

Dr. Migdalia Rivera-Goba (left) of CC Nursing and Patient Care Services mentored and worked with summer student interns Marina Sanchez-Cardenas (center) and Nina Thompson on a project designed to help build cultural competencies for nurses and other patient-care staff.

Mentorship inspires intern's rich experience

There was something about Marina Sanchez-Cardenas. The first time Dr. Migdalia Rivera-Goba connected with the 17-year-old from Los Angeles she knew that she wanted to work with her.

Sanchez-Cardenas felt the same about Rivera-Goba, a Clinical Center Nursing and Patient Care Services senior nurse consultant. Sanchez-Cardenas traveled more than 2,000 miles to spend the summer working with her new mentor as one of the CC's 41 NIH Summer Internship Program participants.

Growing up in a large Hispanic family, Sanchez-Cardenas said she wasn't encouraged to go to college or pursue other academic or scientific opportunities, but she always knew she wanted to make something of herself. "I wanted to do something big. I wanted to do something that would help people because that is mainly my passion," she said.

Sanchez-Cardenas connected with Rivera-Goba through another trainee at a symposium for young Hispanics interested in research opportunities at NIH. Impressed

and excited by Sanchez-Cardenas' maturity and enthusiasm, Rivera-Goba worked with Sanchez-Cardenas to make sure that her family would be comfortable with her pursuing this opportunity.

Sanchez-Cardenas' summer project, which she completed with fellow summer intern Nina Thompson, is titled "Cultivating A Cultural Competency Program For Health-Care Providers in Biomedical Research" and explores health-care disparities related to cultural competency.

"As a minority, I was really interested in seeing how minorities were not as represented as other ethnicities, especially in the health-care system. How does that actually affect our patients? How does it affect the outcomes if you are a minority patient and you have a physician or nurse who doesn't speak your language?" she said.

From here, Sanchez-Cardenas starts college at the University of La Verne in California, majoring in biology and pre-med. "Having this experience definitely gives me an advantage, especially as a future

continued on page 3

Study addresses early indicator of heart disease

A team led by Dr. David Bluemke, Clinical Center Radiology and Imaging Sciences director, has found evidence supporting the role of fat around the heart in promoting atherosclerosis, a condition in which fatty material collects along the walls of arteries. The journal *Radiology* published the study results in August.

The Multi-Ethnic Study of Atherosclerosis (MESA) suggests that the amount of pericardial fat present is more strongly related to coronary artery plaque than other measurements like body mass index or waist circumference.

When plaque forms in the arteries, it deposits in an irregular manner, causing thickening of the artery wall on one side, but not the other. The ratio of the thick side to the thin side is referred to as plaque eccentricity and is a strong indicator of heart disease.

According to the American Heart Association, heart disease is the leading cause of death in the United States. In 2010, an estimated 785,000 Americans had a new heart attack—and about 470,000 had a recurrent attack.

While previous studies have looked at the relationship of pericardial fat to atherosclerosis in patients with severe coronary disease, this is the first study to determine the association of pericardial fat on coronary artery plaque burden in asymptomatic individuals.

"The individuals in this study had no symptoms and were otherwise healthy," said Bluemke. "They did not have significant coronary artery narrowing. Yet, despite this, they had coronary plaque that could be detected by MRI."

The researchers used magnetic resonance imaging (MRI) to measure the ratio of maximal to minimal artery wall thickness as a measure of early-stage atherosclerosis and computed tomography (CT) to determine pericardial fat volume. MRI allowed for a noninvasive

continued on page 2

Clinical Center news briefs

Bench-to-Bedside award program accepting 2012 proposals

The 2012 Bench-to-Bedside award program call for proposals has been posted. Letters of intent must be submitted electronically no later than September 22.

Originally established in 1999 to integrate the work of basic and clinical scientists on the NIH campus, the Bench-to-Bedside Program expanded in 2006 to encourage partnerships between intramural and extramural investigators. To date, about 700 principal and associate investigators have collaborated on 192 funded projects with approximately \$44 million distributed in total Bench-to-Bedside funding. Each award provides a team up to \$135,000 a year for two years.

For the first step in the application process, the NIH intramural investigator must submit a letter of intent (LOI) electronically via proposalCentral. LOIs are reviewed by the scientific director for each intramural investigator on a project and allow an opportunity to advise principal investigators regarding the proposal prior to formal submission. For more information, visit clinicalcenter.nih.gov/cc/btb/.

Long-time blood bank nurse dies

Wanda Chappell, former chief nurse at the Clinical Center Department of Transfusion Medicine and innovative NIH Blood Bank leader passed away in July at the age of 93.

