

National Nurses Week

May 6-12, 2004

INNOVATION

GROWTH OPPORTUNITY

PROGRESS PERSPECTIVE EXPECTATION

EXPECTATION

WHO WE ARE

WHERE WE ARE GOING

a celebration of nursing

EXPECTATION PROGRESS

INNOVATION GROWTH PERSPECTIVE

PERSPECTIVE

PROGRESS OPPORTUNITY

EXPECTATION GROWTH INNOVATION

US Department of Health and Human Services
National Institutes of Health
Clinical Center

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OPPORTUNITY

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EXPECTATION

MESSAGE FROM THE CHIEF

This year, during Nurses Week, we are pausing to reflect on “Who We Are and Where We Are Going.” We are celebrating the contributions that nurses make to the health and well being of patients in every setting across the country, and also the unique role that we, as nurses, play in the exciting NIH work of improving the health of the Nation. We are looking back with gratitude on the leaders and innovations that have made us who we are today. We are examining the contributions of our staff to excellence in research and clinical care. As we do this, we are saying “goodbye” to many familiar places that we all associate with good work and good colleagues.

This is a special year for nursing at the NIH Clinical Center. We are preparing to move from the hospital that has supported clinical research for the country for a half century into a brand new facility that was specially built with the needs of patients, care providers and scientists in mind. At practically the same time, we are implementing a new Clinical Research Information System to take us into the next era of clinical information management in a research setting. We are exploring ways to link the Ambulatory Care Research Facility – so instrumental in helping us move so much research activity into the outpatient setting – with the new Clinical Research Center.

And we are working on new ways to strengthen the interdisciplinary relationships that have always been the core of our approach to patient care and research.

I salute nurses at the Clinical Center for their dedication and contributions to the science that is the core of the NIH mission. I congratulate you for your ability to balance the demands of protocol implementation with the human and clinical needs of patients. I honor your expertise and practice knowledge which has been developed here at the Clinical Center and which has become a resource for nurses everywhere. It is a privilege to work with you!



Clare Hastings, RN, PhD, FAAN
Chief, Nursing and Patient Care Services

EXECUTIVE TEAM

Clare Hastings, RN, PhD, Chief, Nursing and Patient Care Services
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The NIH Clinical Center celebrates Nurses Week May 6-12, 2004. More than 700 nurses at NIH are committed to fulfilling the unique needs of the Clinical Center. They provide the link between the intramural research programs and the patients. Through professionalism and perseverance the dedicated NIH nurses continually support advances in prevention and treatment of disease. For the last 50 years here at NIH the nursing profession has been a part of making a difference in the health of the American people. Whether it is embracing change for the new Mark O. Hatfield Clinical Research Center or conducting high-quality patient care, nurses at the NIH Clinical Center work collaboratively with all members of the multidisciplinary healthcare team.

Change means many things to different people. For our nurses, change means expectation, opportunity, improvement, progress, perspective, innovation, and growth as they look forward to making the transition to the new hospital.

To honor that milestone, rather than honoring one outstanding nurse on each unit, we are recognizing all of our nurses and nursing units. Each unit was asked to describe their program of care, types of patients and nursing team. The responses, as varied as our nursing staff, were witty, straightforward and informative.

We invite you to read through the following pages and learn more about “Who We Are and Where We Are Going.”

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PATIENT CARE UNITS

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2-E PATIENT CARE UNIT

SURGICAL / UROLOGICAL ONCOLOGY AND IMMUNOTHERAPY

Confessions of a 2-East Clinical Research Nurse

Oncology. I swore I'd never do it. What kind of nurses work in Oncology? Surly iron maidens, mates, mush pots on Zolofit drips. Then there's the research thing. Kind of sci-fi, eh?

The friend that recruited me to 2-E said, "They let you do the kind of nursing you love. All that tender loving care stuff and the patients really are the most important thing." So I made an appointment and showed up one crazy December day. There were more patients than beds, "no room at the inn." On day two my Christmas stocking was hung along with 38 others; all overflowing at the nurse's station with the housekeeper's stocking next to the nurse manager's. I find out we're "revving immune systems" to the speed of light, kicking some cancer butt, caring for complex patients with multi-system compromise, and giving chemo in innovative fashions.

