MUSC Children’s Hospital among country’s “Best”

Multiple specialties highlighted in annual rankings

Staff Report

MUSC Children’s Hospital is once again the only such institution in South Carolina to be ranked among U.S. News & World Report’s 2018–19 edition of “America’s Best Children’s Hospitals.” The latest rankings are published online.

The leading specialties for MUSC Children’s Hospital are:
- No. 11 for cardiology and heart surgery
- No. 29 for nephrology
- No. 50 for urology
- No. 25 for cancer
- No. 45 for gastroenterology and GI surgery
- No. 43 for orthopedics

MUSC Children’s Hospital also had six specialties named in 2016 and 2017. A newcomer to the list this year, although known throughout the state for its unparalleled, specialized care, orthopedics was recognized for quality of care, strong clinical outcomes and survival rates. In addition, the cardiology and heart surgery programs now sit one spot away from the top 10 programs in the country. Cardiology and heart surgery, cancer, cardiology and heart surgery, diabetes and endocrinology, gastroenterology and GI surgery, neonatology, nephrology, neurology and neurosurgery, orthopedics, pulmonology, and urology. In the 2018–19 rankings, 86 of the 189 hospitals surveyed were ranked in at least one of the 10 specialties.

The 12th annual rankings highlight the top 50 U.S. pediatric hospitals in each of 10 specialties: cancer, cardiology and heart surgery, diabetes and endocrinology, gastroenterology and GI surgery, neonatology, nephrology, neurology and neurosurgery, orthopedics, pulmonology, and urology.

The current methodology combines clinical and operational data, results from a reputational survey of board-certified pediatric specialists and supplemental information from resources such as the National Cancer Institute. RTI International collects and analyzes the data for the rankings. This methodology reflects clinical outcomes, such as patient survival, infection rates and complications; the level and quality of hospital resources directly related to patient care, such as staffing, technology and special services; delivery of health care, such as programs that prevent infections and adherence to best practices; and expert opinion among pediatric specialists.

"MUSC Children’s Health and our Children’s Hospital care team members have been consistently cited by this organization and many others for the incredible care they are delivering every day," said Patrick J. Cawley, M.D., MUSC Health CEO and University vice president for health affairs. “I have no doubt that the biggest validation they receive comes from helping those they serve, but these annual rankings certainly confirm that collectively we are changing what’s possible for our patients and their families. I get so energized thinking about what these amazing care team members are going to be able to accomplish when they move into the new MUSC Shawn Jenkins Children’s Hospital on the peninsula and the new pediatric ambulatory services center in North Charleston next year. Keep your eye on this team, because they are poised to take the state’s most comprehensive children’s health system to new and unprecedented heights.”

Pediatric heart surgeon Dr. Scott Bradley checks on a tiny patient.
Short-term rental program saves on consumer expense

By Andrew Lipke

lipke@musc.edu

For the everyday MUSC employee, planning a business trip can present a series of challenges, with difficulties ranging from transportation to expenses. This can be especially true in arranging a car rental for a single day trip. However, thanks to the MUSC Transportation Services, there is a new option that is both convenient and affordable.

This new short-term rental program kicked off in May and continues to improve the lives of MUSC employees. The program’s administrator Brandy Middleton described some of the many reasons to use the program.

“The intended benefit is convenience and lower cost compared to, for instance, renting from Enterprise. Additionally, MUSC utilizes the state fleet management vehicle leasing program. By having short-term rentals, we maximize the usage of vehicles that MUSC leases from the state, while allowing departments to avoid costly monthly lease fees.”

Middleton regularly hears that the price is certainly right, and she also receives numerous inquiries about what types of cars are available to those in need of transportation.

“We currently have two Chevy Cruze sedans, one Dodge Caravan, one Ford Escape, and one 12-passenger van available for the rental program.”

These top-of-line modes of travel can be used by anyone in need of a short-term rental, she said.

In addition to the availability and convenience this new service offers, there are two simple requirements for rental.

“A valid South Carolina driver’s license and association with MUSC is all that’s really required. If you become a routine user of the program, we will add your name to our license screening process to ensure that we are in compliance with state regulations. You will be assigned a PIN to use the state fuel card while you have the rental,” said Middleton.

