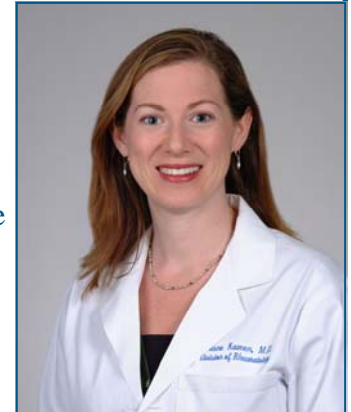




Dr. Kamen selected as 2011 Developing Scholar

I am pleased to announce that Dr. Diane Kamen has been recognized as a 2011 MUSC Developing Scholar. The purpose of the Developing Scholars Program is to recognize junior members of the MUSC faculty who are promising research scholars as demonstrated by their research contributions, and to promote the further development of these individuals as creative scholars. The award is aimed at individuals who have successfully demonstrated the capacity to compete for extramural funding but who are still in the formative stages of their career and demonstrate exceptional promise for the future.



Dr. Kamen is a graduate of the University of Kansas School of Medicine. She completed a Residency in Internal Medicine at MUSC, and she then went on to complete a Fellowship in Rheumatology and a Master’s in Clinical Research. She joined the MUSC faculty in 2005, and she was recently promoted to Associate Professor of Medicine. Dr. Kamen has excelled as a clinical investigator and mentor. She has achieved an impressive record of extramural funding for clinical research in lupus, focused on the disproportionate burden this disease has for understudied populations, such as the Gullah of coastal South Carolina. She is a mentor for numerous undergraduate students, medical students and residents, and she has earned a reputation as an excellent teacher and role model. Diane and her husband, Dr. Brian Dewhurst, have two daughters, Sophie and Olivia.

*Richard M. Silver, MD.
Distinguished University Professor
and Interim Chairman*

Also in today’s newsletter:

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(all Medicine faculty are <u>strongly encouraged</u> to attend)	

On the Calendar:

White Coat Ceremony
August 20 at 2 pm
Gaillard Auditorium
Faculty Convocation
August 23rd at 4:30 pm
Basic Science Auditorium #100
State of the College Address
Thursday, September 1st
4:00PM in 100 BSB
Labor Day
September 5th - Clinics Closed



Dr. Nichole Tanner joins Faculty

Nichole Tanner, MD joined the Division of Pulmonary & Critical Care Medicine effective August 1, 2011 as an Assistant Professor.

Dr. Tanner earned dual bachelor's degrees in nutrition and zoology at the

University of Florida, followed by her medical degree at the University of Miami School of Medicine. She completed her residency in internal medicine and fellowship in pulmonary and critical care at the Medical University of South Carolina. Dr. Tanner is board certified in internal medicine and pulmonary disease. She has six peer reviewed publications.

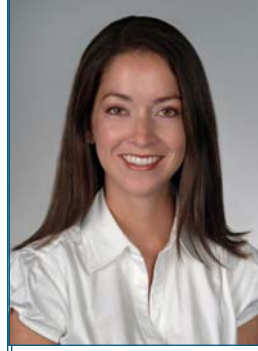


Dr. Velez designated Specialist in Clinical Hypertension

Dr. Juan Carlos Velez, Associate Professor of Medicine in the Division of Nephrology, has been recently designated Specialist in Clinical

Hypertension by the American Society of Hypertension (ASH). To earn that distinction, Dr. Velez successfully passed the Qualifying Examination administered by the ASH Specialist Program Inc. The role of the hypertension specialist is now recognized in national and international guidelines – The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC7), American Heart Association (AHA) Professional Education Committee of the Council for High Blood Pressure Research and The World Health Organization – International Society of Hypertension (WHO-ISH).

Dr. Velez joins other faculty members from our Department who previously earned this distinction: **Dr. Perry Halushka, Dr. Brent Egan, Dr. Jan Basile and Dr. Shakaib Rehman.**



Inpatient Billing Part IV – Discharge

Discharge services are billed based on time. The Attending's time includes such things as final exam, discussion of the inpatient stay, and preparation of discharge records, prescriptions and referral forms, even if the time is not continuous. Recently, Palmetto GBA, our Medicare Carrier, published that an Attending's discharge time must be documented within the progress notes of the patient's chart regardless if it is greater or less than 30 minutes. Best practice is to document your time and a brief summary of what was involved during that time.

