



Photo by Amy Schmoll

Dr. Brenda Hoffman tries not to act surprised at what she sees on the monitor: None of Bryce's carry-on liquids were stored in individual 3.4-ounce Ziploc bags.

'BEHIND' THE SCENES: An inside look at the ifs, ands and buts of colonoscopies

EDITOR'S NOTE: This is the first in a series of regular columns by MUSC writer Bryce Donovan. "Trust Me, I Know a Doctor" takes us inside Bryce's mind (and in this case, other parts of the body) as he experiences the interesting aspects of life at MUSC, all told through his own lighthearted lens.



I have a colon. You have a colon. We all have colons. Heck, even this sentence has a colon: Don't panic but they're everywhere. And up until recently, I only

occasionally thought about my colon. and future walked into a bar ...
I was taking more of a semicolon approach, if you will.

YOU: I won't.
ME: I promise that's my last grammar joke.
YOU: Swear on it.
ME: OK, I swear the past, present

YOU: So help me ...
ME: It was tense!
YOU: I hate you.
ME: *sigh* That's two of us.

Anyway, at age 47, during my annual physical, I was told by my primary care

See **TRUST ME** on page 6

'The number of hospitalized, critically ill patients we've seen in a short period of time is unprecedented'

Staff Reports

Allison Eckard, M.D., division chief for Pediatric Infectious Diseases at MUSC Children's Health, said a worrying number of people are coming down with respiratory syncytial virus, better known as RSV, along with the flu and other viruses. She sees it firsthand in her young patients. "The number of hospitalized and critically ill patients we've seen in such a short period of time is unprecedented."

That's why MUSC Health is teaming up with the South Carolina Department of Health and Environmental Control and other health systems to encourage people of all ages to take steps to reduce their risk.

In a SCDHEC news release, state epidemiologist Linda Bell, M.D., said one key way to do that is for everyone who's eligible to get a flu shot. "That is especially important for older residents, people with chronic health conditions and very young children."

Her agency also noted that COVID is still around. Some experts say it could surge again this winter. As Michael Sweat, Ph.D., leader of the MUSC's COVID-19 tracking team recently put it: "There's always uncertainty, but every time I think it's over, we get another wave."

So SCDHEC continues to recommend COVID

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Health tradition
Dental student continues family legacy.

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Innovating interprofessionalism
Medical student takes course to next level.

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Photo by iStock

Older adults are among the people at higher risk of getting seriously ill from respiratory viruses.

RISK *Continued from Page One*

vaccines and boosters.

When it comes to other precautions that can help in the fight against the respiratory viruses that are causing problems right now, SCDHEC recommends the following steps:

- Wash your hands often.
- Cover your cough or sneeze.
- Wear a mask if you're at higher risk because you're immunocompromised or have another health risk.
- Stay home and away from others when you're sick.

And keep in mind that others may be at a higher risk for getting really sick than you realize. Eckard said in her area, pediatrics, the most vulnerable patients are babies, young children and kids with underlying medical conditions, especially

those that affect the immune system and/or lungs. SCDHEC said others at higher risk include older adults, people who are pregnant and those with chronic health conditions.

Thornton Kirby, president and CEO of the South Carolina Hospital Association, said hospitals and health systems have been on the front lines of the pandemic, encouraging hand-washing and vaccination. "Now we are asking individuals to utilize those same measures to stem the tide of flu, RSV and potential COVID cases impacting our health care providers."

Other health care systems involved in the state's efforts to help people lower their risk — and stay out of the hospital — include Lexington Medical Center, McLeod Health and Prisma Health.



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

843-792-4107
Fax: 843-792-6723

Editor: Cindy Abole
catalyst@musc.edu

The MUSC Catalyst News is published bimonthly. Paid advertisements, which do not represent an endorsement by MUSC or the state of South Carolina, are handled by Island Publications Inc., Moultrie News, 505 Belle Hall Pkwy, Suite 202, Mt. Pleasant, S.C., 29464; 843-958-7480; 958-7384, 958-7488 or 843-607-0812, E-mail: advertising@moultrienews.com.

PRESIDENT'S PERSPECTIVE

Dear MUSC family,

Disruption: No one seeks it out. Defined as "a disturbance or problems that interrupt an event, activity or process," disruption creates more work and alters our plans, sometimes permanently. However, there are two types of disruption in the business world: One is good, where an innovative disruption to the "way we've always done it" moves things forward and creates efficiencies, time-savings and flexibility, and sometimes, it is the path to progress.

The other kind, like natural disasters, can create so much of a disturbance and so many problems that it can make it hard to deliver on an organization's mission. In the past month, we've experienced both, and I want to thank all of you for the tenacity, problem-solving and commitment that you have demonstrated given both sets of unique challenges.

Let's just call it out-going live with MUSC OurDay is an ongoing disruption. But, once we get past the immediate, it will be a good disruption. Bringing as many administrative, financial and other day-to-day processes into alignment under the MUSC OurDay comprehensive technology platform (and being able to throw our last abacus in the trash) is an overall win for the organization. Hundreds of MUSC family members across the university, health system and practice plan have been going above and beyond for more than a year to get us to this point, and while the transition hasn't been perfect, I want us to take a moment to pause and thank the individuals who are making these changes, learning new things and doing their best to implement more fully all of what the OurDay platform has to offer MUSC.