She has even thought about what people should do in the case of an emergency or accident: Every car in MUSC’s motor pool is equipped with instructions for emergency situations.

“Each rental car will come with an accident procedure card that gives steps to follow and contact numbers for different areas across the state, should an emergency occur,” she explained.

Since the program launched two months ago, Caroline Wallinger, RN, a research nurse coordinator with the Center for Health Disparities Research, has used this program on multiple occasions.

“The cars are clean, comfortable and drive well. Before this program started, we had to use Enterprise, which was inconvenient for me and my coworker. She lives in Mount Pleasant, and I live in West Ashley, so this new program gives a central place to meet that’s by the interstate. Also, we can leave our cars there while we’re gone, which was something we often couldn’t do with big rental companies. I’m working on a project where I have to travel around to free clinics around the state. So this is really a life saver.”

This program presents customers with convenience in the simplest ways. “Even if I rent with Enterprise, I still have to get an MUSC gas card from University Transportation Services and return it there as well. So it used to be two extra stops, which was a complete hassle. Now its one stop and way easier. I would definitely recommend their services,” Wallinger added.

The rental program aims for expansion and greater convenience for MUSC’s employees, Middleton said.

“Long term, we would love to grow the program in an effort to ensure that all leased vehicles are meeting the state’s basic usage requirements. This would allow more individual departments to get out of the leasing business, thereby taking a requirement off their plates so that they can focus more energy on patient and client care.”

Contact Brandy Middleton, UTSrentals@musc.edu or 843-876-7059.

University Transportation has a fleet of available short-term rental cars.
Mentoring fellowship awarded to three investigators

BY ALEXIS MIZELL
mizella@musc.edu

Each year is marked by change and evolution, and the John R. Raymond (JRR) Mentoring Fellowship is no exception. Like the passing of a torch, the names of a new cadre of awardees are etched on the trophy they receive while a new story is written for the accomplishments and triumphs of the outgoing fellows.

Since 2012, women have been recognized for their commitment to their practice by receiving the JRR Mentoring Fellowship that provides financial support to selected full-time female faculty members, allowing them to initiate relationships with mentors who are considered experts in their respective fields of study. John R. Raymond, Sr., M.D., former provost and vice president for academic affairs from 2002 to 2010, created the award, and today, both the Office of the Provost and Women Scholars Initiative support and facilitate its mission.

This year marks a milestone for the award and its history. Namely, there are now three recipients of the 2018 JRR Fellowship. Carol Feghali–Bostwick, Ph.D., chair of the Women Scholars Initiative for the Advancement, Recruitment, and Retention of Women (ARROW), highlighted this monumental development.

“I think it’s important to emphasize that we were able to give out three awards this year, and the reason we were able to increase the number is because of your generous donations. So either via the YES Campaign in the ARROW fund or independent of the YES Campaign through direct donation, we were able to give out a third award, and that makes a huge difference for us,” she shared with the audience during the 2018 reception.

While donations play a significant role in the continuation of the fellowship, Feghali–Bostwick credits the dedication of the committee, which is co–chaired by Gayenell Magwood, Ph.D., RN, professor in the College of Nursing, and MA McCrackin, Ph.D., D.V.M., associate professor in the Department of Comparative Medicine, for the influence it has had in changing the lives of many exceptional women.

Magwood presented the awards on behalf of the committee. The three women chosen as 2018 fellows passionately embrace diversity and inclusion, a foundation of the JRR Fellowship, and each individual has an interesting goal they hope to achieve in the coming year.

Katherine Chike–Harris, DNP, an instructor in the College of Nursing, plans to use the award to develop a unique expertise that will enable her to introduce telehealth into the graduate nursing curriculum. She has chosen Carolyn Rutledge, Ph.D., of the nursing program at Old Dominion University as her mentor.