Chappell retired in 1980 after 27 years of federal service—all in the CC Blood Bank. In 1966, Chappell developed a simple but ingenious method for separating blood platelets from blood plasma, allowing the CC to use platelets for transfusion to leukemia patients while using the rest of the blood product with other patients. Her idea for concentrating platelets saved 3,700 pints of blood a year at the blood bank and many more at other hospitals throughout the country.

Transfusion Medicine symposium informs on latest in field

The Clinical Center Department of Transfusion Medicine and the American Red Cross will host the 30th Annual Immunohematology & Blood Transfusion Symposium on September 15 in Masur Auditorium.

Developed to inform about recent developments, current practices, controversies, and laboratory management issues relative to transfusion medicine, the event will be of interest to health-care providers who work with blood products. Topics to be covered include:

- Variables that impact the clinical outcome of hematopoietic cell transplantation
- Function of individual additive solution components, and the advantages and disadvantages of solution suspension of platelets for transfusion
- Appropriate patient and donor care strategies
- Transfusion guidelines and the need for well-designed clinical trials
- Strategy for selecting platelets based on storage duration and platelet source
- Advantages of performing DNA typing on both donors and recipients

Registration is free and on-site. For more information, visit clinicalcenter.nih.gov/dtm/research/symposium.html

Changes in CC leadership

In August, Larry Eldridge, former Edmond J. Safra Family Lodge director, transitioned to the position of deputy to Rob Mekelburg, director of the Housekeeping and Fabric Care and Materials Management Departments.

Denise Ford, chief of Hospitality Services, will assume the role of executive director of the Family Lodge and Bekah Geiger, from the CC Office of the Director, will serve as general manager of the Lodge.

CC launches YouTube channel

The Clinical Center is expanding its social media presence with a new YouTube channel: www.youtube.com/user/NIHClinicalCenter.

Videos will showcase the CC's innovative scientific studies, programs, and people.

A 2010 national survey by the Pew Research Center found that more than 70 percent of online Americans use video-sharing sites such as YouTube and almost 30 percent visit a video-sharing site daily.

The channel complements CC's existing portfolio of social media tools, including Facebook (www.facebook.com/NIHClinicalCenter) and Twitter (www.twitter.com/NIHClinicalCntr).



Study notes heart disease indicator

continued from page 1

assessment of coronary plaque burden on the patients enrolled in the study.

"The findings indicate yet another reason that obesity is bad for us," said Bluemke. "It is particularly bad when the fat forms around the heart, since heart fat appears to further promote coronary artery plaque."

Researchers from The Johns Hopkins University School of Medicine and Bloomberg School of Public Health, Wake Forest School of Medicine, Northwestern University Feinberg School of Medicine, University of California Los Angeles, and University of Washington also contributed to the paper, titled "The Association of Pericardial Fat with Coronary Artery Plaque Index at MR Imaging: The Multi-Ethnic Study of Atherosclerosis (MESA)."

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www.cc.nih.gov/about/news/newsletter.html

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news

New guidelines affect health-care personnel flu vaccine mandate

Immunization of health-care personnel against influenza saves patient lives. Despite this fact, many choose not to be vaccinated and this year the Hospital Epidemiology Service is making it more difficult for staff with face-to-face patient contact to decline.

In 2008, the Clinical Center Medical Executive Committee mandated that all staff who have patient contact—nurses, doctors, clerks, housekeepers, and others—must be vaccinated against influenza or complete a declination form.

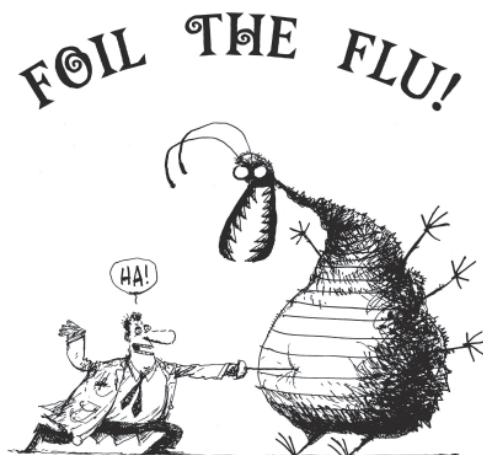
In previous years, mandated health-care personnel could decline the vaccine based on preference. Beginning this fall, these staff must be vaccinated unless they present documentation of a medical contraindication from a non-NIH physician. A documented allergy to egg, previous allergic reaction to the influenza vaccine or its components, or a history of the neurological disorder Guillain-Barre syndrome excuse mandated health-care workers from immunization. Staff must provide a written statement for religious exemption if applicable.