Thank you, too, for your patience and understanding as we continue to move forward with something that's never been done in our almost 200-year history. I'm hearing good things from many areas of the enterprise about the go live of this new system, and I've also heard about individual frustrations, problems and complex and unforeseen issues for some areas. I've been assured by our enterprise leadership that the OurDay team is moving as quickly as humanly possible to manage and mitigate every one of these issues.

And as if this transition wasn't hard enough on its own merit, the go live happened to coincide with the threat of Hurricane Ian, leading to another layer of work for those intimately involved with the launch along with our emergency planning operations teams in Charleston and around the state.

These are the situations that test our resolve, our spirit and our expertise. In addition to recognizing the incredible amount of time and energy that has gone into the OurDay roll-out, I'm also very proud of how our MUSC teams worked together throughout the enterprise to prepare for and respond to the adverse weather generated by Hurricane Ian. Even though we were very fortunate to come through with no major damage to our Charleston campus or in any of our MUSC Health locations, preparing for, managing and recovering from Ian was a significant disruption. We were very blessed to have escaped the worst of the turmoil it inflicted on those in other parts of the country. Our thoughts for and outreach efforts in those areas will continue for some time.

As we move toward the season of gratitude, I hope you'll join me in appreciating and thanking each other for weathering these recent metaphorical and literal storms.

Yours in service,

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



Cole

As RSV appears to wane, flu is on rise in 'really unusual' season

By HELEN ADAMS

adamshel@musc.edu

Cases of RSV, respiratory syncytial virus, appear to be waning at MUSC Children's Health after a very early spike. As you can see on the graph to the right, there were 407 positive test results for RSV in September. October saw 244 cases, confirming a downward trend in RSV cases.

Allison Eckard, M.D., serves as division chief for Pediatric Infectious Diseases. "I do think that we've peaked early with RSV, and that we're coming down. But I think that we have to be cautious about what will happen during the winter. Will we see a second spike?"



Eckard

Parents hope not. Some, like Cory and Sara Robertson of Mount Pleasant, South Carolina, have had the harrowing experience of seeing their babies hospitalized with RSV. While RSV causes cold-like symptoms for most people, children under 4 months old are susceptible to getting really sick because they're transitioning from using their mother's immune system to developing their own and have immature lungs that are more susceptible to infection-induced inflammation.

And this is no time for families to let their guards down, Eckard said. Another virus, influenza, is hot on RSV's heels. Positive test results at MUSC Children's Health rose from a total of 26 in September to 490 in October.

"It's very unusual for us to have an influenza season that starts this early. We usually wouldn't become a red state until December or January and sometimes even later than that – until February or March," Eckard said.

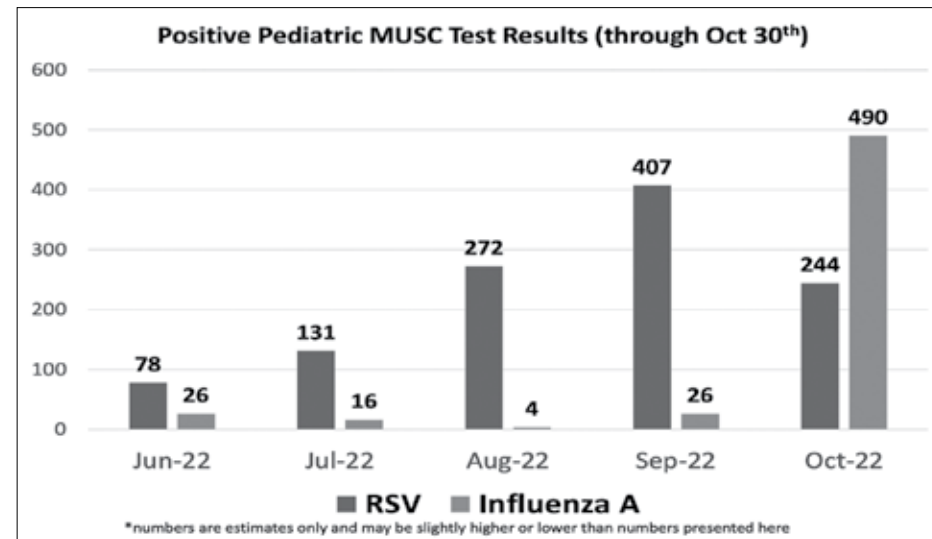
There are just a handful of states with high levels of flu right now, and it's unclear why them – and why now. "The epidemiologists are going to have a field day with this," Eckard said.

She and other experts say COVID may have thrown off regular seasonal patterns for some viruses, including RSV and the flu. Masking and isolating kept a lot of people from getting sick. When they stopped doing those things, the viruses returned. And since most people hadn't had the viruses for a couple of years, they didn't have recently acquired immunity to protect them.