Before the week was out, I had cross-stitching orientation – by far the most intimidating aspect of this new job. A 2-E tradition – everyone (including the guys) on the nursing team stitches a quilt square for the first-born child of 2-E nurses. Everyone here contributes, not just to quilts but to healing, coaching, researching, loving, inspiring, consoling, and nursing.

Like the quilts that celebrate life and hope we are bound together. We are colorful, unique, and strong yet a soft place to fall. We are interwoven with compassion and

competence spurred on by the courageous patients who keep us coming back because they keep coming back with marathon stamina sprinting for "the cure."

Mush pots, iron maidens? Yes. Rusty from tears of grief and joy? Yes. But beautiful and strong like our quilts, with all the complexity that entails. We are 2-East nurses. We are hope in action.

THE TEAM

Tamika Allen, Isati Bah, Samuel Bell, Barbara Bitgood, Wendy Blocker, Teresa Boland, Ann Bowman, Kim Brathwaite, Kristie Broberg, Cynthia Bushee, Crystal Cook, Sharon Crawford, Michelle Crespo-Eugeni, Rebecca Dove, Molly Duffy, Jennifer Easterday, Bryan Emery, Anna Engstrom, Consuelo Espejo, Jesse Estrada, Suzanne Fillippi, Ellen Herrle, Sarah Hines, Nicole Jackson, Susan Johnson, June Kryk, Elizabeth Lockard, Olivia Mabeus, Joan Maher, Stella Mandl, Lori McIntyre, Marie Moran, Tye Rose Mullikin, Debbie-Ann Nathan, Teri Pantier; Barbara Rawlings, Denise Robinson, Maureen Ruzek, Janice Threatte, Dalva Vanmelle, Kristen Weaver, Hazel Williams, G. Avery Wilson, Qun Xu.

2-J PATIENT CARE UNIT

SURGICAL ONCOLOGY AND IMMUNOTHERAPY INTENSIVE CARE

The Surgical Intensive Care Unit (SICU), a specialized 12-bed unit with great team spirit, supports biomedical research while providing excellent care to postoperative and critically ill patients. Common patient populations include those participating in research of immune system enhancement (biotherapy), surgical perfusion to develop novel ways to deliver chemotherapy, experimental neurosurgical and epilepsy monitoring, and many other clinical studies. The variety of services along with a high turnover of patient admissions and transfers creates a challenging and exciting environment for the nursing staff.

SICU nurses have worked on the unit anywhere from 2 to 17 years. Ninety percent of them hold a Bachelor of Science degree in Nursing and 100 percent are trained in Advanced Cardiac Life Support and are fully ready to respond to in-house code blue emergencies. Other certifications include Critical Care Registered Nurse, Trauma Nurse Core Course and Pediatric Advanced Life Support. The unit supports continuing education for all staff to further their knowledge of nursing trends and acquisition of new skills. Each year the SICU organizes a critical care fellowship program that nurtures and supports professional development for nurses without critical care experience.

One of the unique aspects of this unit is the heavy emphasis on oncology critical care. Over the years, therapies that were developed at the NIH such as high-dose IL2 (HDIL2) administration have relied on 2-J nursing to get patients through these treatments.

The nursing care delivered on this unit has become a national and international standard of care for patients receiving HDIL2 therapy. Studies now being conducted on the unit, such as percutaneous hepatic perfusion, will become a benchmark for other nurses in the future.

In the past year, the unit instituted a self-governance model called the Clinical Board. This group of 2-J nurses meets monthly to discuss clinical issues identified by staff and seeks creative solutions or ideas to continually improve the level of care on the unit. This nursing group, headed by Pam Horwitz and Beverly Smith, will lead the unit's Clinical Research Center and Clinical Research Informatics System initiatives.