Julianne Flanagan, Ph.D., associate professor in the Department of Psychiatry and Behavioral Sciences, intends to use the award to facilitate the development of a formal mentoring relationship with Miranda Ollf, Ph.D., a professor at the University of Amsterdam, whose research examines neurobiological mechanisms underlying prevention and treatment of post–traumatic stress disorder. While Amsterdam might seem like quite a stretch across the globe, Flanagan’s choice reinforces the possibilities the JRR Fellowship offers. Flanagan said, “Dr. Ollf is internationally renowned in her studies, and this relationship offers a fantastic opportunity to learn new skills.”

Through her award, Nandita Nadig, M.D., assistant professor in the Department of Medicine, Division of Pulmonary, Critical Care, Allergy and Sleep Medicine, will receive focused mentorship by a renowned critical care researcher in clinical trial design in the ICU setting, working with mentor Catherine Hough, M.D., of the University of Washington. Nadig explained that the fellowship provides a wonderful opportunity to extend a connection to professionals that otherwise might be out of reach within the community and works as a

2018 John R. Raymond Mentoring Fellowship awardees are Drs. Julianne Flanagan, from left, Psychiatry and Behavioral Sciences, Katherine Chike-Harris, Nursing, and Nandita Nadig, Medicine–Division of Pulmonary, Critical Care, Allergy and Sleep Medicine.
On the importance of branding at MUSC

Updates made to social media guidelines

BY KATHLEEN HALL
hallkat@musc.edu

In 2017, the average person spent more than two hours every day scrolling through various social media platforms. What once started simply as a method of online communication has since transformed into a highly influential vehicle for spreading awareness, supporting important causes and even professional business development.

Now more than ever, social media users prefer to research a company or organization online before deciding to engage with them, oftentimes on social media. In fact, 33 percent of people would rather contact a business through social media than pick up the phone, according to Nielsen, a leading data and measurement company. Therefore, it is necessary for businesses to have an impeccable social media presence representative of the quality of service it provides.

It was therefore essential for MUSC to develop a set of guidelines to help users identify and understand the risks and benefits related to the use of popular social media platforms such as Facebook, Instagram, Twitter and YouTube, as well as personal blogs, apps and websites.

To that end, MUSC’s Social Media Governance Committee was formed in the fall of 2017 and coalesced expertise from the entire enterprise to review social media opportunities and challenges. With an MUSC branding campaign in full swing, it was essential to ensure all social media aspects were addressed and integrated.

Recently, the committee made significant revisions to the original user guidelines in order to emphasize the importance of having a positive social media presence that accurately represents both the university and the hospital. These guidelines apply to all employees, students, clinical providers, volunteers, vendors, contract personnel and other associates of the MUSC enterprise.

PERCEPTION IS OFTEN REALITY

Heather Woolwine, director of public affairs and media relations and chair of the committee, explained the importance of brand awareness as it relates to the pervasive nature of social media and potential unintended consequences.

“On social media, people often like to identify with where they work and what they do. When they do, they are now brand ambassadors, reflective of the brand and institution,” she said. “As such, others will connect them to that brand, whether that was the intention or not. For a number of important reasons, that can be a gray, murky place to be. We are trying to help people with that gray area.”

Woolwine explained that branding today is a strategic and critically important business proposition and ensuring a positive and consistent experience for those interacting with that brand is essential. Whether an employee is aware or not, his or her actions can have an unintentional impact. Wearing an MUSC logo in a photo posted from a march, referring to MUSC in a social media profile above a controversial post, even including unconsented patients in a non-MUSC event flyer could all possibly contradict the integrity of the brand or constitute a violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

“We all have personal lives separate from work and use social media to engage with friends and family,” Woolwine said. “That might include anything from a Facebook page to a health blog. It is extremely important to remember that anything – photos, opinions, post content, memes – shared on social media has the potential to be seen by countless other people than simply your friends list. As a result, we have nailed down how best to proceed so as not to fall outside of brand standards.”

Taking these types of potential complications and latest best practices into consideration, the committee spent considerable time revising and augmenting the guidelines.

Recommendations were outlined for external and internal participation in social media, when there is an affiliation with MUSC, to minimize any risks that may arise from social media use during working or non-working hours and protect the privacy and safety of patients, employees and students.