Patient-care staff may be vaccinated off-site, but must produce documentation of immunization to satisfy the mandate. Also this year there will be no vaccine clinics at the CC specifically for health-care personnel. All NIH staff and all contractors will be welcome.

"People who have immune suppression and debilitating conditions like cancer are particularly vulnerable to severe complications of flu, such as pneumonia," said Dr. Tara Palmore, CC deputy hospital epidemiologist. "If you think of flu vaccination as an opportunity to save someone's life or prevent them from developing a very serious illness, then it's really hard to justify avoiding vaccination for anything other than a

serious medical contraindication." Over the last three years, the vaccination rate among mandated health-care staff has been about 88 percent. "We're doing well compared to other hospitals, but we are a unique facility, and we should have nearly 100 percent vaccination rate as our goal," Palmore said.

Beverly Smith, nurse manager of 3NE, a



unit caring for vulnerable patients undergoing stem cell transplants, agrees. "I would like to see 100 percent participation of our nurses. It's important for us to protect our patients and ourselves," Smith said. Palmore hopes the new guidelines for mandated health-care personnel will help bypass some of the myths and illegitimate reasons for declination in the past.

"I think that fears of needles and concern about a sore arm are reservations that every health-care worker should be able to overcome," she said.

People cannot get influenza from the vaccine that the NIH administers because the flu shot is an inactivated virus, said Palmore. FluMist®, a nasal spray immunizer, does contain a live virus, which is why the NIH does not purchase it. Staff with patient contact should not get FluMist®

off-site because they would have to be reassigned for seven days due to the risk of transmission to vulnerable patients.

Another misconception is that the influenza vaccine is unsafe for pregnant women or those who seek to become pregnant. The American College of Obstetricians and Gynecologists recommends influenza vaccination for all women who will be pregnant during the influenza season, according to the group's statement in the October 2010 issue of *Obstetrics & Gynecology*. Vaccination is encouraged "early in the season and regardless of gestational age."

The immunity of the influenza vaccine lasts six to eight months, so it is important to get vaccinated every year, said Palmore. She also encourages frequent hand washing and staying home from work if you do fall ill with flu symptoms.

Mandated health-care workers should be vaccinated before October 15. Qualifying employees and contractors will be notified by email that they fall under the mandate. If you believe you qualify as patient-care staff but do not receive an email, please check with your supervisor or contact the CC Hospital Epidemiology Service.

All staff with a valid NIH identification badge will be provided the seasonal flu vaccine free of charge on the seventh floor of the Hatfield Building atrium area or at one of the listed off-site locations. Vaccinations will be given based on the first letter of employees' last names. Please dress appropriately in clothing that will let you quickly expose your upper arm. Changing areas will not be available.

For more information, visit foiltheflu.nih.gov.

Mentorship inspires CC summer intern's rich experience

continued from page 1

college freshman," she said. "It opened the doors to so many possibilities, and I think I will feel more confident in what I am learning next year."

Rivera-Goba sees her relationship with Sanchez-Cardenas and the other fellows, students, and trainees she has mentored as a two-way street. "I hope that it becomes an intellectual exchange of ideas so that they may learn from me, and at the same time I also learn from

them," she said.

Walter Jones, director of diversity management and minority outreach at the CC, says that while Sanchez-Cardenas is one success story, we need more. "We need to find a way to prime the pipeline to make young people aware of career opportunities at organizations like the NIH or in academic medicine," he said. "This is the nation's hospital; it's not just the Mid-Atlantic's. We would like to see more students from the West Coast and more

students of Hispanic descent consider careers at the NIH."

Rivera-Goba plans to continue her relationship with Sanchez-Cardenas in the future, perhaps even in future summers through the NIH Summer Internship Program. "I am looking forward to seeing great things from Marina," Rivera-Goba said. "One of my favorite parts about working with students is taking a step back, and really seeing how much they have grown."

Outpatients and staff benefit from new pharmacy system

In line with the Clinical Center's ongoing effort to elevate patient safety, the CC Pharmacy Department implemented a new outpatient pharmacy system on May 29.

The software and equipment installation improves the process of filling prescriptions for all parties involved—the department staff, the research teams, and the patients.

"The implementation of the new pharmacy outpatient information system is a major advance for the Clinical Center and its patients," said Dr. David Henderson, deputy director for clinical care. "The system provides an increased measure of safety for our providers and patients and also provides the Clinical Center with improved ability to track the dispensing of outpatient pharmaceuticals, by patient, by institute, and by protocol."