Each year the SICU hosts an annual holiday party that is enjoyed by all. No one forgets the infamous "IL2 punch" that makes each year memorable.

THE TEAM

Allison Adams-McLean, Paula Carter, Lori Cunningham, Casey Ferguson, Kathleen Fitzgerald, Meredith Frey, Pam Horowitz, Kim Klapek, Debbie Kolakowski, Mark Pavlick, Karen Pergler, Susan Redwood, Luis Rivera, Michelle Rowan, Parvin Safavi, Beverly Smith, Betsy Story, Rosanne Suleiman, Linda Tondreau, Alice Veppumthara, Alonzo Walker, Tami Williams.

2-W PATIENT CARE UNIT

HEMATOLOGY / BONE MARROW TRANSPLANT

Nurses on the 2-W Bone Marrow Transplant unit are known as the “2-W BMT angels.” The unit serves hematology, oncology, and stem cell transplant or “H.O.T.” patients. The nurses provide hope, encouragement, support, and healing hands for patients and families during their journey through transplantation.

The National Heart, Lung, and Blood Institute (NHLBI) transplant program began on 8-East in 1993 and then moved to 2-W/BMT after the unit was renovated for bone marrow transplant patient management. As the program grew, 2-W and 2-W/BMT were combined to serve and care for the H.O.T. patients. There are currently seven nurses on the unit who were part of the original transplant team.

In September 2003, a decade of research in transplantation was recognized with a “Celebration of Life.” The 2-day event included a conference highlighting the program’s decade of research; the past, present, and future; and a patient-focused day celebrating the lives of all patients touched by the program. The first transplant patient from 1993 attended. Patients and families not only remembered the names of their primary nurses, but recalled pivotal moments when the nurses made a difference in their lives.

The 2-W/BMT nurse angels are highly tenured and educated. Nearly 50 percent of them have been with the unit for five years or more. Half of the sixteen 2-W/BMT nurses hired into the Cancer Nurse Internship during the past seven years continue to work on the unit, and six others continue to work in the Clinical Center.

Six nurses are Oncology Certified Nurses; two are Advanced Oncology Certified Nurses. Six nurses have advanced degrees, and an additional four are currently pursuing their advanced degrees.

The nurses continually work to provide quality patient care of, and biomedical research support for, the specialty populations served on 2-W/BMT. A strong performance improvement initiative involving catheter-related blood stream infections in hematology and stem cell transplant patients was completed and presented at the national level. 2-W/BMT nurses also teach patients about transplantation by holding classes and distributing educational materials.

2-W/BMT nurses are, and will remain devoted to providing holistic, compassionate and quality care to H.O.T. patients and their families.

THE TEAM

Margaret Bevans, Cora Briones, Charles Brown, Vallorie Cochran, Lisa Cook, Carol Corbie, Felicia Curtis, Miki Devries, Suzanne Goodwill, LaShawn Gore, Shannon Haller, Geri Hawks, Oksook Heath, Legna Hernandez, Amy Kamble, Pat Lichtfuss, Colleen Lotierzo, Susan Michaud, Wendy Moore, Vicky Oboczky, Sandra Oquendo, Eve Pauda, Catalina Ramos, Keri Reardon, Priscilla Rivera, Mary Samuelson, Teresa Schreyer, Nonniekaye Shelburne, Kristine Simpson, Kim Sommer-Campos, Phyllis Vincent.

3-EAST PATIENT CARE UNIT

CHILD PSYCHIATRY

3-E is a behavioral health unit that researches childhood schizophrenia and mood disorders in children. To ensure accurate diagnoses and medication treatments, children are taken off their medications; observed and rated on and off the medications; and stabilized before discharge.

School and community work in addition to other activities that encourage and facilitate positive social interactions fill the days of these children. There is also some fun with staff and families. Working with families and children that have chronic mental illnesses is simultaneously difficult, challenging and rewarding for the staff. They learn from the children on a daily basis.