Eckard said most people also haven't had their flu shots yet. "So just about everybody's unprotected, and I'm sure that that is contributing to the spread. People really need to go out and get the flu vaccine as soon as possible. And I always say for people who have children under 6 months of age, everybody in the family needs to be vaccinated to protect that baby. The flu vaccine isn't approved for infants less than 6 months of age, but they are often among our sickest patients."

Eckard said people who have already had the flu this year still need to get vaccinated. "With flu, there are typically multiple strains that circulate during the season, and we often have two peaks. For example, one with flu A and one with flu B. So even if you've had the flu this year, you still need to get the vaccine because it provides protection against multiple strains. It can be a debilitating illness. Getting the flu shot prevents you from being sick on the couch with a high fever and terrible body aches for a week or two."

Flu and RSV aren't the only viruses circulating right now. In October, children were also admitted to the MUSC Shawn Jenkins Children's Hospital with rhinovirus, enterovirus, adenovirus, COVID and other respiratory illnesses. Some of them have more than one infection. It all adds up to what Eckard called an unusual season for viruses. "It just got started really early this year."



Graphic by Dr. Allison Eckard

This graph shows the number of positive RSV and flu tests at MUSC Children's Health.

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Changing What's Possible

MUSC internships show teens possibilities in STEM fields

By HELEN ADAMS

adamshel@musc.edu

Asante Lee, a junior at R.B. Stall High School in North Charleston, has her eye on the future. So when she heard about MUSC’s Teen Science Ambassador Program, she signed up.

“I was like, ‘Oh, hey, I like STEM. This might be a good opportunity to get in a field with research and stuff. It might help boost my college applications,’” Asante said.

The paid internship might also help her decide which career she’s leaning toward. “Right now, in this moment, I want to be an anesthesiologist more than an artist. So that’s kind of the path I was going. I was like, ‘Oh, hey, maybe this is like a step in the right direction. Like, this is where I can get a head start before anyone else.’”

Program coordinator Ren Rountree said getting a head start is what it’s all about as she and her team work to increase diversity in the fields of science, technology, engineering and math. “I think, not just in science but in every facet of life, it’s important to have diversity. We need to have different voices featured and give them a voice at the table, and it starts early.”

In this case, it starts in the tenth or eleventh grade. Participants in the Teen Science Ambassador Program have to be at least 16 and a sophomore or junior in Charleston County. They also need to come from a group underrepresented in STEM, whether through race or ethnicity, disability, socio-economic issues and/or gender disparities. “We want to make sure that they know that we need them in STEM and cultivate a sense of belonging in STEM,” Rountree said.

The need is clear, she said. There’s plenty of evidence to back up that assertion.

- The Pew Research Center reported that Black and Hispanic workers are underrepresented in STEM fields.
- A report in the publication Education Week asked, “Why are students with disabilities so invisible in STEM education?”
- U.S. News & World Report ran a

story headlined, “Low-income students nowhere to be found in STEM.”

- An article in Science Advances pointed out, “Systemic inequalities for LGBTQ professionals in STEM.”
- The website STEM Women noted a big imbalance between women and men in the STEM workforce, with women holding fewer than 25% of STEM jobs.

Rountree said she doesn’t expect every teen ambassador to work in STEM, although she hopes many will. “The skills that our students are learning in this program are transferable. Knowing how to develop a resume, present, think critically, these are all skills that will serve the students well in whatever their desired profession is.”

The program also exposes students to clinical research, developmental neuroscience, addiction science and professional development during weekly meetings. “This semester, we have 12 ambassadors in the program. We’ll have five near-peer mentors. Over the course of the next five years, we’ll have 54 students that will matriculate through the program,” Rountree said.

It’s funded through a Science Education Partnership Award, supported by the National Institutes of Health.

Teen science ambassador Alayna Ancrum, a junior at James Island Charter High School, is interested in working in health care — maybe as a sports medicine doctor. She loves the fact that the program is exposing her to what goes on behind the scenes in science.

“Right now, we’re doing research where we all came up with a question on a specific topic about mental health and substances. So we find out information, and we’re going to make a big poster about it,” Alayna said.

She chose a subject fitting for the ambassadors’ age group. “My question is why do teens use substances as a form of disguise for mental health issues?”

Asante, the junior at Stall High School, went in a different direction. “The project I’m doing is going to be about schizophrenia. Like, what are its causes and such.”

While she looks for the answers, she’s



Photos by Sarah Pack

From left: Teen science ambassadors Alayna Ancrum, Briana Lawton, Shekinah Phillips and Anna Sofia Crews at a recent meeting at MUSC.



Teen science ambassador Aniya Akinjobi listens during a discussion.

encouraging other students with an interest in STEM to consider applying to the Teen Science Ambassador Program. “This is a really good learning experience, so if they do give you an opportunity at your school, definitely take it up because, like, this field is really interesting: interesting people, interesting researchers and, you know, if you’re ever unsure about what you should do, always, you know, try for the unknown,” Asante said.