The system is a customized version of the technology commonly used in retail pharmacies. The Department of Clinical Research Informatics and the Pharmacy Department worked together with the system's manufacturer to integrate with the Clinical Research Information System (CRIS). The team also collaborated to design the database layout and work out the bugs.

"This project is an example of great teamwork between departments to produce a system configured to better

serve the staff and more importantly, the patients," said Dr. Jon McKeeby, CC chief information officer.

A prescriber places an electronic order for a take-home medication in the CRIS and the order is transmitted to the new outpatient pharmacy system. As a safety check, the system will check for drug-drug interactions and for duplicate orders (two orders for the same drug or therapeutic drug class at the same time).

After a pharmacist's approval, the order goes to a fill queue. Upon viewing the order, a technician sees an image of the medication to be filled: a visual reminder to assure accuracy. The technician locates and scans the medication bottle barcode, assuring it is the intended medication, and then fills the order. The system also has the ability to autofill an order using a robotic machine containing approximately 140 commonly requested drugs.

Once the order has been filled by the technician, a pharmacist verifies the accuracy of the fill. Each patient's medication bottle displays a label that includes a barcode identifying both the drug and the patient. A pharmacist scans the barcode to verify the order has been filled as intended. As one last safeguard, before a filled order is dispensed to the patient or nurse, a pharmacy employee scans the barcode on each bottle.

"Each of these steps will help us see that the right drug is being dispensed to

the right patient," said Jharana (Tina) Patel, Pharmacy Department quality assurance officer.

Each bottle also includes an instruction label with large print that is more readable than the labels from the old system. Patients will take home a print-out for each prescription that includes adverse effects and detailed instructions.

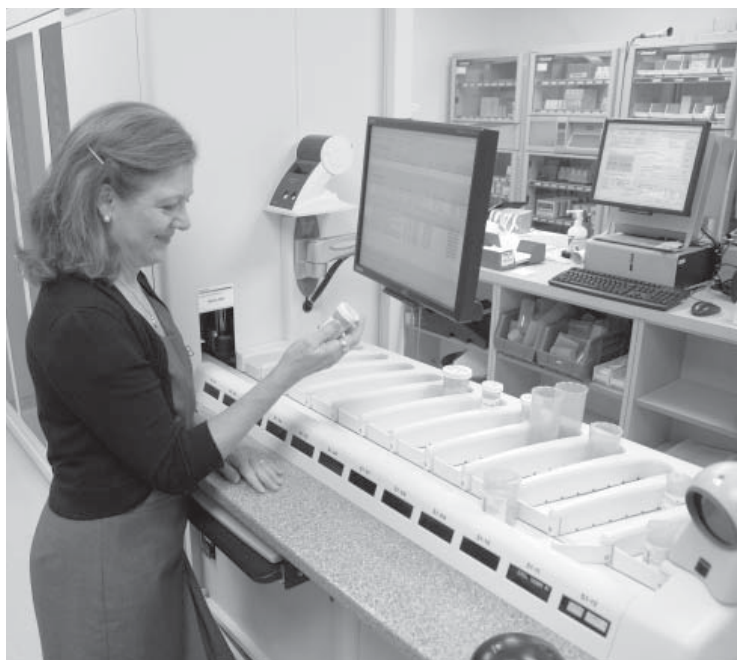
In addition to the multiple steps in place to protect patients, the new system also supports protocol integrity and automates management of workflow.

Research team members can check dispensing information for each take-home order in the CRIS. When viewing the order summary, one can determine if and when the medication was dispensed and also if there are any remaining refills. This feature helps to track patient's adherence with the medication regimen, which is critical in clinical research studies.

Additionally, once all refills have been dispensed, the order is auto-completed in the CRIS two weeks after the last dose is expected to be taken, making it easier to determine which take-home orders are still active.

This automation of workflow tracking is also of advantage to the Pharmacy Department. They can now electronically monitor each stage—review, fill, verify,

continued on next page



Justine Harris, chief of the Ambulatory Pharmacy Section, checks on an order in the new outpatient pharmacy system, which automates some prescription filling and enhances patient safety.



Nadia Guirguis scans the barcode on each prescription bottle before handing a patient medication.

New outpatient pharmacy system increases patient safety

continued from previous page

and dispense—of the prescription process. Previously, if a patient asked if his or her prescription was ready, staff had to interrupt other staff members to ask if anyone had filled it.

"Now all you have to do is go into the system, pull up the patient's profile, and you can see where it is in the process," Patel said.

Another first for the Pharmacy Department is the use of personal identification verification cards to access government computers. The first clinical system in the CC to require the identification cards, the new outpatient pharmacy system requires a pharmacist or technician log in with their identification card and a pin number. The system restricts access based on the user's identification—not allowing a technician to approve an order, for example.