The complexity of the unit's evolutionary history is exceeded only by the complex chronic illness histories of the children who come here for research. Child onset schizophrenia has been studied for fourteen years and mood dysregulation and bipolar disorders in children have been researched on this unit for the past three years. The early years of research with children started on 3-E in 1990, relocating to 6-W in 1993, and moved back to 3-E in 1996. 2001 brought further growth in terms of both patient census and staffing needs for the expanding programs. 3-E has grown from a 4-bed to 8-bed unit that also supports a Day Treatment Program.

3-E is staffed by nurses, several with graduate level degrees, and behavioral health technicians. Together, the unit boasts more nursing and behavioral experience with children than can be counted. Even though the unit appreciatively utilizes outside resources, the unit has

nurses who have been staffing 3-E for as long as ten years and some for as few as ten days. Several nurses have more than 20 years of experience in nursing. One nurse holds the 3-E record for 22 years of dedicated service to NIH.

Staff members celebrate and party when patients have birthdays and are discharged. Staff can be observed celebrating a "busy day, week, month," and staff departures with pizza or goodies from home. Most importantly, they support each other. The 3-E staff strive to demonstrate the best in themselves while seeking the best in others.

THE TEAM

Patrice Abner, Keith Baptiste, Gail Butterworth, Andre Caple, Nicole Christman, Kim Cox, Nancy Day, Pat Evans, Ramona Fiorani, Lou Gaeta, Chris Gagnon, Camille Grigg, Charles Johnson, Crista Kazmiroski, Gigi Kuberski, Kathryn Landicho, Diana Lawrence, Melissa Maddox, Christian Mbulu, Ann Mulqueen, Liana Rosato.

3-W PATIENT CARE UNIT

ADULT AFFECTIVE DISORDERS AND GERIATRIC PSYCHIATRY

The National Institute of Mental Health's Mood and Anxiety Disorders Program is currently located on 3-W. This program explores new avenues for the treatment of mood disorders and maintains the best possible clinical care for subjects participating in research protocols. During the past three years the medical team has authored and implemented many innovative protocols for research and treatment of bipolar and unipolar depression. Protocols are offered on either an inpatient or outpatient basis.

The patient population on 3-W includes adults with refractory mood disorders. Two years ago, a bilingual staff base was developed to help implement outreach to Hispanic individuals who suffer from mood disorders. This program has received The NIH Director's Award for its valuable contribution to the Hispanic community.

The nursing staff, led by Sandra Bowles, is an eclectic mix of outstanding mental health professionals. Several members of the nursing staff have been at the Clinical Center for decades while some have been hired more recently. Regardless of tenure, the 3-W goal is to provide

outstanding quality of care to clients while helping to maintain the impeccable scientific reputation of The National Institutes of Health.

Perhaps that is the secret to the high staff retention and job enjoyment on 3-W.

THE TEAM

Sergio Bauza, Jr, Sandra Bowles, Geraldine Carter, Licky Clavell, Timothy Collins, Mary Cujas, Josette Desfayes, Stephan Eckert, Dorinda General, Valerie Greene, Madeline Gupta, Lawrence Hazley, Margaret Hooks, Paula J Jacob, Eileen Jordan, Eva Lin, Stephen Long, Clara Moore, Jose Rodriguez, Michael Rosenthal, Patricia Tartaglia.

4-E PATIENT CARE UNIT

ADULT SCHIZOPHRENIA

Nurses on 4-E are part of the vital work force that provide high-quality clinical care and research support to the National Institute of Mental Health (NIMH) Clinical Brain Disorders Branch (CBDB). This uniquely diverse team of highly competent professionals specializes in psychiatric-mental health nursing and manages care for patients with Schizophrenia Spectrum Disorders.

In the 1960s patients diagnosed with schizophrenia were housed on 2-W before moving to 4-E. That program closed in January 1998, just when the NIMH Neuropsychiatric Research Hospital was relocated to 4-W from the grounds of St. Elizabeth Hospital in Washington, D.C. In August of 1998 the program moved to 4-E, under the management of Sandra Bowles and evolved into the current unit.

