be screened for testing. If you get screened on the MUSC cares site, please identify yourself as a health care worker regardless of whether you are a student, faculty or staff. You will be prioritized to get your results faster. All individuals who test positive are also required to self-report at <https://redcap.musc.edu/surveys/?s=JDA4TR833W> or via e-mail at COVIDWATCH@musc.edu to allow for prompt contact tracing. You are also required to inform your supervisor/program director immediately and quarantine for at least 14 days. Self-reporting not only stops the spread of COVID-19 but allows for us to share supportive services with you. Further, know that your privacy is important to us and we will only share what is minimally necessary to stop the spread

Testing and Reporting

1. All University personnel and students must self-monitor daily.
2. If you experience any signs of COVID-19 infection (e.g., runny nose, sore throat, cough, shortness of breath, chills, muscle aches, headache, subjective fevers, diarrhea, nausea, abdominal pain, sudden loss of taste/smell), then you must remain at home in self-quarantine and must be tested for COVID-19.
3. It is highly recommended that you use the MUSC Virtual Urgent Care telehealth platform (musc.care) to be screened for testing. If you get screened on the MUSC cares site, please identify yourself as a health care worker regardless of whether you are a student, faculty or staff. You will be prioritized to get your results faster and it will assist with contact tracing.
4. All individuals who test positive are also required to self-report at <https://redcap.musc.edu/surveys/?s=JDA4TR833W> or via e-mail at COVIDWATCH@musc.edu to allow for prompt contact tracing. Self-reporting not only stops the spread of COVID-19 but allows for us to share supportive services with you. Further, know that your privacy is important to us and we will only share what is minimally necessary to stop the spread of COVID-19.

If you test positive you must remain out of all work/learning environments as follows:

- ☐ If you are asymptomatic: 14 days from date of positive test results
- ☐ If you have symptoms: you may return when you are 14 days from symptom onset, AND have gone 72 hours without fever AND have had 24-hours without symptoms.

APPENDIX 3:**MUSC University Directives Regarding COVID Exposure for Faculty, Staff and Students**

The CDC and other federal and state entities have recommended different post-COVID exposure guidelines for health care personnel and essential personnel versus others. This is to

APPENDIX 1:**How to Remove Gloves to Protect Yourself:**

1. Grasp the outside of one glove at the wrist. Do not touch your bare skin. Peel the glove away from your body, pulling it inside out.
2. Hold the glove you just removed in your other gloved hand.
3. Peel off the second glove by putting your fingers inside the glove at the top of your wrist.
4. Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.
5. Dispose of the gloves safely.
6. Do not reuse the gloves.
7. Clean your hands immediately after removing gloves.

APPENDIX 2:

See **DIRECTIVES** on page 12

DIRECTIVES *Continued from Page Eleven*

ensure adequate manpower for essential functions. Therefore, the university will be following this same differentiation. Please see below for guidelines for actions post COVID-19 exposure based on four different scenarios.

1. All clinical faculty must follow the MUSC Health Guidelines if notified of exposure to an individual diagnosed with COVID-19 <https://horseshoe.musc.edu/~media/files/hr-files/univ-files/covid19/employee-self-monitoring-and-return-to-work-guidance.pdf?la=en>
2. All university staff or faculty who are considered “essential” as determined by their department chair or supervisor must also follow MUSC Health Guidelines if notified of exposure to an individual diagnosed with COVID-19 <https://horseshoe.musc.edu/~media/files/hr-files/univ-files/covid19/employee-self-monitoring-and-return-to-work-guidance.pdf?la=en>
3. All students on clinical rotations/

internships/experiences will follow the exposure guidelines at their individual clinical site if notified of exposure to an individual diagnosed with COVID-19, and must notify their respective clinical coordinator of the exposure. The purpose of this notification is to monitor student exposures, provide support if the student subsequently tests positive and provide support for managing clinical requirements if quarantine is necessary.

All other university staff, faculty and students not identified above in items 1 to 3 must follow the COVID-19 exposure protocol below.

Level 1 High-Risk Exposure

High-risk exposure is defined as close contact (< 6 feet) for ≥15 minutes with a person who has tested positive for COVID-19 or skin-to-skin contact such as hugging, high fives, etc.

Required Actions

- Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times.
1. Report the exposure to your

- supervisor/program director/instructor so they will be aware of your absence.
2. Avoid contact with anyone vulnerable to the complications of COVID-19.
 3. Self-monitor for symptoms such as runny nose, sore throat, cough, shortness of breath, chills, muscle aches, headache, subjective fevers, diarrhea, nausea, abdominal pain, sudden loss of taste/smell. If you experience any of these, you must be tested for COVID-19. (Follow testing and reporting requirements in Appendix 2).
 4. If you are asymptomatic you may choose to be screened by the Virtual Urgent Care telehealth platform (musc.care) to determine if you should be tested. Please note that testing for asymptomatic individuals less than 5 to 7 days after exposure is not recommended due to the high number of false negatives. If you are tested within the appropriate time frame and your test is negative you may return to work before the end of the 14-day quarantine.

Level 2 Low-Risk or Casual Exposure

Low-risk exposure is defined as all other contact that does not meet the

criteria for high-risk exposure. For example, this would include being in the same building, lab, classroom or space occupied by an individual who has tested positive for COVID-19 but not within 6 feet of that individual for ≥15 minutes. It would also include short encounters in hallways, elevators, etc.

Required Actions

1. There is no need for isolation or quarantine. Please continue to follow all other directives including wearing a mask and maintaining a social distance from others where feasible.
- Self-monitor for symptoms such as runny nose, sore throat, cough, shortness of breath, chills, muscle aches, headache, subjective fevers, diarrhea, nausea, abdominal pain, sudden loss of taste/smell. If you experience any of these, you must be tested for COVID-19. (See Appendix 2).

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