99238 – 30 minutes or less

99239 – more than 30 minutes

For questions, please contact Annie Lee Sallee logue@musc.edu

Night Shuttle Pilot on MUSC Campus



In response to interest from employees for a transportation link at night between their work sites and their on-campus parking locations, a pilot for expanded shuttle service began on August 1st. The service (operated by MUHA MEDUCARE) connects the Clinical Sciences Bldg with the President St, Bee St and Courtenay Drive parking garages and other destinations on demand. The pilot operates Monday - Friday from 5 am to 7 am and from 7 pm to 12 midnight during the month of August. Drivers will have discretion to go to other places on demand as long as the destination is within the inner campus. MUSC students, patients and visitors are authorized to ride subject to the same restriction.



Dr. Gebregziabher President-elect

Dr. Mulugeta Gebregziabher has been selected as President-elect of the Statistical Society of Ethiopians in North America (SSENA) at the Joint Statistical meeting of the American Statistical Association that took place in Miami Beach, FL from July 30 to August 4. He is an Assistant Professor of Biostatistics in the Division of Biostatistics and Epidemiology with a joint appointment at the Ralph H. Johnson VA Medical Center Targeted Research Enhancement Program (TREP). His research interests include analysis of longitudinal data, missing data, neuroimaging data and health disparity. For the last 4 years, he has devoted a major part of his research endeavor into statistical analysis of

local and national VA data on health outcomes in patients with type 2 diabetes. He has also been contributing towards many of the merit and CDA grants submitted by investigators at the VA TREP. He has co-authored several clinical collaborative papers on health outcomes such as type 2 diabetes, cancer and stroke.

Dr. Gebregziabher has also contributed significantly to the literature on analysis of missing and longitudinal data by publishing in top-tier biostatistics and epidemiology journals. Currently, he has authored over 50 peer-reviewed journal publications and around 15 manuscripts are currently under review/revision. As a result, he has been invited to present his work in national and international conferences. He has also experience with inter-professional education and research from his training as a faculty fellow in the first Inter-professional Education Faculty Institute at MUSC.

You are cordially invited to



D'Vine Affair 2011

Hors d'oeuvres, Wine, Auction, & Live Music

September 24th

6:30pm-11pm

Charleston Marriott

170 Lockwood Drive

Tickets: \$55 per person in advance

\$65 per person at the door

For ticket information and special accommodations

please visit: www.dvineaffair.org

All proceeds benefit



Presented by



TDN Site Spotlight: Charleston

Reprinted with permission from the TDN Times July 18, 2011 edition; Responses provided to the TDN Times by Patrick Flume, MD



A few members of the Charleston CF research team; Front row: L-R: Sue Gray, Ester Williams-Cummings, and Patrick Flume, MD. Back row: L-R: Ashley Jones, Elizabeth Poindexter

Tell us a little about your center...

We are the Medical University of South Carolina, located in Charleston, South Carolina. We are a typical CF center in that we are one center that consists of two programs. The pediatric program has long been in existence, and the adult program was started in 1994. We are a bit different than other centers in that our center director, Dr. Patrick Flume, is an internist, but also has a position in Pediatrics. There is a very close relationship between pediatric and adult programs with joint meetings and a combined approach to research.

We are a moderate sized center with about 220 total patients and a slightly larger adult population than pediatric. We serve mostly coastal South Carolina, but see patients from all over the state, especially the adult patients, and have some patients from North

Carolina, Georgia, and Tennessee.

Who is on your clinical research team?

Our investigators (and year they joined) are Patrick Flume, MD (1993), Isabel Virella-Lowell, MD (2003), and Antine Stenbit, MD, PhD (2006). Our nurse coordinators are Sue Gray, RN (1998) for the adult program and Jessica Webb, RN (2009) for the pediatric. Our respiratory therapist is Mary K. Lester, RRT (2001), and our research coordinators are Ashley Jones, CCRC (2005), Elizabeth Poindexter (2010), Esther Cummings (2005), and Lisa Miller, RN (2010).

What makes you proud of your clinical research team?

