



Photo by iStock

Medicaid now covers health care for a year after a mother gives birth.

Medicaid for moms: 'I think it'll save lives'

BY HELEN ADAMS

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Doctors at MUSC Health are applauding a change that will give moms on Medicaid an extension in coverage. Instead of being covered for two months after giving birth, they are now covered for a year. "I think it'll save lives," said David Soper, M.D., senior medical director of Women's Health.

"Traditionally, obstetricians have focused on prenatal care and intrapartum care." Intrapartum refers to the time during labor and delivery. "The goal is to deliver a healthy baby safely. Once this is accomplished, there's a tendency to breathe a sigh of relief and think that everything else is going to be just fine. But we know that more than half of all pregnancy-related morbidity and mortality occurs postpartum," Soper said.

The South Carolina Department of Health and Human Services recognized that risk in pushing for the

extension, which takes effect this month. The change is possible under the \$1.9 trillion American Rescue Plan Act of 2021. It has the potential to affect a lot of people, because Medicaid covers almost half of all births across the country, according to a report by the Kaiser Family Foundation.

Soper said it can help those women transition from seeing OB-GYNs to primary care doctors, who will be able to help with a range of potential problems. "Women who develop medical complications of pregnancy, for example hypertension or diabetes, are at risk to develop those conditions later in their lives when they are not pregnant. And some new mothers will note a persistence of their hypertension or diabetes despite the delivery."

So they need continuing care, Soper said. "Newly recognized high blood pressure and heart failure, along with diseases associated with blood clots, can require

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New COVID case numbers: 'It's really good. But I don't think it's going to last,' said scientist

BY HELEN ADAMS

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Reported COVID cases in the Charleston Tri-county area were both low and stable over the past week, according to the MUSC COVID-19 Epidemiology Intelligence Project. "They're remarkably good. They can't go much lower," said project leader Michael Sweat, Ph.D., of the latest COVID data release from the South Carolina Department of Health and Environmental Control.

It showed that there were 228 cases in Berkeley, Charleston and Dorchester counties combined from April 10 to April 16. The previous week's total was 229.

"It's really good. But I don't think it's going to last," Sweat said. "It's already brewing. If you look at what's going on across the country, there's been a 47% increase over the past two weeks in the number of cases reported. And keep in mind that the vast majority of people are using home tests, so they're not getting recorded. I think there are a lot more than are being reported."

Europe has had a big wave, Sweat said. "And in the U.S., it's following that same pattern where it settles in the New England, New York area and the surrounding states. Even though there's a lot of undercounting, in D.C., they're having had 151% increase two weeks and their numbers of up to 34 cases per day, per 100,000. So if you figure a lot more people are getting it not being reported, I think it's

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College of Health Professions announces tuition reduction to popular program

By **BRYCE DONOVAN**
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Deciding to go back to school to finish a bachelor's degree or begin a master's program is a huge financial commitment and time investment. And with today's financial landscape, doing so can seem pretty daunting, especially for professionals with career aspirations managing families, student loans or mortgage payments. Many good candidates just aren't able to swing soaring tuitions.

But one MUSC program is addressing this issue in an effort to help those who might otherwise not even apply because of finances.

Beginning in the fall of this year, tuition and program fees for the MUSC College of Health Profession's online Bachelor of Science in Healthcare Studies will be reduced from \$8,483 to \$5,000 per semester – a 41% reduction.

In total, incoming students can expect to save \$13,932 over the duration of the four-semester program. And for a young parent or professional just getting by, that kind of break could make all the difference.

Lauren Gellar, Ph.D., division director for Healthcare Studies, could not be more elated about the college's decision.

Gellar explained that the college attracts a high percentage of

nontraditional and underserved students. Many of them have been going to school for years, maybe taking a few classes each semester while juggling full-time jobs and caring for their families. Some have been working in health care for years, she said, and want to improve their career opportunities or perhaps continue on to graduate school. She hopes that this tuition reduction will give them hope and the incentive to apply.

"Many prospective students have shared that MUSC is an aspirational school, and cost often comes up as a barrier. They're not sure it's possible to come here. But it absolutely is possible, and I love that we get to help them to build confidence in themselves and their abilities. I am excited that we're making MUSC more affordable and accessible for students in South Carolina and beyond."

The program was created specifically to increase health care-related higher education access for rural, first-generation and underrepresented minority students across South Carolina. Over the years, Gellar has championed many efforts to increase access and address