"The identification card requirement lends accountability and authentication to make sure the right person is doing the right thing," McKeeby said.

This accountability will soon be more widespread. Robert DeChristoforo, chief of the Pharmacy Department, said, "We have added another piece of technology to improve the medication management process. With our nursing and DCRI partners, we will soon move on to instituting bedside medication administration using barcodes to improve safety."

Initially, some patients and staff members experienced delays in service. The Pharmacy Department implemented several strategies to address and resolve the extended wait times and patient dissatisfaction. A facilitator in the waiting room, for example, sets a reasonable expectation for when a patient's prescriptions should be ready and communicates with the patient should the department not be able to meet that expectation.

"We thank our patients for their understanding and patience during the transition period to the new system. We will continue to work diligently to better serve both the Clinical Center and its patients," said Henderson.



One new feature of the CC's outpatient pharmacy system is the ability to autofill an order using a robotic machine.

NIH launches Medical Research Scholars Program

A new Medical Research Scholars Program for medical and dental students will begin at the National Institutes of Health in September 2012. The program will offer research experiences with intramural investigators from across NIH in basic science laboratories, and in clinical and translational research conducted at the Clinical Center.

The program is made possible through a partnership with the Foundation for the National Institutes of Health supported by a grant from Pfizer Inc and contributions from the Howard Hughes Medical Institute.

"Medical discoveries of tomorrow depend on the students we train today," said NIH Director Dr. Francis S. Collins. "This program will help ensure that there is a steady pipeline of scientists conducting the full range of biomedical research. The program will offer a broad range of exceptional research opportunities, exposure to cutting edge technology, and critical policy issues for promising students."

The Medical Research Scholars

Program builds upon the long history that the NIH intramural program has had in preparing clinician-scientists for leadership roles in biomedical research and incorporates the Howard Hughes Medical Institute (HHMI)-NIH Research Scholars Program and the NIH Clinical Research Training Program (CRTP).

The HHMI-NIH Research Scholars Program has historically focused on research in the basic sciences. CRTP participants engage in clinical and translational research. Basic, clinical, and translational research will be part of the Medical Research Scholars Program.

"Pfizer has a long tradition of supporting medical education and is proud to support the NIH Clinical Center, one of the most important teaching and research hospitals in the world," said Dr. Freda Lewis-Hall, executive vice president and chief medical officer of Pfizer Inc. "Those who benefit from the Medical Research Scholars Program will gain special insight into many conditions where further research and greater medical understanding are urgently needed."

Program applications will be accepted

October 1, 2011 through mid-January 2012. About 40 students are expected to be admitted during the program's first year. The goal is to accept up to 70 students as the program grows.

Support for students selected for the program includes a stipend and resources for education enrichment, such as travel to scientific meetings. There will be a curriculum in clinical protocol development and the conduct of human subjects research, along with seminars focusing on basic and laboratory studies and their translation into clinical protocols.

"HHMI is pleased to have an ongoing role in this important NIH initiative," said Robert Tjian, president of the Institute. "Our support will enable NIH to continue a long-running seminar series that brings these clinician-scientists into contact with leading researchers from around the nation. These opportunities—coupled with the experience of working in an NIH lab—can inspire a lifelong commitment to research."

Bioethics chief leaves CC with more than a decade of contributions

One of the world's leading bioethicists, Dr. Ezekiel Emanuel, left the Clinical Center in August after 15 years. His research and recommendations have served a nation of patients and physicians facing tough questions about the ethics of care, and his spirit of camaraderie warmed coworkers in his department and around the NIH.

"The NIH has been absolutely the best place to work," said Emanuel, who left as chair of the Department of Bioethics. "There are people here who want answers to tough questions ... We've had the great opportunity to develop ideas and see them implemented in policy."

Emanuel joined the University of Pennsylvania to teach and serve as the vice provost for global initiatives and chair a new Department of Medical Ethics and Health Policy. He will also write for *The New York Times*.

Emanuel earned both his MD and PhD degrees from Harvard University, and much of his research before coming to the CC to chair the Department of Clinical Bioethics (as then called) was in end-of-life care. His career choice came from a push from his father to pursue a medical career and an interest in philosophy and politics.

"Bioethics was a unique way of marrying my interests and talents in science with my interests and talents in politics,"



Bioethics chief Dr. Ezekiel Emanuel left the Clinical Center in August after 15 years.

Emanuel said.

Dr. John I. Gallin, CC director, wooed Emanuel here in 1996 with his dedication to training the next generation, an issue important to Emanuel still. He was a lead author of the first comprehensive Oxford textbook of clinical research ethics.