Validation of 4-E's outstanding clinical-research contributions come in many forms including, but not limited to, numerous Clinical Center awards for clinical excellence and teamwork. The staff takes great pride in, and satisfaction from, the many letters of appreciation and thank-you cards received from patients and families across the country. Over the past five years staff members were honored to receive copies of appreciation letters families sent to the President of the United States and the Director of NIH. Last year, a letter from a grateful family resulted in the Director of NIMH also receiving a letter from NIH Director Dr. Elias Zerhouni commending our dedication and hard work. Most recently, the crowning

validation came when we learned that the CBDB genetic study results were highlighted in *Science* magazine as the second-most important scientific breakthrough of 2003. Since that time the CBDB has expanded to create the new Genes, Cognition and Psychosis Program.

The nurses of 4-E offer ongoing clinical support to other behavioral health units and provide psychiatric consultation and support to non-behavioral health units as well. The nurses here have consistently served on various intra- and extra-departmental committees over the years providing a unique perspective and contributing to the important work of these committees.

The team's profound role as specialized quality caregivers not only extends outside the unit but to their compassionate support of one another in times of personal tragedy and in celebration of key life events. This is a nursing team that will bring a culture of continued professional growth and performance excellence to the new Clinical Research Center.

THE TEAM

Jessica Badillo, Sybil Barnaby, Irene Bostic, Sandra Bowles, Roger Brenholtz, Susan Chen, Bernadine Crago, Tammy Daley, Bernice Fang, Ben Kosiorowski, Julie Kohn, Beth Kuhns, William Oliver, Donna Owolabi, Anthony Santucci, Gwendon Plair, Naomi Yett.

4-W PATIENT CARE UNIT

PSYCHIATRY AND BEHAVIORAL PROCEDURES

4-W is the combined mood, anxiety, neuroendocrine, and geriatric psychiatry program. The primary clinical research interest of the geriatric psychiatry program is Alzheimer's disease and "at-risk" family members. The nursing staff proficiently manages clinical and research needs for this very specialized patient population, patients with other complex psychiatric disorders and the cognitively impaired.

The inpatient unit also functions as a day hospital and satellite clinic providing research support to the mood and anxiety disorders program. The nursing team coordinates and facilitates several research studies involving, but not limited to, Yohimbine, Cytosin, Scopolamine, Tryptophan Depletion, CRH, RU486, Spironolactone, Insulin, Glucose, and Hydrocortisone; and will soon pioneer an AMPT depletion. Additionally, the staff has been involved in a longitudinal family study for nine years and will soon start a Risperidone/Dexamphetamine treatment protocol for frontal temporal lobe dementia.

The exemplary uniqueness of 4-W is demonstrated by the nursing team's outstanding ability to conduct 15 complex and active protocols while maintaining a safe therapeutic environment for all patients. The successful implementation of these multifaceted and diverse protocols requires that the staff members function as a highly competent, multi-skilled, "smooth well-oiled machine." Their interdisciplinary team approach to providing the highest quality of patient care and excellence in clinical research support fit that bill.

THE TEAM

Jeanette Beauchesne, Sandra Bowles, Joyce Deleeuw, Suzanne Flynn, Hattie Fonville, Brenda Hausman, James Hoagland, Patricia Jarvis, Lenora Jones, Christine Kotila, Victoria Liberty, Frances Mardesich, Mary Meyer, Marcia Mulquin, Ellen Polignano, Walter Reed, Joe Shadrack, Cindrella Yeung.

5-W PATIENT CARE UNIT AND DAY HOSPITAL

NEUROLOGY / NEUROSURGERY /
OPHTHALMOLOGY

The 5-W nursing staff, managed by Teresa Kessinger, provides primary nursing care to patients with a variety of neurological and ophthalmologic disorders. The nursing team on this unit has consistently proven their dedication to the profession and to this institution by seeking out opportunities for professional development as well as the number of years many have worked at the NIH Clinical Center.