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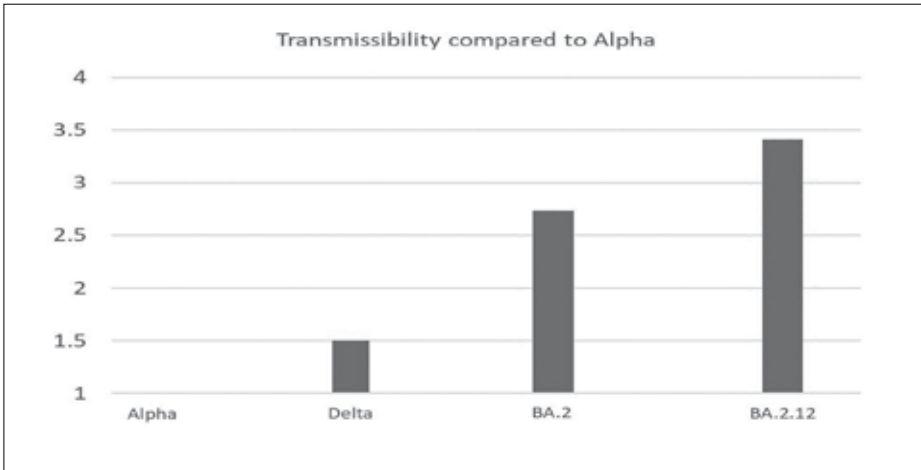
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Sweat created this graph showing the increase in transmissibility as the virus continues to mutate.

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happening. And I think it's going to likely follow the pattern we've seen in the past, and it will hit here sometime in the summer."

He also noted that there has been "a barrage of variants." "We're just seeing a whole new branch of the family tree having its progeny go out, and every one of these gets more and more infectious. Delta was about 40% to 80% more contagious than Alpha, which was more contagious than the earlier one. And then Omicron was 40% more than Delta. And then BA.2 30% more than BA.1. And now this BA 2.12 and BA.2.121 is 25% more. It's mutating toward transmissibility. It's getting more and more contagious.

The good news: "It doesn't seem to be changing its virulence so far."

His assessment came as the number of people taking pandemic precautions in public in the Charleston area dwindles. "The masks are mostly gone, and a lot of people are back to normal, which is fine. I mean, that's what you do. You want to watch what happens and adjust as you go. I'm just worried that we're not going to adjust back when we need to. I think the ability to do that has been compromised. You have to know when to turn masking requirements back on, and that's hard because there are different perceptions on that."

Something else that's tricky: answering a couple of key questions as we face the possibility of another wave. "One is how high would that curve go – how many

people will get infected? And the other one is how many will people end up in the hospital? It's so complicated," Sweat said.

"On the first point, I don't think it's going to go so high. One reason is if you look at Europe, what seems to be happening is it climbs up to about a third of the height of the first Omicron wave, then goes down or tapers off. And it makes sense to me because it's confronting a population with a lot of immunity because a lot of people just had a fresh infection," Sweat said.

"When you fold it all together, there are multiple variables at play, and that suggests to me we are going to see fewer infections because of the prior immunity, and that could drive down hospitalizations because we just have fewer people who get sick. I think we're going to have to wait and see."

But Sweat, a professor in the College of Medicine at MUSC, an adjunct professor at the Johns Hopkins Bloomberg School of Public Health and a former research scientist with the Centers for Disease Control and Prevention, said it's important to realize that we have more virus-fighting tools at our disposal than in the past, along with more tracking and scientific modeling.

"So all of those things push us toward an endemic state. And I think we're getting there. I mean, I think life has gone much more back to normal. It's just when the next wave comes, what will happen? It seems to me that we're going to be living with these waves for a while."

Restoring trust in research by creating lasting relationships

By KIMBERLY MCGHEE

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Distrust can lead people to put up walls. For communities of color, past abuses, such as the Tuskegee Experiment, left them wary of scientific research.

That distrust has been further fueled by the on-again, off-again relationship some researchers have offered these communities. Keen at first to engage them to gain data for their studies, some researchers disappeared once funding ran out, often without even informing participants of study results.

Such relationships of convenience left these communities skeptical about researchers' interest in their health and welfare, said Michelle Nichols, Ph.D., an assistant professor in the College of Nursing at MUSC, who directs the South Carolina Clinical & Translational Research Institute's Community Engaged Scholars Program.

Tearing down those walls and restoring trust is the goal of community-based participatory research (CBPR). Its tools of the trade, according to Nichols, are trust, respect and willingness to put in the time and effort to repair and build relationships with community members, in part by listening to and respecting their stories.

In a recent article on CBPR in Stroke, Nichols and Gayenell Magwood, Ph.D., professor in the College of Nursing, share their decades-long experiences breaking down walls of distrust and provide examples from three stroke initiatives that successfully incorporated CBPR.

Their article's biggest takeaway message: stroke initiatives that rely on academic/community partnerships should benefit not just the research team but also the community. CBPR provides researchers an opportunity not only to walk a mile in stroke survivors and caregivers' shoes, learning about their concerns, priorities and needs, but to partner with them to find solutions.

In CBPR, stroke survivors and caregivers are involved at each stage of the research process, from coming up with the research question to designing an approach to improve outcomes and sharing study findings with the community.

CREATING A SAFE SPACE FOR STORYTELLING

The CBPR approach aims to create a safe space in which stroke survivors and caregivers can tell their stories. Those stories have much to teach researchers and are more likely to be "heard" by other survivors and caregivers adapting to a post-stroke life.