Other significant contributions during Emanuel's tenure at the NIH include a decade of research into recommendations of revisions to human subjects research regulations. Emanuel also counts his work into the ethics of research in developing countries among his successes. He was detailed as special advisor to the director of the White House Office of Management and Budget for health policy from 2009 to

early this year.

One thing he'll miss from the NIH, Emanuel said, is the people. "People here are very generous with their time and ideas," he said. Emanuel instituted tea time every afternoon for the bioethics staff. His trick for the perfect cup: let the water boil, not just warm.

"It's very hard not to be a good colleague to someone and respect other aspects of their personality if you're getting together for tea," said Emanuel.

The sentiment and care for his coworkers was not lost on them. "Working with Dr. Emanuel has been an extraordinary privilege. Due to Zeke's vision, intellect, and unbounded energy, the Department of Bioethics has developed a reputation for its exceptional research productivity, fellowship program, and overall significant contributions to the field of bioethics," said Dr. Christine Grady, the department's acting deputy chief. "On a more personal level, Zeke is a generous, warm, and enthusiastic leader who cares about the people he works with and goes out of his way to help them excel. I will truly miss him."

Despite the goodbyes, the NIH has not seen the last of Emanuel. He will continue ongoing collaborations with researchers, including into understanding and comparing risk of research. He will also work to complete a book on global justice and bioethics due next year.

NEW CLINICAL RESEARCH PROTOCOLS

The following new clinical research protocols were approved in July:

■ Effect of Time Varying Walking Velocity in Body-Weight Supported Treadmill Training; 11-CC-0203; Dr. Hyung-Soon Park; CC

■ Phase I/II Study of MLN4924 Alone Followed by Dose-Adjusted EPOCH-Rituximab + MLN4924 with Gene Expression Profiling and Mutational Analysis in Relapsed/Refractory de novo Diffuse Large B-Cell Lymphoma; 11-C-0216; Dr. Wyndham H. Wilson; NCI

■ Clinical and Basic Investigations Into Erdheim-Chester Disease; 11-HG-0207; Dr. Juvanee I. Estrada Veras; NHGRI

■ First In-Human Phase I trial of NHS-IL12 in Subjects with Metastatic Solid Tumors; 11-C-0225; Dr. James L. Gulley; NCI

■ An Early Phase 1 Study of ABT-888 in Combination with Carboplatin and Paclitaxel in Patients with Hepatic or Renal Dysfunction and Solid Tumors; 11-C-0215; Dr. Shivaani Kummar; NCI

■ Carfilzomib, Lenalidomide, and Dexamethasone in Newly Diagnosed Multiple Myeloma: Clinical and Correlative Phase II Study; 11-C-0221; Dr. Carl O. Landgren; NCI

■ A Natural History Study of Patients with Hereditary Inclusion Body Myopathy (HIBM); 11-HG-0218; Dr. Nuria Carrillo-Carrasco; NHGRI

■ Contrast-Enhanced Ultrasound Imaging of Carotid Plaque Neovascularization; 11-H-0224; Dr. Vandana Sachdev; NHLBI

■ Effects of the Glucocorticoid Antagonist, Mifepristone, on Dyslipidemia and Glucose Intolerance in Obese and Overweight Women with Metabolic Syndrome; 11-CH-0208; Dr. Lynnette K. Nieman; NICHD

■ Prospective, Randomized Controlled Trial of Surgical Resection Prior to Bevacizumab Therapy for Recurrent Glioblastoma Multiforme; 11-N-0204; Dr. John K. Park; NINDS

■ Biomarkers-driven Development of Experimental Therapeutics for Traumatic Brain Injury; 11-NR-0213; Dr. Raymond A. Dionne Jr; NINR

Clinical Center staff honored with NIH Directors Awards

NIH Director Dr. Francis S. Collins honored what he described as “visionary and remarkable” staff members with 2011 NIH Directors Awards at the annual ceremony on August 2.

“It is pretty amazing to compliment the work these people have done—and the difference they have made in this remarkable institution,” said Collins. He opened the ceremony with a song recognizing the dreamers in the audience, and all of the individuals who have dared to dream that the NIH can find the keys to end disease and make history.

Eighteen Clinical Center staff members were among the more than 300 recognized.

Within the scientific and medical category, George Grimes, CC Pharmacy Department Pharmaceutical Development Section chief, was honored for his 37 years of outstanding service providing investigational clinical research drugs to the many NIH patients enrolled in clinical trials at the CC.