These updates to the policies explain the three categories that information at MUSC falls within – public information, MUSC-restricted information, MUSC-protected information. There are also detailed guidelines for creating an approved MUSC social media channel and an in-depth description of Yammer, MUSC’s official social network for internal group communications, as well as some helpful tools the platform provides.

In addition, an outline of the MUSC channels used to alert community members in case of an emergency or weather or other crisis event is provided, thus allowing for more effective and streamlined crisis communication enterprise-wide.

There is now a learning module See Guidelines on page 10

Employees can find the guidelines on MUSC Horseshoe.

Social Media Governance Committee

Heather Woolwine, chair, Public Affairs and Media Relations; Deborah Reynolds, Enterprise Campaigns and University Communications; Sarah Bonner, Business Development and Marketing Services; Anne Herford, College of Health Profession; Elizabeth Long, President’s Office; Reece Smith, Internal Audit; Helena Bastian, MUSC Health Human Resources; Susan Carullo, University Human Resources; Joy Farrae, MUSC Health Communications; Jillian Jones, MUHA Compliance; Kelly Shaw, MUHA Compliance; Matt Klein, Information Solutions; Megan Fink, Information Solutions; Allison Leggett, College of Medicine; Mitchell Hammonds, Education & Student Support/Student Programs; Haley Sulka, Office of Development; Annette Drachman, General Counsel; Michelle Wiles, MUSC Physicians; Lauren Shunkwiler, College of Graduate Studies; and Ashlee Fowler, Center for Global Health
Meet Keith

Keith E. Hill

Department: How long at MUSC
Radiology; 31 years and 28 days

How are you changing what’s possible at MUSC
I made some patients very happy and made the impossible possible with their schedules.

Family
Mother, Ella Hill

Contributions to MUSC you are most proud of
Creating a great working environment for the Radiology Scheduling Office

Mentor(s) during your tenure
Kim Stvrinakis, Shirley Bluford, Mansle Raines and Rob Finch — direct managers and coaches

Retirement plans
Travel and community work. I look forward to being able to volunteer more in my community.

Favorite quote
“Injustice anywhere is a threat to justice everywhere.” — Dr. Martin Luther King Jr.
Leaders who’ve dedicated their lives, careers to MUSC

BY JOHN NASH

When Jim Fisher retires as MUSC’s vice president for development and alumni affairs on June 30, he will end a 39-year career that helped fuel the Medical University’s growth into a nationally recognized academic medical center.

As leader of the university’s advancement team, Fisher has been responsible for raising private gifts for the university, a job that has become increasingly important with the steady decline in state funding of higher education. Under his leadership, the team has raised more than $1.1 billion in gifts and pledges over the years.

“It’s hard to find any place on this campus that hasn’t been touched in some way by philanthropy,” said President David Cole. “It has transformed MUSC in almost every way, not only physically and programmatically, but also in terms of quality, care and reputation. Jim Fisher helped open that door and made a lot of that progress possible.”

When Fisher joined the Medical University in February 1979, he was one of just two people responsible for raising private donations. At the time, the university had just wrapped up its most successful year in fundraising, with about $400,000 in gifts and pledges. Fisher believed they could do better, with a little help.

“Back then, MUSC was doing great work, but it was seen mainly as a Charleston institution,” said Fisher. “I felt we needed more people on the road, making calls and spreading the word that the work we were doing was much larger than that.”

See GIVING on page 12

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Nursing dean leaves behind legacy of growth, excellence

By Beth Khan
khane@musc.edu

As can be expected, leaders come and go on MUSC’s campus. While each brings a fresh perspective and new ideas to the university, few have had the chance to see the impact of their vision. College of Nursing Dean Gail Stuart’s bold actions, tenacity, and forward thinking have not only changed the lives of MUSC’s nursing students, but she also has left an indelible mark on the nation’s mental health community.

We spoke to Dean Stuart, who announced she would be stepping down earlier this year, about her 47-year nursing career and what her plans are after June 30.

When you look back over your career, what do you believe to be your greatest personal and professional accomplishments?