The coordinators take very good care of the patients. They answer calls in a timely manner and provide quality data. When I hear the patients tell me how much they love the coordinators, how safe they feel in this environment, and how much they look forward to doing another trial, then I know the team has done it right.

What are some challenges your center faces in conducting clinical research?

There are many steps to the development and conduct of a clinical trial, and only some of them are within our control. We become frustrated when there is a holdup at some part of the system, and we cannot do anything to change it. A prime example is when we wait for the final protocol from the sponsor or a budget agreement from the CRO. We have worked with a great number of sponsors and monitors and they are not created equal. Some have been a great joy, and with those, the study runs very smoothly. Then there are others where there is some conflict, either because they have poor knowledge of the study protocol and data forms, or have poor knowledge of CF, or their systems are poorly constructed. The result can be an onslaught of unnecessary queries or unreasonable demands for time. Most of these can be resolved relatively easily, but they get annoying. Occasionally we must stand firm, even putting a hold on further enrollment until the problems can be resolved.

(Continued on page 5)

(Continued from page 4)

Are there any innovative methods you've used for promoting clinical research and recruiting study subjects?

We discuss all trials with all patients, even when we know they are not eligible for the study. This is meant to build the culture of clinical research with our center's patients and families. This has helped to generate excitement for research and hope for the future. We also include research in our weekly team planning meetings. As we discuss each patient, we ask whether they are a candidate for any of our current or future trials.

Have you conducted any clinical research QI activities?

We have recently instituted QI into the research team. Our focus is on proper handling of specimens (blood, urine, sputum) for shipping. We did not have a high number of errors, but we felt this was a good project by which the team could learn how to develop and track a QI project. So far, so good. In addition, we have shared the TDN tracking system and metrics with our Clinical and Translational Science Award group with the intent to improve the overall tracking of trials at the University.

What other CF research-related activities are your team members involved in?

Ashley will be participating in the RC Mentoring Program this year and our clinical team has long been engaged in CFF mentoring programs for nursing and respiratory therapy.

What key advice would you give to less experienced CF clinical researchers?

Hire the right people and let them do their job. Avoid combining roles such as asking your clinical coordinator to also be the research coordinator. Keep your clinical team engaged with the research process — they can assist with recruitment, collection of records, even collection of some specimens — but have the study conduct managed by the research co-

ordinator. Finally, be serious about participation in a trial. As the investigator, you must actively recruit patients into the trial; this is not the task of the coordinator. Think about clinical research from the patient perspective. They want to know if the study is a good fit for them, and they want results. It is frustrating for them to participate and then not have the study finish in a timely manner.

What does the future hold for clinical research at your site?

We are very busy and hope to remain so. We have a good relationship with our sponsors and monitors, and we believe this is because we recruit well and provide quality data.

Be Receptive to Constructive Criticism

Constructive Criticism: criticism or advice that is useful and intended to help or improve something, often with an offer of possible solutions

The word "Team" means we are always looking for ways to improve in order to achieve our goal of excellence; therefore, each of us needs to be receptive and open to constructive criticism from our leaders, supervisors, and colleagues. Constructive criticism is an opportunity to see how others perceive us in the workplace and provides us insight on what we need to do to be the best we can be. Constructive criticism should be given in a private business setting and not with other team members around.

The appropriate time to deliver constructive criticism is during yearly evaluations, monthly one on one meeting, or when a coachable moment arises. Constructive criticism should always focus on professional issues.

Always provide a clear example or situation when you are giving feedback or criticism. Be honest and direct never allow emotions to enter into the discussion. The best way to encourage feedback/constructive criticism is to ask people for it and listen.

Standing Rheum Only

Message from Diane Kamen, MD, MSCR, Associate Professor, Rheumatology & Immunology



The Division of Rheumatology & Immunology recently held their quarterly “Standing Rheum Only” meeting. These meetings are intended as a vehicle for improving communication and teamwork within the Division. Along the way we had a great time learning interesting facts about each other – for example, did you know?