Alayna agreed. “It’s a great opportunity. You would learn a lot of things about research that you didn’t know. You would get to learn about a lot of things in the medical field. Also, it’s a kind of like a big family. Your mentor is a person you can go to anytime. Well, actually, any of the mentors, because you can have a conversation with them and laugh, and you’ll be able to have fun.”

MEET LAURA



Laura Cohen

Department; Years at MUSC

Zone 3 Maintenance-trade specialist; 19 years, 7 months

How are you changing what's possible at MUSC

Showing that it's possible for women to work in any environment, in any field, when they see me at my job

Family and pets Husband, Elijah Cohen Jr.; daughter, Laureena Larraine Cohen

Contributions to MUSC you are proud of

My work at MUSC as a painter, especially the cabinet project I completed at MUSC Employee Health

What music is in your player right now "Maze" featuring Frankie Beverly, "Before I let you go"

Favorite football team Carolina Panthers

Mentor during your career Charles King, former supervisor, MUSC Paint Department

Your idea of a dream vacation Just to hit the road and view the trees and be by water is good for me

Your retirement plans Chill out a bit and go back to my trade as a spray painter

Words of advice "People will show you who they are, believe them."
— Maya Angelou

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physician that I was officially entering “middle age” – that magical time in our lives where the body and mind are in perfect harmony, such that we have the proper worldly perspective to understand just how sad it is that we can be hospitalized by simply sneezing too hard – and that it was time to start regularly checking under the hood (or is it trunk?). At first, I had the same reaction most people have when being told they need a camera up their ...

“But Bryce,” you’re probably saying, “you work for a hospital. You aren’t supposed to say stuff like that. You’re supposed to advocate for doing the right thing, even if they’re talking about your ...”

Ask me if I care. Look, I'm just being totally honest. Yes, I know preventive care is what saves lives and reduces everybody's medical costs. But I'm not going to lie, the idea of a colonoscopy freaked me out a little bit. And guess what? I'm not alone.

According to a recent study conducted in Europe, nearly 30% of people surveyed said they would be apprehensive about getting a colonoscopy, even if it was recommended by their doctor. So yeah, I'm in good company on the "baby bus" here. But then I talked to a few friends who previously had the procedure, and they all said it was no big deal. Plus, they reminded me that it was an opportunity to show my kids how a responsible adult handles adversity. Unlike the last time.

car thumps

ME: Oh, my God!

MY SON: Did we just hit a car?

ME: Um, no, I'm afraid it was actually a little old ... OK, she's moving again. Quick, let's get out of here!

It took a few days, but finally, I had mentally prepared myself for having a scope stuck up, er, inside me. What I didn't anticipate — or fully have a grasp of — however, was the tailgate party that preceded the procedure.

In order for the doctor to get a good, clean look at the inside of your colon, and to determine its health, it needs to be empty. Now, this is no small task.

Generally speaking, the inside of your colon is more crowded than the beach on the Fourth of July. Gross? Maybe? Disgusting to think about? For sure. Not something you ever wanted to know? One hundred percent. Wait, what was my point? Oh, in order to “uncrowd” the old crap factory, I needed to consume an industrial-sized dump truck full of powdered laxative. OK, so maybe it’s just 64-ounces (14 normal doses) worth. But I am not lying when I say this amount is enough to take down an adult water buffalo. And you have to drink it all in 24 hours. But BOY, OH, BOY are you lightheaded and clean as a whistle afterward. (Pro tip: remember to put your phone charger in the bathroom.)

The morning of the big procedure — as fate would have it, I was doing this on my actual birthday — I hitched a ride to the hospital because you aren't allowed to drive yourself afterward (for good reason — you will be all sorts of hopped up on what they use to put you to sleep during the “big game.”) After getting checked in, I made my way to my room of sorts, where I got into my gown. Now please learn from my embarrassment here when I tell you: The only thing worse than getting naked in front of strangers is getting naked in front of strangers when you're not supposed to.

Once that awkwardness was cleared up, in came my doc, Brenda Hoffman, M.D., a small, unassuming woman who takes things very seriously, as evidenced by our first-ever interaction.

ME: I'm Bryce.

HOFFMAN: Nice to meet you, Bryce.
I'm Dr. Hoffman.

ME: This is my first colonoscopy, so I'm a little nervous.

HOFFMAN: Don't be. It's mine too.

Then she asked why I was laughing. Just kidding. She was totally laughing, too, because she's done like a zillion of these things over the course of her career, and she knows a thing or two about putting a patient at ease. When I told her it was my birthday, she laughed again and said, "You really know how to pick fun ways to celebrate." She also said she had a surprise in store for me — not exactly what you want to hear from your surgeon right before she puts you under.



Photo by Bryce Donovan

With 14:1 odds against, my colon never stood a chance against MiraLAX.

But much to my delight, the surprise was the entire operating room singing “Happy Birthday” in unison as I slipped into warm, cozy anesthesia world.