That is a challenging question for me to answer because there are so many things I am proud of looking back in time. I would start with my ability to place family first. My children were always my first priority and I am immensely proud of them for the caring, productive, and socially responsible adults they are today. I also love their spouses as my extended children, and of course my five delightful, precocious and loving grandchildren have taken happy hostage of my heart.

Next, I am proud of my textbook, “Principles and Practice of Psychiatric Nursing,” that was first published in 1979 and is now in its 10th and final edition. Through this book, I was able to touch the lives of so many nursing students, not only in this country but across the globe, as it has been translated into five languages. I am always moved when I am at a professional meeting and nurses come up to me and tell me that their perception of mental health and how to compassionately relate to the emotional needs of patients and families were shaped and molded by my book. It is truly humbling.

And this book also provided me the unexpected opportunity to help train nurses in Liberia, to provide mental health care after the devastation they

See Nursing on page 11

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Kim Seymour-Edwards, from left, dropped by the June 26 Department of Radiology’s retirement reception that recognized employees Keith Hill (31 years) and Janet Snipe (28 years). Also joining them were Radiology’s Peggy Murray, Collette Mayes and Dorothea Gadsden. Hill and Snipe were among eight department employees who will retire from MUSC on June 30.

Engineering & Facilities’ Billy (William) Condon retired with 16 years service.

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Telerehab offers hope to patients without options

**MUSC participates in study showing in-home telerehab helps stroke survivors**

*By Leslie Cantu*

cantul@musc.edu

Often, when a study looks at whether any given treatment can be improved, patients can simply default to the existing treatment if the study doesn’t work out as expected. But for stroke survivors who live in rural areas, there is no Plan B, explained Edward Jauch, M.D., director of acute stroke trials at MUSC and principal investigator at the Southeast Collaborative Alliance for Stroke Trials.

In theory, these patients could have someone drive them into Charleston or another metropolitan area three days a week for six weeks so they could undergo intensive therapy to help them regain motor function and thereby restore some of their independence.

“The reality is that is not going to happen,” said Jauch, who said the realities of living in these areas were brought home to him when he researched access to stroke care in rural Georgetown County.

A new study comparing the outcomes of telerehabilitation in the home to in-clinic therapy for people who suffered a stroke now offers a lifeline for rural residents.

MUSC was involved in the nationwide trial, which was conducted at 11 sites and led by neurologist Steven Cramer, M.D., of the University of California, Irvine. The study revealed that providing occupational therapy for arm movements via home-based telerehab was just as effective as traditional in-clinic rehab.

The outcome is an exciting turn of events for members of the Southeast Collaborative Alliance for Stroke Trials.

The alliance, housed at MUSC, includes faculty from emergency medicine, neurology, neurosurgery, radiology, the College of Health Professions and College of Graduate Studies, in conjunction with Greenville Health System, Augusta University and the University of South Carolina. This particular study involved the MUSC Center of Biomedical Research Excellence (COBRE) in Stroke Recovery, with Michelle Woodbury, Ph.D., an associate professor in the Department of Health Science and Research and Division of Occupational Therapy, leading the MUSC team.

“I wasn’t 100 percent either way when the study started, that the telerehab would or wouldn’t work,” Woodbury said. She worked as an occupational therapist for many years, and therapists are accustomed to working side by side and face to face with their patients as they encourage and push them to do more, she said.

“I was skeptical anything could be as good,” Woodbury said.

But with the results of this study there is now hope for the widely recognized problem of rural access to occupational therapy services.

“We may be standing at the brink of a change in practice,” she said.

During the trial, patients were provided a large computer monitor and a specialized board that included a joystick, buttons, fasteners and squeeze grip, among other items. They played games that required them to use those devices. Not only could the therapist watch the patient via the two-way connection — like a “really fancy Skype” — but the board would relay information about the strength of the patient’s grip and how often they performed each function.

In therapy, practice is the name of the game, and therapists give their patients goals for how many repetitions they should do. The patient also receives homework to do on their own between OT sessions. In addition to the equipment, MUSC provided the Verizon connection so patients didn’t need to have their own Wi-Fi connections.