"It just resonates better with people, especially other caregivers, if they can see and hear somebody who's been there before," said Nichols. "I can explain what a



Photo by Sarah Pack

Dr. Michelle Nichols, left, and Dr. Gayenell Magwood of the College of Nursing

disease is like as a clinician and researcher, but I really don't know what it is like to live with that condition or disease because I haven't lived it. But they have."

Researchers need to create a safe and comfortable space for patients and caregivers to tell their stories, said Magwood, and learn to communicate their science in a way that will resonate with this audience.

"We have to really push our scientists and clinicians to step away from the jargon," said Magwood. "We do training around communicating the research in plain language."

Another way to build trust, said Nichols, is to show that you are not going anywhere, even if funding runs out. Community partners need to trust that researchers care about the partnerships and that they are not merely relationships of convenience.

"You have to put in the time, spending weekends and evenings," said Nichols. "You have to become a part of that community."

They have found that the more fruitful engagements with the community tend to have staying power.

"I'm fortunate enough to have a community grassroots organization that I've been partnering with for 20 years," said Magwood. "That's with and without funding. "We have grown together, and we feel comfortable that our relationship will last."

When researchers put in the time required for CBPR,

Nichols explained, community members open up, providing a more realistic picture of what living with stroke is like. Researchers and community members can then work collaboratively to address the challenges faced.

"They give us detailed examples of what it's like, things that we may not have ever known without them telling their stories," she said. "They open up their entire experiences and are very vulnerable through the process. Their input gives us better insight into what we need to do as clinicians and researchers to help to bridge this gap in services and care."

BECOMING PART OF THE COMMUNITY

The dozen or so states that make up the stroke belt have worse stroke outcomes than the rest of the country, but mortality rates are highest in its buckle. South Carolina is part of that buckle.

While considerable progress in emergent stroke care had been made in this region in the past decade, Nichols and Magwood were keenly aware that there was no community-specific playbook or navigational tools for transitioning patients from hospitals and rehab back to their new post-stroke reality in their own communities.

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College of Nursing emphasizes importance of palliative care

By HELEN ADAMS

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Future family nurse practitioner Parag Raychoudhury calls her school's emphasis on palliative care training "super important." "Palliative care isn't just about death and dying. Any illness deserves the respect of comfort and what the patient wants," she said.

She's learning how to provide that at MUSC's College of Nursing, the only nursing school in the state to require all students to get palliative care training through the End of Life Nursing Education Consortium (ELNEC). The consortium, an international effort to improve palliative care, is part of the nonprofit American Association of Colleges of Nursing.

Carrie Cormack, who has a doctor of nursing practice degree, is the lead palliative care faculty member at the College of Nursing. "It is essential that we are including palliative care in our nursing curricula. Nurses must be fully prepared for caring for individuals with serious illness and their families. We definitely didn't do enough of this in our nursing curriculum in the past," she said.

Cormack, an assistant professor in the College of Nursing, explained how she describes palliative care to students and patients. "I'll often say the palliative care team is another arm of support for navigating what can often be a very challenging and difficult journey for patients with serious illness and their caregivers."

Palliative care is specialized medical care that emphasizes compassion, cultural sensitivity and ensuring that patients and families' wishes are known. It can help relieve pain and suffering as well as symptoms such as nausea, shortness of breath, constipation, loss of appetite, depression, difficulty sleeping, anxiety and fatigue that often go along with serious illness. Patients and families also get help managing stress and connecting to available community resources. Palliative

care teams aim to improve overall quality of life for patients and their families.

"Education is key. Many people still consider palliative care hospice or end-of-life care. And it's not. I like to think of it more as an umbrella term that describes the overall support that's given to patients and families during difficult times. Ideally, palliative care will start at the time of diagnosis, not necessarily just at end of life or when patients are really, really struggling or seeing kind of a downhill trend in their illness. It's meant to be ongoing throughout a journey of a serious illness," Cormack said.

Some illnesses whose treatments may benefit from palliative care, according to Cormack:

- ☐ Cancer.
- ☐ Cardiac diseases.
- ☐ Stroke.
- ☐ Diabetes.
- ☐ Kidney disease.
- ☐ Parkinson's disease.
- ☐ Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's disease.
- ☐ Alzheimer's disease.

Palliative care training for nursing students at MUSC involves self-paced online training modules. "We're very structured in how we roll this out, because the content can be pretty sensitive. This is not something that I would encourage a new nursing student to just go ahead and do on their own. We incorporate group discussions and expert-facilitated lectures with the self-paced modules to give students an opportunity to debrief and talk about it," Cormack said.

MUSC also offers a post-master's Doctor of Nursing Practice in Palliative Care degree for students who want to make palliative care a key part of their advanced nursing careers.

It's an important shift for a field that was ripe for change. "When I started this work about five years ago, I asked my graduating seniors, 'How comfortable do you feel caring for a patient at end of life or caring for a patient with serious illness?' And the comfort level was not there,"



Photo by Sarah Pack

Dr. Carrie Cormack talks with College of Nursing graduate student Parag Raychoudhury. Raychoudhury is taking palliative care electives and doing a rotation with the palliative care clinical team at MUSC Health.