Then, what felt like only 15 seconds later, I was being gently roused from LaLa Land by a nurse asking how I was doing. I responded by asking if she was my wife. (Her response — a very quick, “Nope!”) After a few more nonsensical comments on my part, the brain finally started to play catch up, and I remembered where I was and why I was there. The only thing missing was my surgeon.

Moments later, she entered the room with a smile telling me everything looked great up there. To which I responded, “thank you.” Ha! Yeah, right. I totally started giggling like a 10-year-old.

Unfazed, she patiently walked me through the details of my procedure, explaining what she saw (two small spots that required closer looks and

subsequently turned out to be nothing) as well as what she didn't (my car keys). She also reminded me what a great thing I had done, getting preventively screened. And with that came some more good news: I didn't need to have another one for 10 years.

In a weird sort of way, that made it a birthday I'd never forget. After all, what better present can you get than a clean bill of health? And that filled me with pride. Which, ironically, was about the only thing filling me at that point.

Later that day, as I finished shoveling in my second cheeseburger, I took a moment to reflect on the mature decision I had made and its accompanying good news. And that's when it hit me.

Good thing the phone charger was still in there.

Got an idea for Bryce's next column? Send him an email at donovanb@musc.edu.

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Inventor-turned-medical student thinks good design key to improving health care

BY BRYCE DONOVAN
donovanb@musc.edu

Most sixth graders don't know what they want for lunch, much less what they want to be when they grow up. But first-year MUSC College of Medicine student Joshua Kim wasn't like most sixth graders. While most of his friends were playing video games or watching their hometown Chicago White Sox win the World Series, Kim was reading up on a pediatric neurosurgeon named Ben Carson.

In particular, it was Carson's work separating conjoined twins that most fascinated a then 11-year-old Kim. So, for his year-end class project, he dressed up in scrubs and latex gloves and gave his report on Carson. And a flame was lit.

Kim's father, a successful podiatrist with a passion for his work, had already piqued an interest in the middle schooler, so it was practically inevitable that he would be drawn to medicine.

During high school, Kim never wavered on his dream of following in Carson's footsteps by becoming a pediatric surgeon, but an undeniable talent for making things with his hands took him on a few detours along the way.

"I always wanted to figure out how things work and make the next big thing," he said.

In high school, he taught himself how to build jet-powered rockets. (Yes, you read that right.) In undergraduate school at Northwestern University, he made a fully functioning Iron Man suit so detailed that you would have sworn



Photo by Jeremiah Kim

Joshua Kim wants to be a pediatric surgeon one day. "I just seem to know how to connect with kids at their level," he says. Dressing up as Iron Man probably doesn't hurt either.

it came from the Marvel Studios' props department. And that's when an idea was formed: What if he was able to combine his love of building things with his passion to heal?

"I feel like I was always balancing this duality between medicine and design. It just took me a while to realize I didn't have to choose one or the other," he said.

See STUDENT on page 12



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Healthy family traditions: First-year dental student looks to add to legacy

BY BRYCE DONOVAN

donovanb@musc.edu

Twice a week, Fleetwood Brown would make the 45-minute drive.

A senior at Clemson University, Brown was an agriculture major. It was his last semester before graduation, and he already had a job offer in his pocket: working with farmers in Minnesota, teaching them how hydraulic machinery worked. But his heart kept whispering that there was something else. So, he listened.

The drive from Clemson to Greenville is just over 31 miles. Brown knows it well. It's a mix of highways and back roads, a few curves and hills here and there, with plenty of farmland along the way, serving as a reminder of what could be. Over the course of 12 weeks, he made that drive nearly two dozen times. And his destination was always the same – his cousin's dental practice on East North Street. But for as much as he enjoyed Preston Hamrick's company, the visits were more than just family reunions. They were opportunities for Brown to watch Hamrick work and soak up all he could about the field of dentistry. After all, he could only run from destiny for so long.

Brown's family has seen 15 family members graduate from MUSC, not to mention the handful of other relatives who worked at the University

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over the years. Spanning more than a century, they launched programs; ran departments; one, Fitzhugh Hamrick, D.M.D., was even an associate dean. Now, as a first-year student – and class president – at the College of Dental Medicine, Brown is looking to add to that total.

With a family tradition like that, it seems almost impossible to think he would ever do anything other than work in health care. But right up until that last semester of undergrad, it seemed a very real possibility.

"Yeah, you'd think it would have been on my radar, but it really wasn't," he said. It was a chance meeting with some surgeons and some key advice from an uncle that changed the course of his future and opened his mind to different possibilities.

"When I was a kid, all I wanted was to be a dentist. But somewhere along the line I started to think I didn't have what it took," he said. "I think I lacked the confidence. But lucky for me, the right people caught me at the right time and convinced me you only get one shot, and if I didn't take it, I might regret it."

His family boasts seven College of Dental Medicine graduates, seven College of Medicine graduates and one College of Health Professions grad. Many of them are still in practice today, both in Charleston and in other parts of South Carolina.

If things go according to plan, Brown will graduate in 2026, and the idea of working in the freezing cold of Minneapolis will only be a faint memory.