Meanwhile, the patients receiving traditional therapy were performing the same exercises in a clinic setting and receiving similar instructions for self-directed sessions at home.

The results showed an increase for the in-clinic patients of 8.4 points on the Fugl-Meyer scale, which measures arm motor status, and an increase of 7.9 points for the telerehab patients, a difference that wasn’t statistically significant, according to experts at UC Irvine.

Therapists envision recovery from stroke as a pathway lined with milestones, and an increase of eight points essentially means the patient has moved on to the next milestone, Woodbury said. For a patient who started the program unable to grasp anything and barely able to lift her arm from her lap to the table, this could mean she could now hold something. For a patient who started the program able to hold onto something, but not for long durations or anything very heavy, this could mean he was able to hold an object longer.

Considering the many mundane daily tasks that are difficult to nearly impossible to achieve with only one hand — from getting dressed and making meals to gardening or playing cards — conquering one milestone could have a significant effect on the patient’s life. That the telerehab patients improved as much as the in-clinic patients had a profound effect on patients and their loved ones. Woodbury described a telerehab patient in Kingstree, a small community in Williamsburg County some 75 miles from Charleston, whose entire family showed up to thank researchers when they returned at the end of the study to retrieve the equipment. Another patient told researchers she felt like her physical therapist was right there in the living room with her and wondered what she would do without her when the researchers removed the equipment.

Besides the effect it could have for rural residents, the study is also significant in that it points to a new direction of research for the National Institutes of Health’s NIH StrokeNet. The NIH typically has focused on immediate recovery, conducting studies at hospitals that focus on the first hours or days after a stroke, Woodbury said. This study marks the first time it has funded a study looking at rehab, the part of recovery that occurs weeks and months after a stroke.
"Dr. Waterman has been an incredible mentor in helping me grow professionally and encouraging me to push past my comfort zone, and the Fellowship was the opportunity that has paved a way for a lifelong professional collaboration and career-altering year."

Wendy Balliet, Ph.D.

Great resource to create those lasting relationships that can lead to change.

All three recipients were equally humbled and optimistic about the upcoming year and the opportunities that lay ahead, all of which have the potential to provide long-lasting impacts on their futures.

The 2018 recipients have big shoes to fill. The 2017 fellows, Wendy Balliet, Ph.D., assistant professor in the Department of Psychiatry and Behavioral Sciences, and Angela Malek, Ph.D., a research associate in the Department of Public Health Sciences, achieved the goals outlined in their applications.

Though the women who receive this award may come from a variety of medical backgrounds, one commonality they all share comes in the growth they experience during their time as mentees and how they are able to utilize these newly formed relationships to further their careers and fields of endeavor.

Balliet was able to create both a professional and personal relationship with Amy Waterman, Ph.D., a renowned social psychologist, who is touted for her leadership qualities and work within the transplant and living donation community.

Balliet’s research goal was to initiate a project aimed at improving awareness and education about opportunities for living kidney donation, utilizing storytelling via narrative theory, with an emphasis on targeting minority patients.

“At the start of my fellowship, I traveled to UCLA and spent several days training with Dr. Waterman and her colleagues at the Teraski Institute and Transplant Research and Education Center at UCLA,” she said. “I learned a new software program called StoryTap, which is a marketing platform that we utilized to help kidney transplant candidates, recipients, family and friends of these patients and living donors share their stories about end-stage renal disease and kidney transplantation.”

Balliet said they drafted a literature review on the use of narratives within this population that is theory-driven and will soon be submitted for publication. Beyond her research goals, the biggest value she received from the fellowship was the personal and professional growth she reached in the year of working with her mentor.

“She [Waterman] has been an incredible mentor in helping me grow professionally and encouraging me to push past my comfort zone, and the Fellowship was the opportunity that has paved a way for a lifelong professional collaboration and career-altering year.”

Malek also felt that the fellowship and her work with Leslie A. McClure, Ph.D., chair and professor in the Department of Epidemiology and Biostatistics at Drexel University, transformed her career.