Eleven of the current 19 staff nurses came to the Clinical Center under the Neuroscience Nurse Internship Program (NNIP), a program conceived in 1988 by the National Institute of Neurological Disorders and Stroke (NINDS) Clinical Director at that time, Dr. Mark Hallett. The program was organized by the current Clinical Specialist for Neuroscience, Beth Price.

NNIP was designed to meet the demand for highly skilled nurses to care for people with nervous system disorders such as brain and spinal tumors, epilepsy, movement disorders, lipid storage disorders of the nervous system, peripheral neuropathies, and neurodegenerative disorders. Liz Bartrum, Sandra Brown, Justina Ezejiolor, Laurel Kepner, Janna Peries, Rachel Perkins, Judi Resick, Sharon Saul, Nanette Schell, Janelle Stank, and Latoya Sewell all came to NIH as interns. The remaining eight current staff members came to the Neuro Program of Care (NPOC) with extensive previous experience and completed an intense NPOC orientation.

Deb Ariguzo, Liz Bartrum, Joe Fantom, Sandy Fick, James Paterson (Unit Coordinator), Beth Price (Clinical Specialist), Sharon Saul (Day Hospital Coordinator), and Nanette Schell are Certified in Neuroscience Nursing (CNRN).

Liz Bartrum has an MS in Public Health (MPH) and will graduate as a Family Nurse Practitioner (FNP) this spring. Sandy Fick has an MS in International Nursing. Susie Kim has an MS in Public Health Administration. Judi Resick has both an MSN and an MPH. Susannah Wargo will graduate this spring as an Adult Nurse Practitioner (ANP). Sandra Brown, Janelle Stank and Latoya Sewell are also graduate students.

Many of the 5-W staff have dedicated a significant number of years to the NIH. Sandy Fick has been at the Clinical Center for 17 years; Susie Kim, 15 years; Joe Fantom, 14 years; Nanette Schell, 12 years; Beth Petersen, 9 years. Nurse Manager Teresa Kessinger has devoted 21 years and Clinical Specialist Beth Price, 34 years.

The unit has a good mix of experience, education and enthusiasm. The surveys given to patients upon discharge consistently provide praise for 5-W nurses who are known for their compassion, competence and teamwork.

THE TEAM

Debra Ariguzo, Elizabeth Bartrum, Sandra Brown, Kirra Erickson, Justina Ezejiolor, Joe Fantom, Sandra Fick, Laurel Kepner, Teresa Kessinger, Shin Sook Kim, James Paterson, Janna Peries, Rachel Perkins, Vivian Petersen, Beth Price, Judith Resick, Sharon Saul, Nanette Scelll, Latoya Sewell, Chanel Skinner, Janelle Stank, Susannah Wargo.

6-W PATIENT CARE UNIT

ALCOHOL AND ADDICTION DISORDERS

The unit opened on 3-B North approximately 21 years ago, with the help of nurse Francoise Lesage. Early on, the research did not include female patients. The research scope has broadened from the initial focus on alcohol dependence and individuals may now participate in research studies related to aggressive behavior, domestic violence issues, dual diagnoses, and abuse of other substances.

In 1997, the unit moved to 6-W. There are now six graduate-level nurses working on the unit; two nurses who will soon complete their Masters' degree; and one nurse who is pursuing his doctoral degree. Several employees have a nursing research protocol being reviewed by the Institutional Review Board. Equally important to note is that Ben Canha recently became the father of twins, Kevin and Karen.

Traditions are popular with the 6-W team. They vary from festivities to education and include the 6-W staff

Christmas party when Dr. George Patrick is bedecked as Santa Claus; the summer barbeque; the fall Halloween party with Fran Lesage dressed as a clown; the Rutgers Summer Educational Program on Alcohol Studies; and the graduation parties hosted by staff and peers for patients who have successfully completed the research program during which Fran, with her French accent, reads *All of the Places You'll Go* by Dr. Seuss.

THE TEAM

Lavernn Alston, Arlene Brooks, Ben Canha, Rosa Clark, Barry Cohen, Chris Geyer, Judie Johnson, Fran Lesage, Mary Ley, Thomas Lionetti, Lisa Misra, Barbara Peter-Whiting, Dave Spero, Margie Weiser, Lisa White-Simmons, Pam Williams, Marjorie Wright.