Photo by National Cancer Institute via Unsplash

Palliative care is designed to improve people's quality of life.

Cormack said.

The hope is that they feel much more comfortable now, with ELNEC training on their resumes. Raychoudhury, the future family nurse practitioner, is also taking the palliative care electives and

doing a rotation with the palliative care clinical team at MUSC Health. "I think every day when you take care of a patient, you need to have palliative care in mind," she said. "Focusing on quality of life is an important part of being a nurse."

MEET KATHY

**Kathryn "Kathy" Borrero**

Department; Years at MUSC *Health Information Services; 25 years*

How are you changing what's possible at MUSC *Making certain there are complete and accurate medical records for all patients seen at MUSC to ensure they receive excellent patient care*

Family and pets *Daughter, Allyson; son, Brandon; grandson, Liam; and two dogs, Willow and Lilly*

What do you do at MUSC?

I'm the MUSC transcription coordinator and chart completion analyst. We like to refer to ourselves as medical record PIs.

Someone you admire and why

My mother – there is not anything she would not or could not do.

Hobbies or talents

I have an unhealthy obsession with jigsaw puzzles.

Best thing about living in the Lowcountry

The lakes and beaches

Greatest moment in your life

Besides having my own kids, the birth of my grandson

Nurses Week Events

MUSC Health Charleston Division

May 6-12, 2022

You Make a Difference**Wellness**

6:00 am - Sunrise Yoga, Wellness Center rooftop
 7:00 am - Pilates mat class
 Lunch time - Meal deals on the Greenway
 11:00 am to 3:00 pm - Bike share demo, registration and helmet giveaway field next to Urban Farm
 12:00 pm - Fleet Feet shoes, socks demo and foot evaluation
 5:00 pm - Group cycling class
 7:00 pm - Charleston Battery Nurses Night
 7:05 pm - Charleston Riverdogs Nurses Night
 Urban Farm and Arts in Healing events all day!

Breakfast

6:15 am to 8:15 am - Leader Rounding and Breakfast grab-and-go
 Wear your favorite pajama tops

Unit Celebration

Decorate your unit, and enjoy a potluck meal with dishes from across the globe!
 7:05 pm - Charleston Riverdogs Family Sunday

Recognition Day

7:30 am - DAISY Team Celebration, DAISY Garden
 11:00 am - Nurse of the Year Ceremony, St. Lukes Chapel
 2:00 pm - DAISY Leader Celebration, DAISY Garden

Education

Nursing Annual Report Unveiling
 7:30 am - Nursing Grand Rounds: Incivility, SJCH 7010 Auditorium (or teams), Breakfast provided, eligible for CEU's
 12:30 pm - Nursing Grand Rounds: Incivility, 2 West Amphitheater (or teams), Lunch provided, eligible for CEU's
 9:30 am and 9:30 pm - Blessing of the Hands, Main/ART chapels, 4th floors and 10:30 am SJCH chapel, 7th floor

Ice Cream Social

Unit decorating contest, and dress in your favorite holiday outfits!
 2:00 pm to 4:00 pm - Leader Rounding and Ice Cream
 7:00 pm to 9:00 pm - Leader Rounding and Ice Cream

Florence Nightingale's Birthday

6:45 am to 8:30 am - Leader Rounding, Coffee and Cupcake cart
 12:00 pm to 2:00 pm - Celebration of Wisdom Reception, Drug Discovery Building Lobby
 9:30 am and 9:30 pm - Blessing of the Hands, Main/ART chapels, 4th floors and 10:30 am SJCH chapel, 7th floor

Scavenger Hunt - entire week, submit photos, for a chance to win prizes

For detailed information: musc.edu/medcenter/nursing/homepage/index.htm
 Questions? Contact Jennifer Gowder at gowderj@musc.edu

Nursing students take charge in Sim Lab

BY LESLIE CANTU
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Nursing school combines academics with practical skills. Students hit the books and practice common skills — tracheotomy care, for example — over and over and over again. During their clinical rotations, the students provide care for patients under the direction of the primary registered nurse — but they’re not the ones leading the care.

Sim Lab blends those two experiences, allowing the students to take charge at the bedside and to get a sense of the weight of responsibility that comes with the job — without the possibility of causing harm. After all, the manikins lying in the beds have seen it all through their robotically blinking eyes — so, for that matter, has actor Arthur Nelson, who’s been playing the role of standardized patient for 23 years.

The Sim Lab — more properly called the Health Care Simulation Center — is housed within the College of Nursing at MUSC but is used by students from multiple colleges.

Dawn Terzulli, DNP, R.N., an instructor in the College of Nursing, said the goal for her students is to practice all of the elements of nursing — patient safety, practical skills, communication and clinical judgment — and then to reflect on what went well and where they could improve. Often, what they’re practicing isn’t simply a specific skill, like inserting an IV, but dealing with a complex human situation, like breaking the news that someone has died or interacting with a brusque doctor.