"It might sound weird, but in some ways, the two things – farming and dentistry – aren't all that different. With both, you get to work with your hands and people every day. The big difference, for me at least, is that I think I'll have the opportunity to kind of pay things forward. To give other people that same self-confidence a handful of dentists gave



Photo by Sarah Pack


First-year MUSC dental student Fleetwood Brown plans to become the 16th family member to graduate from MUSC.

me once upon a time. And that's really exciting."

Where he'll go from there is still to be written. Maybe he'll move across the

country. Maybe he'll stay in Charleston. Or maybe, he'll move to the Upstate to work with his cousin at his practice – fittingly, called Heritage Dentistry.

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Students' interprofessional work leads to course improvements

By CINDY ABOLE

aboleca@musc.edu

What happens after a medical student, during the COVID-19 pandemic, successfully completes a required interprofessional (IP) course on campus and later shares his experience and feedback with leaders? For one thing, valuable improvements are made to the course, allowing other MUSC students to gain useful knowledge on their journeys to becoming future health care practitioners, not to mention taking a leadership role at a national conference.

That was the experience of Nestor Worobetz, a fourth-year College of Medicine student. As part of MUSC's emphasis on IP education, students take two required courses through the Office of Interprofessional Initiatives. These courses provide opportunities for two or more professions of students to learn with, about and from each other to enable effective collaboration and improve health outcomes.

Months after taking one of these courses, and following a personal interest in collaborating on important research projects with colleagues across the institution, Worobetz was invited to present his findings at a poster session at the annual 2022 Nexus Summit conference held in August in Minneapolis, Minnesota.

Worobetz' story began in fall of 2020 when he registered for the IP course on Emergency Management for Healthcare Professionals. The class emphasized emergency preparedness and response management during man-made and natural disasters and emergencies. It focused on how health care teams can prepare an organized emergency action plan while merging health care system operations for emergency response. Participating students were invited to earn Federal Emergency Management Agency (FEMA) incident management system certifications as part of the experience. Worobetz was among the second cadre of students to participate in this class.

"I saw lots of real-life, relatable applications and situations that I hadn't previously encountered in my medical school training. I found the course to be enlightening and satisfying in the material covered as well as the opportunity to collaborate an interdisciplinary group of students and work specifically on quality-improvement efforts," said Worobetz.

But the faculty for the course realized that this IP course clearly needed some tweaking.

By May of 2021, the course's instructors, Erik Modrzynski, system director of MUSC Health Ambulatory EHS and Emergency Management and Mary P. Mauldin, Ed.D., professor and former executive director of the Office of Instructional Technology and Faculty Resources at MUSC, were concerned



Photo Provided

Fourth-year College of Medicine student Nestor Worobetz presented his research at the 2022 Nexus Summit event.

about decreased quality improvement rankings and satisfaction scores from participating students.

To turn things around, the instructors invited students to share their class improvement suggestions. More than a dozen or more students met with Modrzynski and Mauldin to provide course feedback.

"We received valuable feedback from participating students. However, it was also a great opportunity for students to help in redesigning this course – if anyone could do it, we knew the students would be the best resource. Their input and effort gave us a chance to collaborate with students where they shared their opinions, learned about IP course design and strategy while helping us find solutions. Also for the student, it was a chance for them to do scholarship and research as it relates to course redesign involvement. The students put in a lot of work into this, and Erik and I were really happy about it," said Mauldin.

Another critical takeaway from the feedback sessions was the students' concerns about the number of assigned projects since each assignment required group work when all students were participating during the pandemic when no classes were held in-person.

Because of the campus's early emphasis on IP education, students are already introduced to collaborative teams and training through Interprofessional Day, special projects and campus programs. These types of collective activities lead to increased student involvement, better learning and overall student satisfaction. It's incredibly important to the student experience according to Mauldin.

Worobetz was particularly drawn to quality-improvement efforts related to student satisfaction scores. He helped to gather data from each semester's class quality-improvement scores, which included fall 2020 and spring 2021, compared it and shared those conclusions with Modrzynski and Mauldin. The team realized that if they could collect data and make changes to improve this class, why couldn't they apply this method to improve other IP elective classes across the enterprise?

Worobetz and the course instructors also concluded that better communication and more student involvement with interdisciplinary groups would lead to better learning and affect improvements in overall student satisfaction as well as affect an instructor's performance.

In August, he attended the Nexus Summit Conference where he presented a poster in the professional category – a huge honor demonstrating Worobetz' high quality of work. Worobetz has also written a manuscript that has been submitted for peer review with the goal of publication in a professional journal.

"It's been an amazing experience," said Worobetz, who is currently preparing for fourth-year residency interviews, where he hopes to match and specialize in plastic surgery. "Hopefully, I've set the research groundwork for this course for student feedback and satisfaction and IP course improvement at MUSC moving forward. Teamwork with this experience was so important – together everyone achieves more."

S.C. Healthy Business Challenge launches Upstate



Photo Provided
From left, Joey Current, Caitlin Townsend, Rick Gantt, Lt. Gov. Pamela Evette, Michelle McCollum, Dr. Susan Johnson, Mike Harris and Jen Wright.