7-E PATIENT CARE UNIT

CARDIOLOGY/SICKLE CELL DISEASE

7-E has been in tremendous transition this year with the patient census going from a fluctuating capacity of cardiology patients to near full capacity, the majority of the time. The cardiology program has recently introduced several cardiac protocols such as the Dietary Nitro/Nitrate Study and the role of AV coupling in exercise tolerance of non-obstructive hypertrophic cardiomyopathy patients. As the telemetry unit for the Clinical Center, cardiology consult patients who need telemetry monitoring for chest pain, arrhythmias or other cardiac problems are admitted here.

In addition to the cardiology program, the team has taken on a new, exciting and very challenging sickle cell patient population. Significant growth is expected for this program over the next year as the staff increases their understanding of the disease and its complications while exploring treatment options. 7-E has also been the home unit for Phase I protocols that require cardiac monitoring. These include, but are not limited to, the oncology Depsipeptide patients and the Parkinson's protocol.

With transition come changes. During the past year several senior staff members have left for new adventures or retired after many years of dedicated service.

Their remaining colleagues wish them well and will always have a special place for them on 7-E. The unit has demonstrated great flexibility in adapting to changes in leadership. Throughout all these challenges the staff has remained very cohesive through support and encouragement of one another as a team, and welcomes new staff to what has always been and remains an outstanding unit.

Despite the many changes the dynamic 7-E team has endured, they remain steadfast through the difficult times. They draw courage from the new horizons and exciting research before them as they look forward to the future opportunities for growth. The team, through celebration of their successes and marvelous fortitude, continuously improves nursing on 7-E.

THE TEAM

Prasanna Acharia, Gina Cobb-Martinez, Maureen Demar, Barbara Hansen, Theresa Hozdic, Mary Judge, Maureen Kennedy, Debbie Kolakowski, Lois Kovac, Richard Kuba, Allison Adams-McLean, Mary Meyers, Susan Ng, Doris Parks, Lillian Threat, Meng Troung, Theja Varadarajan.

8-E PATIENT CARE UNIT

PULMONARY, LIPIDS, HEPATOLOGY

Nurses on 8-E support Phase I and Phase II biomedical research for the Pulmonary and Molecular Disease Branches of the National Heart, Lung and Blood Institute and the Liver Disease Branch of the National Institute of Diabetes & Digestive & Kidney Diseases. Patients here have a myriad of diagnoses including asthma; idiopathic pulmonary fibrosis (with rheumatoid arthritis or family history); sarcoidosis; cystic fibrosis; interstitial lung disease; lymphangiomyomatosis; lipid metabolic diseases; hepatitis B and C; primary biliary cirrhosis; and non-alcoholic steato hepatitis.

There is a strong focus on teaching patients to understand their disease and advocate for themselves while under the care of local practitioners. Members of the unit staff the Bronchoscopy Suite and assist physicians with liver biopsies done under light sedation in patient rooms.

With the support of the entire staff on 8-E, a research utilization team conducted a dyspnea measurement inquiry. To date, members of that team have had abstracts accepted for poster presentations, discussion sessions, oral presentations, and a manuscript submitted in August 2003 to a journal, *Heart & Lung*. The group is anticipating recruiting new members for the next phase of the project.

The unit consistently supports staff attendance at various nursing initiatives and committees. They also have been consistent in hosting weekly interdisciplinary rounds in support of the Clinical Center Interdisciplinary Care Plan Initiative.

Flexibility in staff members' schedules has been supported by nursing management in order to accommodate the great fluctuations in patient census, and continued involvement in both Institute and Clinical Center activities that are not directly related to patient care. All these activities continue as the staff prepares for integration with 8-W in anticipation of the move to the new Clinical Research Center. In order to provide seamless patient care during the transition, nurses from both units are attending and providing in-service training, sharing patient care and collaborating to meet staff educational needs for the anticipated move.