During one recent debriefing, after the students determined they would get a doctor to disclose the news of a death, Terzulli and instructor Heather Neeley, R.N., gently asked the students to think through who they could lean on when talking about death, like the hospital chaplain or social workers, and how there might be times when they can’t hand off the discussion to someone else.

“One time, we were coding a heart

patient, and his wife was out of town, so we called her and said, ‘We’re resuscitating him — get here!’” Terzulli told the students. “When she showed up, I was in the doorway, and he had passed. What was I going to say to her? Let me go get the doctor? So sometimes, your hand is forced, and in those instances, it’s good to know that you just need to be present. We didn’t exchange a lot of words, but I did hug her for a very long time. And she was like, ‘Please don’t make me go in there alone.’ So I walked in there with her.”

“You learn words that help people, and you learn words that you don’t want to say to people, but the biggest thing you can do is just be there with them,” Neeley added. “And put your emotions aside. Because your emotions at that time don’t matter. It’s the person you’re telling.”

“And don’t forget about empathy,” chimed in Nelson, the actor playing a patient.

The Sim Lab can be set up to run a variety of scenarios, depending on the course. The manikins express complaints and doctors provide orders in prerecorded snippets of conversation. The monitors at the bedsides provide the student nurses with information about the patients’ vital signs. Terzulli and Neeley, sitting behind one-way glass, can observe and hear everything.

Standardized patients, like Nelson, provide an additional level of realism. New simulation vests mean that actors can wear devices that enable students to practice tracheotomy care, chest tube care, inserting an IV or inserting a Foley catheter as if they were performing these tasks on a person. Usually, they practice these skills on a manikin.

But, said Terzulli, “the manikin’s legs don’t move, and the manikin doesn’t have an emotional response.”

Nelson has a script that he follows, but that script includes options depending on the choices that the students make — if a student does X, Nelson will respond one way, but if a student does

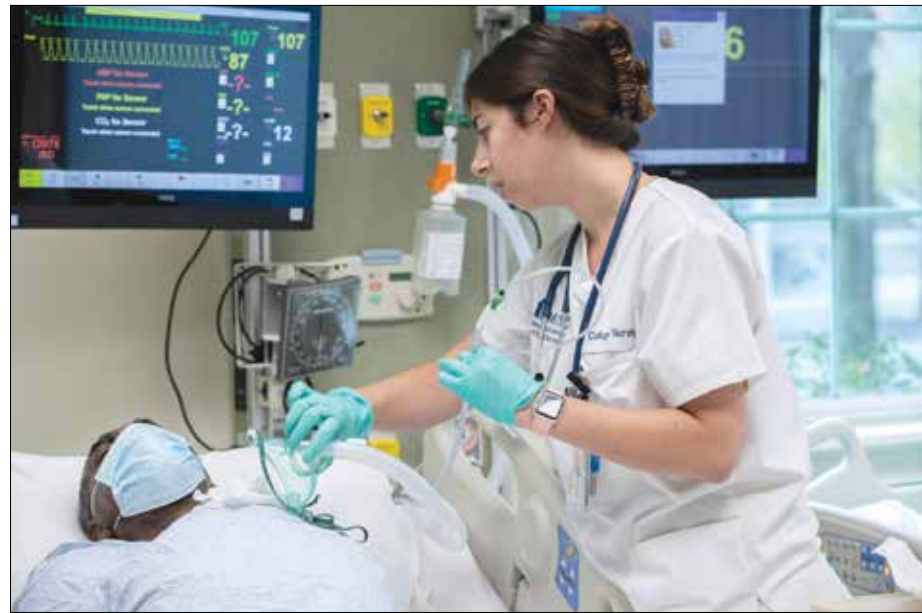


Photo by Sarah Pack

College of Nursing student Darby Taylor works with Arthur Nelson, an actor who plays the role of patient. He is wearing a vest under the patient gown that simulates a tracheotomy tube and can excrete simulated phlegm.

Y, he’ll respond a different way. After so many years of acting in these scenarios, Nelson has picked up quite a bit of

knowledge regarding proper protocol, so he immediately recognizes a student’s

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Employees, students honored for diversity practices in return celebration

By CINDY ABOLE

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Three honorees, as well as previous employee and student winners of the Earl B. Higgins Achievement in Diversity Awards, gathered on April 6 for an on-campus reception for the first time in more than two years because of the coronavirus pandemic. The in-person and virtual event celebrated service and achievements for providing the best examples of diversity, equity and inclusion around MUSC and the Tri-county area.

The program praised 2022 leadership winners: Health disparities and cancer prevention researcher Marvella E. Ford, Ph.D., university; licensed social worker Eunice P. Moore, MUSC Heath; and student Sindasha K. Makins. Previous winners from 2021 included Lindsey Hamil, Ph.D., University; Iggy Pla, MUSC Health; Keeana J. Ross, Pharm.D., student; and 2020 honorees who were also recognized when the annual awards resumed after a temporary suspension due to the pandemic.