In June of 2022, the South Carolina Healthy Business Challenge (SCHBC) officially launched in the Upstate. The statewide program was developed to assist businesses and organizations in establishing work environments that promote a culture of well-being and support a healthy, thriving workforce. Over 100 participants, representing businesses of all sectors and sizes located in or near the Upstate, enjoyed a healthy lunch while learning about this free new program and hearing from SCHBC leaders, partners and sponsors. Featured speaker Lt. Gov. Pamela Evette discussed organization well-being as an economic driver for South Carolina and congratulated the SCHBC and attendees for their commitments to prioritizing health at work.

The program is a progression of MUSC’s involvement in the South Carolina Hospital Association’s (SCHA) Working Well program, launched in 2011 and funded by The Duke Endowment, which aimed to improve the health and well-being of health care workers in the state. MUSC was identified as a Center of Excellence for its commitment to creating a culture of wellness and implementing policies, systems and an environment built around three pillars — a healthy food environment, tobacco-free campus and physically active workplace. When the SCHA received additional funding to expand to all sectors of business, the centers of excellence were asked to develop a

strategy to share what had been learned and become resources to other businesses in their communities. I had been involved with a corporate challenge focused on sustainability and thought that model might work for worksite well-being, so I went in search of a program we could adapt and replicate. I found that program in Nashville, Tennessee. After a visit with then-Mayor Carl Dean, who graciously offered his corporate challenge program to us, I reached out to my colleague Paul Wieters, Wellness coordinator with the City of Charleston, and together we created the Charleston Healthy Business Challenge, which launched in 2015.

Our goal was to create a collaborative, free program to support businesses and organizations in establishing work environments that support a healthy, thriving workforce. We knew from our experience with SCHA’s Working Well program that networking and sharing best practices with others is a powerful tool to create change, so we built our program around in-person quarterly seminars. We invite businesses and organizations of all sizes and sectors to join us for a healthy lunch and learn about current worksite well-being topics and trends. In addition to our expert speakers, we invite local health-promoting businesses as exhibitors to connect attendees with resources to support their goals. We also invite our members to share their successes through a member spotlight presentation, and we provide opportunities

MUSC Health & Well-Being



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

for attendees to network and learn from one another. In addition to in-person seminars, we host virtual events, site visits and team-building activities throughout the year.

Since its inception, our leadership team envisioned expanding the program to create greater impact. With continued support from our presenting sponsor, Blue Cross Blue Shield of South Carolina, and new support from partner sponsor, Gallagher, we rebranded to the South Carolina Business Challenge and renamed the Charleston Healthy Business Challenge the Lowcountry Healthy Business Challenge. We also launched the Upstate Healthy Business Challenge, and plans are in place to launch the Midlands Healthy Business Challenge in 2023. I am proud to be part of the leadership team, which also includes Kaitlin DaPore of MUSC; Paul Wieters with the City of Charleston; Mike Harris, presenting sponsor and vice president of Group Sales, Blue Cross Blue Shield of South Carolina; Joey Current, sponsor and lead for Trident United Way’s Healthy People Healthy Carolinas program; and Caitlin Townsend with Gallagher, who is leading the Upstate region. The SCHBC receives additional support from SCHA Working Well, SC Biz News, LiveWell Greenville and seminar sponsors.

I’m so grateful for the support we’ve received from our members, stakeholders and leaders who see the importance of a healthy workforce to promote a healthy economy and healthy state. I believe the collective passion across all represented organizations is having a significant impact on the quality of life in South Carolina. Our leaders are committed. Our organizations are healthier, and we are changing the norm of the workplace environment in our state to one that embraces a culture of well-being as the new standard operating procedure. By making health a priority at work, we see changes in employees, in their families and in our communities.

MUSC employees: Get your flu shot!

All MUHA and MUSCP employees, as well as clinical providers (physicians, residents, fellows, nurse practitioners, physician assistants, social workers, etc.), are required to have flu shots or complete a declination form by Dec. 2. University employees are also encouraged to get a flu shot. For information, visit <https://www.musc.edu/medcenter/influenza/flu-shots>.

Bike safety, made fun (and loud)

By Bryce Donovan
donovanb@musc.edu

Melon. Noggin. Dome. Noodle. Coconut.

There are dozens of clever terms for the human head but only one right way to protect it when you're riding a bike – by wearing a helmet.

According to Kids Safe Worldwide, a nonprofit that works to keep kids and families safe, every week more than 2,000 children will end up in emergency rooms across the country due to bicycle-related accidents. And many of them could have been prevented by the proper use of a helmet.

MUSC Health pediatric emergency physician, Elle Greer, D.O., recently visited the kids at Daniel Island Elementary School, with the goal of educating them on that very fact along with plenty of other safe riding tips. But,

of course, teaching young kids about safety isn't always the easiest of tasks; after all, they need motivation. But Greer is no amateur. She came equipped with giant road signs, a giant Styrofoam head wearing a helmet and, of course, a giant bag of prizes. And because she did all this outside, being noisy wasn't frowned upon; it was actually encouraged.