- ◆ **John [Zhang]** used to moonlight as a cooking instructor
- ◆ the word “bouffant” continues to haunt **Gary [Gilkeson]**
- ◆ **Taylor [Brandt]** started <http://www.thegirldoc.com/> which we should all bookmark & visit when we need to buy adorable gift baskets
- ◆ **Dijana [Christianson]** learned fluent English in only 1 year
- ◆ if you ever leave **Lara [Hourani]** stranded in the Amazon she will track you down & jump on your boat
- ◆ you better befriend award-winning **Steph [Slan]** if you want your photo in our Division yearbook, and...
- ◆ we definitely need to have a karaoke night with **Melissa [Cunningham]** including a dance routine by **Joy [Buie]** (and invite **Tammy [Nowling]**’s friend Lenny Kravetz – no relation to **Carol [Kravetz]**)



just to name a few of the fun facts revealed today.

And most of all we learned that **Jim [Oates]**’s prankster ways are not just confined to his home-life!

Ingenious Med and SmartPhone/Tablet security

It is very important to set a passcode lock and remote wipe capability on your mobile devices. If you use MUSC Email, Citrix/Webapps, or other applications that might carry patient data, MUSC Policy requires safeguards like these be enabled. For information on how to set those two capabilities for the most common varieties of phones, visit: <http://tinyurl.com/medmobilesecurity>

Ingenious Med downloads patient information to your iPhone and iPad which makes it even more important to activate these two security measures.

Settings > General > Passcode Lock . We recommend setting the "Require Passcode" setting to Immediately and the Auto-Lock feature to 15 minutes or lower.

Remote wipe and location setup is available at: <http://www.apple.com/iphone/find-my-iphone-setup/>





**Carol Kravetz
Administrative
Assistant
Rheumatology
& Immunology**

What do you like about working at MUSC?

I love working with the Division of Rheumatology because there is always a great sense of being part of a family and a feeling of camaraderie.

What is your job?

My duties largely consist of maintaining the calendars of Dr Gary Gilkeson and Dr Jim Oates. I am also responsible for getting most of the division's patient notes out to the referring and primary care physicians in a timely fashion. I love to help patients by making sure they get any questions or concerns addressed or getting their prescriptions or lab orders in time.

If you could have any career, what would it be?

In my native Northern Ireland, I would have loved to have been a police officer but couldn't be because they have height restrictions - 5' 4" and I'm only 5' 2"!

Tea, Coffee, Soda or water?

Coffee and water - coffee just because it tastes good and water just because it best quenches a thirst!

What is your favorite book?

My favorite book, believe it or not, is Stephen King's Pet Semetary. Have read it 8 times and always found something new in it each time.

Strangest day you've had on the job at MUSC?

My strangest day was a couple of years ago when there had been a flood in an upper floor in the Strom Thurmond building. Water had seeped through to the 4th floor and I had to work (and answer phones!!) surrounded by several loud, industrial fans.



**Ashley Brandner
Accountant/Fiscal
Analyst II
Biostatistics &
Epidemiology**

What do you like about working at MUSC?

MUSC is a large community of friends and family members that has so much to offer if you are open to the possibilities

What is your job?

My job is mainly about finance and balancing accounts for our federal and state awards. I also handle the HR needs for the division so that involves all areas from posting jobs on people admin to processing PEAR forms and even overseeing the annual success factor reviews.

Any outside of work interests you'd like to share?

I love scrap booking, boating, playing with my dog Sadie, and my guilt pleasure is reality TV.

If you could have any career, anywhere, what would it be?

Publicist in New York, Washington, DC or LA. I would love to know all the inside details on politicians and celebrities - I find it very entertaining

Tea, Coffee, Soda or Water?

Water - it is the best thing you can do for yourself

Favorite book?

James Patterson's Women's Murder Club Series, it is very empowering

Strangest day you've had on the job at MUSC?

Too many to think of just one

Anything else you'd like to tell us?

I really enjoy what I do, and I am taking it all in. I am so thankful to work with a great team that has taken me in whole heartedly and made feel like one of their own!

Excellent Comments



Dr. Rita Kramer and her nurse, **Judy Horton**, are both fantastic. Their dedication to me as a cancer patient was professional, yet very warm and caring. I cannot say enough positive things about either one of them.

I have had Crohns Dx for the past 33 years. Anything that could go wrong...has. Since beginning treatment at the GI Clinic several years ago and being under **Dr. DeL-egge's** care, I have felt more informed, understood and safe than ever before. **Greg Buck, PA** couldn't be any nicer, understanding, and helpful. He's truly an asset to MUSC. **Crissa Moore** at the (scheduling my next appointment) desk is wonderful. She goes out of her way to accommodate me. **Susan Lesesne** (check in) is so wonderful as well and goes out of her way to make sure my wait is minimal. These people are part of what makes MUSC my facility of choice and I thank God for them all. Keep up the great work!