The April 6 event was hosted by Willette Burnham-Williams, Ph.D., interim chief equity officer at MUSC and presented by the MUSC Department of Diversity, Equity and Inclusion.

“The past three years has been so long and unprecedented with the COVID-19 pandemic. I’m thrilled to share in hosting the return of this in-person and virtual event as we celebrate the achievements of individuals who have demonstrated in multiple ways a commitment to MUSC’s core values — compassion, collaboration, respect, innovation and integrity. We’re reminded it takes a community and a collective body of people, as well as the individual, to accomplish the work honored today,” said Burnham-Williams.

The day also honored the legacy of the award’s namesake Earl B. Higgins, Ed.D., former director of Affirmative Action and Minority Affairs at MUSC. Higgins was a Charleston area native and attended Claflin University. He also attended South Carolina State University and Auburn University, where he received his doctorate before joining MUSC in 1988.

DaNine Fleming, Ed.D., read a brief biography of Higgins to the audience. “Dr. Higgins was a warrior for recruitment, retention and established enrichment programs that increased representation of minority programs,” said Fleming, who, she added, was also instrumental in recruiting minority faculty, ensuring equal opportunity for all employees and was a mediator for race relations and gender issues on campus. “He seized opportunities to promote a harmonious learning and work environment for all and built bridges for the university and community it serves,” she said.



Photo by Scott Garrand

Dental student Sindasha Makins, right, receives the 2022 Earl B. Higgins Student Diversity in Leadership Award from Marsha Higgins, sister of the late Dr. Higgins.

Marvella E. Ford, Ph.D. — 2022 University Leadership Award recipient

Ford is a professor in the Department of Public Health Sciences and associate director of Population Sciences and Cancer Disparities at MUSC Hollings Cancer Center. Ford also is the SmartState endowed chair in prostate cancer disparities at South Carolina State University (SCSU) and holds a joint appointment as professor in the Department of Biological and Physical Sciences at SCSU. For many years, she’s been at the forefront of improving the health of minority groups across the Palmetto State. Ford, along with Judith D. Salley, Ph.D., chair of biological and physical sciences at SCSU, co-lead a \$12.5 million National Institutes of Health–National Cancer Institute Center grant to reduce health disparities. Ford is also a principal investigator on multiple NIH–NCI-funded minority research programs to increase diverse participants in cancer research. She was nominated by Raymond N. DuBois, M.D., Ph.D. Hollings Cancer Center director.

“Thank you so much — I’m honored and humbled,” said Ford. “To the Higgins family, we’re standing on the shoulders of giants. Everything we do is in honor of Dr. Higgins’ legacy. It’s an honor to be here at MUSC and be part of this family. Thank you everyone.”

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Inaugural Education Innovation Advocates named

By REECE FUNDERBURK
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The Office of Innovation at MUSC, in collaboration with the Office of the Provost, has announced the inaugural class of Education Innovation Advocates. The group is composed of at least one faculty member from each of the six colleges at MUSC and a representative from MUSC Libraries. Candidates were selected via an application process and approved by their respective deans or chairs.

“We’re thrilled to have these individuals as the first inaugural class of Education Innovation Advocates,” said Jesse Goodwin, Ph.D., chief innovation officer. “I’m excited to see what they accomplish over the upcoming year and to further support advancing a culture of innovation within each college.”

Members of the inaugural class include:

- Fabio Piola Rizzante, D.D.S., Ph.D., College of Dental Medicine
- Tammy Loucks, DrPH, College of Graduate Studies
- Gretchen Seif, Ph.D., Division of Physical Therapy, College of Health Professions
- Joe Blumer, Ph.D., College of Medicine
- Aalap Shah, M.D., College of Medicine
- Dawn Terzulli, DNP, R.N., College of Nursing
- Jennifer Wisniewski, Pharm.D., College of Pharmacy
- Christine Andresen, Academic Affairs



Photo Provided

Seated L to R: Drs. Tammy Loucks and Gretchen Seif. Standing L to R: Drs. Joe Blumer, Aalap Shah and Christine Andresen. Not pictured: Drs. Jennifer Wisniewski, Fabio Rizzante and Dawn Terzulli.

Each member will fill a one-year role, with the potential to renew for up to three years, in support of education innovation. The program is a colleague-to-colleague initiative designed to encourage the MUSC faculty to “think big,” re-imagining the learning

experience while furthering a culture of innovation around MUSC. Advocates will also be expected to serve as liaisons to connect their own faculties and students.

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TRUST *Continued from Page Three*

Knowing that building trust and meaningful relationship with this community would take time, they took it upon themselves to address these issues by initiating programs that would provide much-needed education and resources.

Nichols' work with Survive to Thrive: Living Well with Stroke, an initiative funded by the Patient-Centered Outcomes Research Institute, focused on learning about the barriers stroke survivors faced as they tried to resume their lives. She brought together survivors and caregivers with primary care providers, members of the rehabilitation team and academic researchers.