"I mean, what kid doesn't like to be loud and boisterous," she said.

Sadly, over the years, Greer has seen her share of frightening trauma cases involving children. She feels a responsibility to her community to prepare kids as best as possible in the hopes of eliminating some of those accidents in the first place.

So when a parent reached out to MUSC about having someone come to speak to the kids, then-MUSC Health pediatric trauma injury prevention coordinator Christa Green had just the



Photo by Berkeley County School District
MUSC's Dr. Elle Greer teaches bike safety at Daniele Island Elementary.

person in mind.

"Dr. Greer is phenomenal. I knew it would be great," Green said. "And the feedback we got from the parents afterward was out of this world. One parent, who lives a block or so from the school, told me she could hear the kids yelling and laughing from her back yard."

For Green, connecting with the kids energized her in a way that reminded her of where she began her medical journey.

"You know, the funny thing is I majored in public health in undergrad," she said. "We focused on teaching people to make smart choices so that they could live longer, healthier lives. But now, here I am doing the opposite – working in emergency medicine and treating them after they've gotten hurt. So it's nice to see these kids in their daily lives and not the ER, where I feel like I can help them maybe avoid anything really bad from happening."

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WORD SEARCH

Find the words hidden vertically, horizontally, diagonally, and backwards.

ROLE MODEL

ACTIONS	GUIDE	POSITIVE
ADULT	INFLUENCE	QUALITIES
ASPIRE	INSPIRE	REACH
ATTITUDE	INSTRUCT	STUDENT
BEHAVIOR	LEADER	TEACHER
CHILDREN	MENTOR	TRAITS
GOAL	MODEL	WORKFORCE
GUIDANCE	OVERCOME	

U	M	I	C	Q	E	M	G	F	A	S	P	I	R	E	S	S	T	W	T
D	U	N	N	B	T	V	H	B	E	K	V	K	P	E	G	L	E	K	T
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I	P	T	M	H	U	K	U	V	A	O	I	T	O	H	R	U	M	L	A
C	S	S	W	V	G	R	B	D	D	G	P	M	A	Q	R	O	U	O	M

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STUDENT *Continued from Page Seven*

After receiving his undergraduate degree, Kim was accepted to the Segal Design Institute’s Engineering Design Innovation Masters Program at Northwestern University. It was there that he took his creations to the next level. There was the gadget to help people who were recovering from strokes, the device to speed up the time a cancer patient spent going through radiation, the pediatric-focused injection device that aimed to decrease anxiety caused by getting a shot.

“I saw just how powerful human-centered and empathetic design could be in the health care field,” he said. “And I just wanted to keep making more things to help.”

With the ink still wet on his diploma and a prestigious job offer already in hand, he was poised for his next big move. But a professor asked Kim if, before making any career decisions, he’d do him one favor and meet with a former colleague of his first. So Kim sat down with MUSC oncologist, David Mahvi,



Photo Provided
Kim and his sixth-grade project on Dr. Ben Carson.

M.D., and a fork in the road quickly appeared.

“It was just immediately evident that he saw the world through a different lens,” Mahvi said. “He looked at things from a design standpoint, which is so refreshing in the medical field. He just came at things from a totally different angle.”

So Mahvi offered him a job. Within a month, Kim moved to Charleston and found himself working

alongside Mahvi and Michael Yost, Ph.D. The task: leverage his unique skills and help create the Human-Centered Design Program at MUSC. The program would teach its students how to blend medicine, design and technology to make health care better. Kim lent his design expertise and passion for medicine to get the program up and running immediately.

Now in its third year, the program is very much the fruit of Kim's labor. He even did a fair amount of teaching along the way.

“When I came here, I literally had no teaching experience,” he laughed. “But now it’s something I really enjoy.”

Well, enjoyed. Right now, Kim is on the other end – learning right now. The first-year medical student has embarked on the second part of his master plan – this time looking to add a hands-on element to his health care contributions.

The act of going to medical school and, in turn, temporarily stepping away from the Human-Centered Design Program – something Mahvi always knew was something Kim aspired to do – has proved bittersweet for both.

“He has been really important to me,” Kim said. “He made me feel like I was one of his own kids that he was sending off to college.”

Mahvi’s father-like pride is evident: “It’s crazy to think, but Josh became an educator within the Department of Surgery that transcended MUSC. He actually did Grand Rounds. That’s unheard of for somebody who’s not a surgeon.”

This means Mahvi is left with a gaping hole to fill in the program. “Our hope is to bring him back one day so he can help us grow it even further,” he said. “I see him as this bridge between design and health care. There just aren’t that many people out there like him.”

Kim shares his hopes.

“I really hope I find time to come back and work with the program again. Marrying these two worlds together is so exciting,” he said. “Yes, I’m in medical school right now, but I’m always thinking ahead to what’s next. I’m a designer, a maker, a dreamer. That’s the core of who I am. So, I’m always going to be thinking about innovation and how we can bring those innovations to life.”

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