In the same category, Dr. Clare Hast-

ings, CC chief nursing officer, was recognized for defining the roles, setting the standards, and assuming a leadership role in establishing the new nursing subspecialty ‘clinical research nursing.’

Maureen Gormley, CC chief operating officer, received an award in the administrative category recognizing her outstanding leadership at the CC in identifying and implementing efforts to improve the hospital environment for patients while achieving operational efficiency.

Housekeeping and Fabric Care Department Supervisor Chauncey Buford was honored in recognition of exceptional contributions to the mission of the CC, in addition to consistently going above and beyond expectations to support his colleagues and staff.

In the technical and clerical support category, L. Kevin Jones was recognized for continuous dedication to the CC Nutrition Department by ensuring that all food and supplies are available for CC patients.

The 2011 NIH-Project SEARCH Program interns were also recognized for their

outstanding work effort and genuine spirit, which has positively impacted workplace culture and the receptivity of NIH to employ people with disabilities. The awardees included Crystal Battle, Ashton Bell, Van Berg, Richard Day, Scott Gladstone, Justin Haynes, Aamer Khan, Alex Lightfoot, Adam Russell, Lindsey Schaufelberger, Amethyst Thornton, and Chane Wade-Goodwin.

A Ruth L. Kirschstein Mentoring Award went to Dr. Christine Grady, head of the Section on Human Subjects Research in the CC Department of Bioethics, for exemplary performance while demonstrating significant leadership, skill, and ability in serving as a mentor.

CAPT Deborah Merke, chief of the CC Pediatric Consult Service, received an outstanding service medal for conducting outstanding clinical research and building an internationally renowned research program to further understanding of congenital adrenal hyperplasia.

Clinical Center responds to back-to-back natural disasters

It was quite a week. A magnitude 5.8 earthquake shook the region at 1:51 pm on August 23. Meanwhile, Hurricane Irene was barreling up the Atlantic coast with Maryland in its path. The heaviest wind and rain slammed the area near midnight on August 28 and into the early morning hours of August 29.

In the immediate minutes and hours after the quake, patient-care staff did a remarkable job maintaining continuity of patient care, said Dr. David Henderson, CC deputy director for clinical care. The disaster command center was set up within minutes of the earthquake. CC facilities staff and NIH engineers inspected the building to ensure its structural safety. CC leaders walked the hospital floors to inform staff and patients what was happening, which proved a useful communications strategy.

Communications in advance of the hurricane were early and frequent. As the United States Geological Survey notes, you can’t predict an earthquake. “This was an unprecedented event and our emergency plans do not deal directly with how to manage an earthquake,” said Henderson. “The plan is being modified to include earthquakes and we will assess the evacuation process in case of future earthquakes, so all staff know

exactly what to do. We’ve responded to hurricanes before, and preparation for the storm was an excellent example of collaborative preparation.”

The CC was ready for the storm. According to Tannia Cartledge, Nursing and Patient Care Services deputy chief for inpatient services, “Our nursing staff anticipated patient requirements for the weekend.

“

Good pre-planning, proactive interventions, and teamwork made this go so well.”

”

—Debra Byram, chief of the CC Office of Space and Facilities Management.

The administrative coordinators provided on-site support and coordination.”

David Folio, Nutrition Department chief reported that staff were prepared to spend

the night so that there would be no interruption to patient meals. “Due to the timing of the storm, we decided to keep a cross-section of staff here. We also had metabolic and clinical staff here to cover those areas,” Folio said.

The Pharmacy Department doubled the amount of drugs that were to be delivered right before the storm it, just in case. “CC-wide planning for the hurricane was outstanding,” noted Bob DeChristophoro, Pharmacy Department chief.

Housekeeping prepared linen for the air beds that Materials Management made available to staff who overnights. They also made sure 55-gallon drums were filled with water in case it was needed for toilet flushing. Materials Management stocked the Pyxis machines with additional medical supply inventory, and ensured plenty of flashlights were ready for distribution.

The potential for flooding was a big concern for the CC Office of Space and Facility Management and the NIH Office of Research Facilities. Staff from both areas had sandbags at the ready and walked the facility regularly during the storm. “Good pre-planning, proactive interventions, and teamwork made this go so well,” said Debra Byram, OSFM chief.