"We wanted to know what the experience was like for them, what their needs and priority areas were, what was missing and what was falling apart in the system," said Nichols. The team worked

"We wanted to know what the experience was like for them, what their needs and priority areas were, what was missing and what was falling apart in the system."

Michelle Nichols, Ph.D.

together to address gaps in research, education and resource availability. The partnership continues today.

Like Survive to Thrive, Magwood's Community Based Intervention Under Nurse Guidance After Stroke (CINGS) research study was launched to listen to stroke survivors and their care partners. Doing so provided great insights into the barriers that made it difficult for them

to resume their lives. They then tested a community-engaged intervention and created a resource — My Guide to Living With and Preventing Stroke — to help them to navigate post-stroke life and to avoid a second stroke.

They point to these initiatives, which served to build the foundation necessary for trust and future engagement and forged lasting relationships that strengthened both the members of the community and the research teams, as positive examples of CBPR.

THE FUTURE OF CBPR

Based on results thus far, Nichols and Magwood are convinced that CBPR is a tool that can aid research across the globe. Sub-Saharan Africa provides one such opportunity.

Currently, Nichols is an investigator on several global CBPR studies addressing health disparities faced by under-resourced communities. One example is the Stroke Investigative Research and

Educational Network (SIREN), the main goal of which is to estimate the burden of stroke in this region. Many who experience stroke there do not have access to emergent stroke care or rehabilitation. Prevention and education, she said, are the best ways to protect the population, underscoring the fact that, regardless of geography, many of the same principles of mistrust and the need for relationship building apply.

While each CBPR initiative is unique, the principles are still based on the needs and strengths of a specific community, allowing CBPR to succeed anywhere, said Nichols.

"You can use the CBPR approach regardless of whether it's a geographical population or a population that has a particular health condition," she said. "It really doesn't matter whether we're talking about the Southeastern part of the U.S. or Europe, Asia or Africa — the same basic CBPR elements apply."



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College of Nursing

LEADERS *Continued from Page Seven*

Eunice (Kay) Price Moore — 2022 MUSC Health Leadership Award recipient

Moore is a transplant social worker in the Department of Surgery–Transplant Surgery. She specifically works with the kidney transplant population during hospitalization and the acute recovery period post-transplant. She tailors her approach in patient care individually to recognize each patient’s specific needs and ensure that each is addressed as optimally as possible. Moore’s a strong advocate for every patient. Additionally, she helps with education initiatives for patients and staff members, wrote Nicole Whatley, MUHA hospital patient accounting, in her nomination letter.

“I want to thank my team for this honor. As social workers, we don’t often get the recognition and attention for the work that we do. I appreciate this award and what you’ve done to recognize me. Thank you,” said Moore.

Sindasha Makins – 2022 Student Leadership Award recipient

Makins is a third-year dental student in the James B. Edwards College of Dental Medicine. Nominated by Pearl Givens, student service program coordinator in the college, Makins, Givens said, embraces all opportunities to ensure that the community and campus at MUSC enhance and enrich diversity, enrichment and improvement. She’s demonstrated her passion for providing care to underserved communities through her institutional leadership and involvement. One of her proudest roles is serving as president of the MUSC chapter of the Student National Dental Association, which promotes, aids and supports the academic and social environment of minority students in the college. In addition, Makins is a S.C. AHEC scholar, MUSC interprofessional fellow, Safety Net participant and 2021 National Health Service Corps scholarship recipient. Upon graduation, she plans to work professionally in an underserved community in South Carolina.

“Thank you, Ms. Givens, for nominating me and recognizing what comes natural to me. To receive an award

for something that I’m so passionate about and comes naturally to me is so amazing,” said Makins.

In a surprise twist following the awards, provost Lisa Saladin, PT, Ph.D., approached the stage to recognize Burnham-Williams for her leadership and dedication in improving and advancing DEI efforts at MUSC and other areas of higher education in South Carolina throughout her career. Saladin presented her with the inaugural DEI Legacy Award.

“On behalf of Dr. Cole, the MUSC Board of Trustees and senior leadership, we recognize you for your dedicated service and commitment to DEI for over 45 years. You’ve been an integral part of President’s Council and all we do that makes the fabric of this institution value diversity, equity and inclusion,” Saladin said.

❑ 2022 Earl B. Higgins University Leadership Award nominees also included Elizabeth A. Brown, Ph.D.; Jacketta Cobbs, Ph.D.; Lauren Gellar, Ph.D.; Shannon Jones; Anahita Modaresi; Anita Ramsetty, M.D.; Catrina Simms Robinson, Ph.D.; and Joe Vuthiganon, D.M.D.

❑ 2022 Earl B. Higgins Student Leadership Award nominees also included Echo Buffalo, Vivian Chioma, Xzavier Killings, Keturah Mingledolph, Gualberto Munoz, Chad Richardson and Savannah Robinson

❑ 2022 Earl B. Higgins Award selection committee: Regan Allenspach, Carlton Hawkes, Jay Henderson, Noni Langford, Paula Sutton and Antwana Wright, M.D.