“Through the fellowship, the association of chronic exposure to air pollution — ozone and particulate matter less than 2.5 micrometers in diameter — and cognitive decline was investigated in the Reasons for Geographic and Racial Differences in Stroke (REGARDS) study, with comparison of potential racial and regional differences.”

A manuscript is currently in preparation, she said, and the preliminary data obtained will also be used for a future grant proposal. Through regular meetings and discussion, they were able to gain additional experience conducting environmental epidemiology research and related statistical methodology of health effects of exposure to ambient air pollution. As a result, in February, McClure traveled to Charleston and presented to the MUSC Department of Public Health Sciences.

The fellowship year may be over for Balliet and Malek, and not only does their valuable work live on, it sets the stage for Chike–Harris, Flanagan, and Nadig to aspire to reach their own personal new heights.

Guidelines

Continued from Page Four

in MyQuest in the Marketing and Communications Education catalog that further educates users on the importance of “personal branding and social media.” The module covers guiding principles, best practices and resources for continued growth and provides essential guidance and information about how to create a personal brand within the context of an employee’s role as an MUSC stakeholder.

Though there may be a learning curve while the MUSC community absorbs what’s expected of them, Woolwine thinks employees who choose to personally identify with their place of employment is a good thing.

“We have the most loyal employees at MUSC, and we know how proud they are to demonstrate that affiliation. We call ourselves a family, and when we spend more time at work than we sometimes do at home, it would be natural at times to include certain aspects of that in our personal social media presence. Through these newly revised and greatly expanded social media guidelines, we now have a mechanism by which everyone has the tools to confidently use social media and understand the ground rules to which we all must adhere for the good of the institution.”

Visit https://horseshoe.musc.edu/ and enter your NetID and password. Under the category “For Everyone,” go to Office of Communications & Marketing, Public Affairs and Media Relations, Social Media, MUSC Social Media Guidelines.

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Nursing  Continued from Page Seven

experienced following a decade of civil war. Working, teaching and bonding with the nurses in this country has been an incredible journey and a lesson for me in resilience, strength and commitment. I have learned so much from my work in Liberia, and I am grateful that I had the opportunity to serve others across the ocean to help make a difference in their lives.

Finally, but equally important to me, is what I have been able to accomplish here at MUSC. I have had the rare opportunity to contribute to so many aspects of the university, including the Institute of Psychiatry and the Center for Health Care Research. But the shining light has been my ability to lead the College of Nursing as dean for the past 16 years.

To be honest, when I was a nursing student at Georgetown University or a doctoral student at Johns Hopkins, I never aspired or expected to be the dean of a college of nursing. But when the opportunity presented itself here at MUSC, I had a vision that this college could be world class. And the one thing folks know about me is that when I have a vision I also have a plan, and I fully commit myself to making that vision a reality. And so bringing the MUSC College of Nursing into national prominence in academics, research and practice is a dream come true for me. And the icing on the cake was being able to renovate the college and transform our physical environment into a real gem of a building that honors and respects the 135-year history of the college, while infusing it with all the technology we need to propel ourselves into the future. It has been an honor to be dean here at MUSC.

How do you account for your success in all these activities?

My success is our success. We, the faculty, staff and I, have been able to accomplish so much here in the college because we are a fantastic team. The faculty and staff are an amazing group of committed and talented individuals who strive for nothing less than excellence.

On a personal level, I believe the success of a leader comes from having an open mind, a strong work ethic, solid communication skills, and the willingness to seize upon new strategic opportunities not knowing how they may turn out. A leader needs to be continually scanning the environment, anticipating future changes, and be willing to take risks. I see risks as “experiments” — some have positive results and some have negative results, but all results are important in guiding our future actions. Nothing is a failure...everything is a learning opportunity. You need to try something, learn from it, and move on.

I also think that in working with others, a leader needs to be open, transparent, data-driven, honest, and accountable. To me, a visionary is someone who leads people to do together what they did not think they could do individually...and in so doing, together they reach new heights of achievement. I love the people here in the college and I will miss them greatly.

Which raises the next question, why retire now?

Sometimes I think there is never a good time to retire when you love what you are doing, and I do love this school and coming to work every day.