The Dr and his staff were the best I ever been to. I have never met people as nice as everyone was. I did not meet anyone that was not nice. If I ever need **Dr. [Frank] Cuoco** again I will be back to see him. As far as I see there is not a thing that has to be improve. You all are the best.



Drs Bains and Miller could not have been better. All appointment and procedures were explained and scheduled at the best times for me, I live 4.5 hours away. I never had to wait more than a few minutes for office visits or procedures. It has been a great experience. They were thorough and diligent in finding the root of my problem and both are great people, easy to talk to, professional but still friendly.



Dr. Marcy Bolster is awesome!

The MUSC Way!

Dr. Greenberg,
I have received considerable medical treatment at Hollings Cancer Center over the last 5+ years. I firmly believe that I'm able to provide for my family today because of the quality of the medical treatment I've received at Hollings. **I will be forever grateful for the Hollings Staff.**

I've recently had medical treatment at MUSC Spine Center and Gastrointestinal Department and have found the quality of the medical staff to be the equal of the Hollings staff. When the quality of the medical staff is equal across departments, than the University has a selection process that should be recognized for it's effectiveness.

I've had interaction with the normal departments (billing, customer service, etc.) as well as departments like facility engineering and have found the staffs to be professional and highly qualified. **When you see quality across the entire university, than the quality of the leadership of the university is of the highest quality.** I want to complement you and your staff for the leadership you provide MUSC.

I'd like to add a friend called to ask for advice about treatment of her Father's bladder cancer. **I told her to get Dad to MUSC as fast as possible.** Her Dad recently stated that he would have been all butchered up if he had remained in Columbia for treatment. The point is that it's not only me recognizing the quality of treatment from Hollings medical staff.

I can't recognize all of those that have impacted my treatment but I can certainly recognize those that have lead my treatments. They are: **Dr. David Cole, Dr. Robert Stuart, Dr. Andrew Kraft, Dr. Luciano Costa, Dr. David Marshall, Dr. Raymond Turner, Dr. Katherine Morgan, Laurie Rumpp, Christine Schaub, Megan Fulton and many others.**

I certainly look forward to MUSC positively impacting the lives of South Carolina residents.

Respectively, [a patient]

[reprinted with permission]

Medicine Grand Rounds

All lectures are held in the IOP Auditorium
each Tuesday at 8:00am
CME credit applies if you have
signed/swiped in by 8:15 am.

August 23 **"Aortic Dissection, The Vague
and Subtle"**



Christina L. Bourne, MD
Assistant Professor
Emergency Medicine MUSC

August 30 **"Phosphaturic Disorders and Novel
Mechanisms of Phosphate Conservation"**



Rajiv Kumar, MB, BS, MACP
Ruth and Vernon Taylor
Professor
Distinguished Investigator
Mayo Foundation
Professor of Medicine
Biochemistry & Molecular
Biology
Mayo Clinic, Rochester, MN

Candidate for Chairman Department of Medicine

Hurricane Season

As we prepare for another active hurricane season (June 1st through November 30th), it is time to revisit your division severe weather plan. Please make certain that you have a comprehensive understanding of your role in the event of a Hurricane or other emergency situation. Copies of your Division's plan are available upon request from your Division Business Manager.

The things you should do NOW are:

1. Obtain a copy of your Division Hurricane Plan as well as contact information for your Division/Program leaders – faculty and staff.
2. Understand and prepare for your role/ obligations to MUSC in the event of a Hurricane
3. Provide your Division faculty and staff leaders with your contact information - including information about how they can reach you in the event of a Hurricane if you leave the Charleston area.
4. Make a personal Hurricane plan for you and your family – including pets. Local grocery and home improvement stores have comprehensive plans and checklists available to assist you in your planning. There is also a plan available online at: www.live5news.com in the Hurricane Center section.

MISSION

*To improve the health of those we serve
through the highest quality patient care, excellence in
education, and innovative research*

VISION

*To be a leader of academic internal medicine
in South Carolina and the Nation*

MUSC Department of Medicine

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