Right Photo: MUSC provost Lisa Saladin, left, presents the inaugural DEI Legacy Award to Dr. Willette Burnham-Williams, MUSC interim chief equity officer, at the April 6 ceremony. This year marked the first time in two years that organizers could publicly recognize and honor winners since the coronavirus pandemic.



Photos by Scott Garrard

Dr. Marvella Ford, right, receives the 2022 Earl B. Higgins Leadership in Diversity University Award from Marsha Higgins.



Kay Price Moore is the MUSC Health Diversity in Leadership Award winner.



INNOVATION *Continued from Page Eight*

“The intent of this program is to foster education innovation,” said Lisa Saladin, PT, Ph.D., executive vice president of Academic Affairs and provost. “Within the educational objectives of our strategic plan, we have to re-imagine the learning experience to optimize the educational value.”

MEDICAID *Continued from Page One*

more continuing care than the first eight weeks of coverage.”

Mental health issues can also continue or crop up after childbirth. Postpartum depression, also called peripartum depression by the American Psychiatric Association because it can begin during pregnancy, affects an estimated one in seven women. It can be treated with psychotherapy and medication. Soper said the Medicaid extension will increase the odds that women suffering from mental health problems after childbirth will get help through resources such as MUSC Health’s Reproductive Behavioral Health Division.

The selected faculty members will receive a sponsorship to attend a conference or workshop to inspire them on innovative pedagogy in higher education and funding from the Office of Innovation to help with the completion of goals established and approved by the Education Innovation Cabinet (EIC).

“We have a very organized approach to depression, anxiety and other mental disorders that occur during pregnancy. The extension will allow these patients to continue care after the immediate postpartum period.”

Soper said his team is thrilled to see mothers get more of the care they need, whatever category they fall into. “I think the Medicaid extension will play a very important role in the long-term health of mothers. They no longer need to ignore themselves while they care for their newborn. By paying attention to the mother’s medical conditions, we can ensure that mother and baby remain healthy well after delivery.”

LAB *Continued from Page Six*

misstep – for example, mishandling an instrument so it’s no longer sterile.

Fourth-semester student Darby Taylor said the Sim Lab is helpful in that it puts all the skills they’ve learned into a realistic scenario – from deciding which patient needs attention first to coordinating with the other students, who play the roles of patient care tech and charge nurse in rotation. Probably the most nerve-wracking aspect, she said, is the feeling of performing in front of the others and not wanting “to mess up on something I should 100% know by this point.”

Taylor said she prefers working with the standardized patient more than the manikins simply because the standardized patient can respond in real time. Because she’s worked as a patient care tech on the orthopedic floor of University Hospital for three years, she’s comfortable talking with patients.

She left this semester’s simulation feeling more confident than she had in previous semesters – which is appropriate, since she will be graduating

in May and taking a nursing job in her current unit.

Terzulli told students that one of the most important parts of the Sim Lab is practicing the critical thinking that they’ll need to use on the job.

“We just want to make sure you’re thinking and putting some thought into prioritization,” she said. “Part of that, when you’re doing a bedside shift report, is making sure what you’re being told matches the patient. Make sure there’s nothing acute going on. What you’re told may be very different than what’s actually going on. And that can definitely affect the order in which you start your day.”

“And then you leave the room, and five minutes later it changes, and you have to reprioritize your day. That’s going to be nursing. Constant reprioritization.”



Terzulli

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	4			8				1
1		5					6	8
			3					
			4	7				
		6			2			5
5					3	7		
6								
8	1	3		4				
9		7					8	6

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TUITION *Continued from Page Two*

the affordability of the program, including reducing the program’s length and partnering with the South Carolina Technical College System to create easier transfer pathways. The tuition reduction is one more way Gellar and college leadership hopes to increase access to the program.

“I am thrilled that we can continue to enhance access to higher education and increase opportunities for underserved students throughout South Carolina,” she said.

The flexible Bachelor of Science in Healthcare Studies program is geared to modern-day students who will be managing other obligations while continuing their educations. The online hybrid program helps students to develop an understanding of the determinants of health, find creative and innovative new ways to connect with diverse populations, all the while teaching them how to apply ethical and professional standards and values to their practices.

Dean Zoher Kapasi, PT, Ph.D., College of Health Professions, has been an advocate for the plans to increase access and address costs, emphasizing the importance of both the program and the tuition changes.

“There are more than 400,000 South Carolinians with some college education but no bachelor’s degree.



Photo Provided

Division director Dr. Lauren Gellar, back row, second left, joins students in the College of Health Professions’ Healthcare Studies program gathered for an on-campus session in 2018.

The online Healthcare Studies program provides an opportunity for nontraditional students to advance their education and prepare for the projected job growth in health care occupations,” Kapasi said. “We recognize the significant burden that the cost of higher education can place on students, and reducing tuition is

just one way we can work toward improving affordability and reducing student debt.”

The change to tuition and fees will be officially published in the MUSC Bulletin in June. To view the new program costs, visit chp.musc.edu/hcs.

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