Being the dean for 16 years has been a treasured gift. Still, when I accepted this deanship I had set some goals I wanted to accomplish for the college. I wanted to:

• Double our enrollment.
• Rank in the top 15 schools in the country in NIH research funding.
• Be nationally ranked for academics by U.S. News and World Report.
• Renovate the building.
• Grow from one endowed chair to five.

This past year I realized that I had achieved them all, and I think the CON has never been stronger in education, practice and research than it is now. So, I thought this might be the right time to pass the gift on to new leadership.

That said, I am sure that June 30 will be bittersweet for me and I will feel happy, sad and proud all at the same time, and expectant for the great things that will unfold for the college in the days ahead.

Finally, using your book as an analogy, how will the next chapter of your life read?

Ah, that is a great question and the answer is even better — I am not sure; it is yet unwritten. I hope that the plot will have new twists and adventures. I do know that I want to spend more time with my incredibly loving, active and talented family. I also would love to nurture other parts of my brain and spend time perhaps painting, reading novels, traveling with friends, writing reflections, walking on the beach, sorting my father’s coin collection or my brother’s baseball card collection, archiving family photos, and most of all, giving back to others. I am happily looking forward to the new storyline that lies ahead for the next chapter of my life.

Dr. Gail Stuart, back row center, is joined by her family, Brody Stuart, from left, Morgan Stuart, Sarah Stuart, Nirav Shah, Elaine Stuart-Shah, Soren Shah, Leo Stuart, front row from left, Sasha Stuart and Naya Shah. Photo by Josh Goodwin

The President’s Values in Action Award

Honoring five employees each year who help fulfill MUSC’s vision statement, Leading Health Innovation for the Lives We Touch, by demonstrating the five MUSC values:

• Compassion
• Respect
• Innovation
• Collaboration
• Integrity

Visit horseshoe.musc.edu/everyone/values-in-action to learn more.
Giving  
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When he had the opportunity to become executive director for development in 1982, Fisher began working to grow the fundraising and alumni affairs team, which eventually came to include 35 people. He also encouraged faculty to become more active in the development process, sharing their vision and achievements with potential donors.

In terms of fundraising strategy, Fisher encouraged his team to approach potential supporters from a position of strength, not weakness.

“I used to bristle a little when someone said MUSC had ‘needs,’” he said. “MUSC is not needy, we don’t have needs. We have opportunities, for people who want to make a difference in the world. Our job is to bring those two things together.”

Fisher’s strategy worked. Word began to spread about the university’s work. Donations grew, providing the university with money for scholarships, faculty recruitment, new buildings, and research, academic and clinical projects.

“Jim’s impact through the years is not just measured by the amount of money he helped bring in — that is too narrow a view,” said Cole. “His broader contribution was more cultural: He created a greater awareness about the power of giving. He helped people both inside and outside MUSC see, in a warm and personable way, how they make a real impact with a gift. He helped people understand that giving changes people’s lives — both the donor and recipient.”

Fisher and his team have compiled an impressive list of wins during his time at MUSC. He led the university’s only two capital campaigns, both of which exceeded their goals. He led efforts to build the Harper Student Center, the James B. Edwards College of Dental Medicine, the Darby Children’s Research Institute, the expanded Storm Eye Institute and Hollings Cancer Center, and the new MUSC Shawn Jenkins Children’s Hospital.

He has reported directly to four university presidents during his time here. “Each arrived to that office with a totally different set of strengths and approaches to leadership. Truly, I learned many important lessons from each,” he said.

But of all these accomplishments, the ones he will treasure most in retirement are the relationships he has built over the years. “Relationships are all about people — their hopes, dreams, aspirations and challenges — and I have been most blessed to have developed hundreds and hundreds of wonderful and meaningful relationships that I will carry forward for the next 39 years!”

In 2014, Jim Fisher received the state’s highest honor, the Order of the Palmetto, from former Gov. Nikki Haley. Fisher, center, is joined by his family Bill Fisher, father; Mary Catherine Paynter-Fisher, step mother; Rebecca Fisher, daughter; John Fisher, son; and Chris Fisher, wife.