Upcoming Lectures *All lectures will be videocast at <http://videocast.nih.gov>*

September 7

Clinical Center Grand Rounds

Lipsett Amphitheater,
12 noon

The Role of BRCA1 and BRCA2 in Caucasian and African-American Women in a Population-Based Study

Elaine Ostrander, PhD
Senior Investigator and
Chief, Cancer Genetics
Branch, NHGRI

Hemolysis and Personalized Medicine in Sickle Cell Disease: A Global Perspective

James G. Taylor, MD
Assistant Clinical Investigator,
Cardiovascular and
Pulmonary Branch, NHLBI

September 14

Clinical Center Grand Rounds

Lipsett Amphitheater,
12 noon

Contemporary Clinical Medicine: Great Teachers Psychiatric Consultations: Lessons Learned in 2011

Maryland Pao, MD
Clinical Director, NIMH

September 21

Clinical Center Grand Rounds

Lipsett Amphitheater,
12 noon

Lymphangioleiomyoma- tosis (LAM): Molecular Insights Lead to Targeted Therapies

Joel Moss, MD, PhD
Deputy Chief, Cardiovascu-
lar and Pulmonary Branch,
NHLBI

Multicenter International LAM Efficacy of Sirolimus (MILES) Trial

Francis McCormack, MD
Gordon and Helen Hughes
Taylor Professor and Director,
Division of Pulmonary, Criti-
cal Care and Sleep Medicine,
The University of Cincinnati
School of Medicine

September 28

Clinical Center Grand Rounds

Lipsett Amphitheater,
12 noon

Tweaking Energy Metabolism to Prevent and Treat Neurological Disorders

Mark P. Mattson, PhD,
Chief, Laboratory of
Neurosciences, Intramural
Research Program, NIA

Willie Sutton's Getaway Car and the Patho- genesis of Parkinson's Disease

David Goldstein, MD, PhD
Chief, Clinical Neurocar-
diology Section, Clinical
Neurosciences Program,
NINDS

CC namesake Senator Mark O. Hatfield dies

United States senator and national champion of medical research, Mark O. Hatfield died on August 7 at the age of 89.

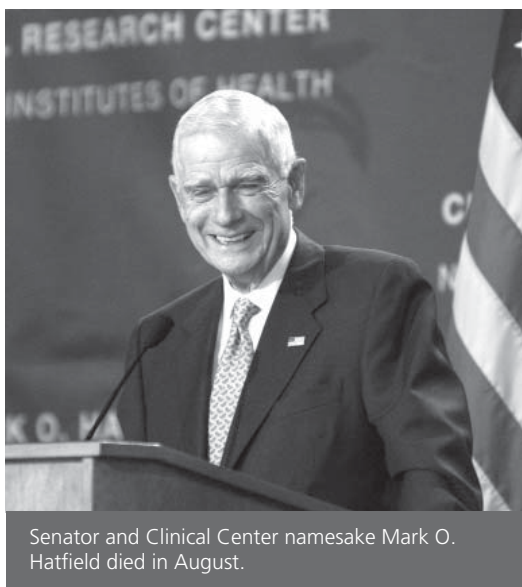
Throughout his lifetime of public service, including three decades in the US Senate, Hatfield was a leader and champion of the people. His visionary support of medical research helped make possible his namesake, the Mark O. Hatfield Clinical Research Center, an addition to the CC that opened in 2005.

"His unwavering vision was for this hospital to be ground central for creating and providing the next generations of medical treatment and cures," said Clinical Center director Dr. John I. Gallin of the senator's commitment.

"He considered the hospital named in his honor to be a new community of hope and once said that it represents the new frontier in medical science."

As chair of the Senate Committee on Appropriations, Hatfield served as a strong and principled advocate for the needs of those who are less fortunate, and consistently defended the importance of NIH-funded research and its impact on society.

Hatfield was elected to the US Senate in 1966 while he was serving as Oregon's governor. He was known for opposing increases in defense spending and for US military support abroad, supporting instead improvements in health, education, and social services programs. Hatfield advocated for medical research throughout his career in Congress and often reminded his Senate colleagues of "the desperate human needs in our midst." Hatfield is survived by his wife, four children, and seven grandchildren.



Senator and Clinical Center namesake Mark O. Hatfield died in August.

Upcoming events

BTRIS Town Hall Meeting

The Biomedical Translational Research Information System (BTRIS) will hold a Town Hall Meeting on Tuesday, October 18 from 1-2 pm in the Lipsett Amphitheater.

Researchers are invited to see how BTRIS can help streamline the research process and assist with mandatory reporting for IRB's and ClinicalTrials.gov.

The town hall meeting will be videocast at videocast.nih.gov. For continuing BTRIS news and information, visit btris.nih.gov.

Green Labs Fair

Join members of the Clinical Center Green Team at the Building 10 Green Labs Fair on September 14 in the south lobby and NIH Library.

The fair will take place from 11:30 am to 2:30 pm and will highlight green equipment and products and offer presentations on greening efforts on campus.

Come and learn what your fellow researchers are doing to go greener!