THE TEAM

Dianne Ambuehl, Diana Chepurko, Noreen Giganti, Annie Gilchrist, Ellen Hamilton, Georgia Johnson, Namyong Kim, Roberta Lance, Ruth Litzenberger, Sandra Macdonald, Magdalena Padua, Paula Reynolds, Elenita Rivera, Gail Sullivan, Brigeeth Thomas, Subramanian Varadarajan, Lomar Yap.

8-W PATIENT CARE UNIT

ENDOCRINE

The current 8-W was established in 1995 when the 9-D, 9-E, 8-W, and 10-W units were combined to become an endocrine unit. Through cross-training, everyone worked together to become one cohesive group with its own unique culture, a true “melting pot.” Today, the team continues to serve as a multi-institute inpatient unit supporting endocrine, dental, genetics, and GI protocols. The staff has a total of more than 265 years of service in nursing with the Clinical Center.

In 2003, two staff nurses developed a poster and patient-learning tool entitled, “Your Patient has Pheochromocytoma: As a Nurse Do You Know What to Do?” which received the Endocrine Nursing Society award. A patient handout providing information related to pheochromocytoma diagnosis and treatment was posted on the patient education webpage. This year two other nurses received an award for a poster entitled, “Appropriate Utilization of a Symptom Scale Leads to an Accurate and Safe 48-hour Fast,” which will be presented at the June 2004 Endocrine Society Conference in New Orleans, Louisiana.

Nurses on 8-W must use their special skills working with certain research efforts in what is often a fine “balancing act.” One example would be the complex pharmacokinetic studies which include five simultaneous studies. Team members must address the

needs of these protocols along with other patient care requirements. The staff cares for post-surgical patients with peripheral and epidural PCAs and drains. Staff also safely navigate patients through a 48-hour fast when patients are hypoglycemic during most of the fast period and require blood draws and blood glucose monitoring every 15 minutes.

8-W has joined its “sister unit” 8-E in giving in-service training on protocols and disease processes. The 8-W team has also supported 8-E’s staffing needs.

8-W prides itself on its teamwork, flexibility, morale, and camaraderie. When time permits, the group loves to get together to share a meal or celebrate a birthday or special holiday.

THE TEAM

Paula Bohaboy, Suzanne Burgess, Hilda Cardona, Jeanne Chamberlain, Mary Codorin, Susan Fitzgerald, Mary Haughey, Heidi Hiers, Adrienne Hope, Kathleen Kennedy, Gabriel Marquez, Diane McCluskey, Dolores Medina, Betty Jean Peterson, Lori Pluda, Sonja Preston, Diane Schwarz, Catherine Seamon, Tanjanell Simon, Lisa Twedt, Jessica Willetts, Lomar Yap, Wilma Zendel.

9-W PATIENT CARE UNIT

PEDIATRICS

Pediatric unit 9-W serves multiple NIH institutes and centers. Patients come from all over the world, often with rare diseases. Because the children are not acutely ill they are usually inpatients for less than one week, so on Fridays and holidays 9-W combines with its “sister unit”, 13-W. The 9-W team’s job is to adapt their routine to that of 13-W and to prepare 9-W patients for the weekly transition and move to the “sister unit.” Oftentimes this is a challenge, but both units have learned to work well together making this event easier for all individuals involved.

The 9-W team prides itself on its diversity. Hailing from varied backgrounds and experiences, some have worked here for a number of years; some only a brief time. Some came as new graduates; some with high levels of expertise. This is an exceptional place to work because the staff members really know how to work together as a team.

Remarks about the unit from members of this elite team display their belief in the exceptional nature of 9-W:

- *Unity is the most accurate description of our team. Our members are highly supportive of one another and progress as a group to accomplish goals. It has taken years to achieve this bonding to create an efficient and satisfying work environment.*
- *We recognize each other’s achievements with cards and food feasts.*
- *We are fun and hard-working.*

- *We support each other as individuals.*
- *I miss everyone when I’m not at work because I work part-time. Even so, I never feel like an outsider. I love each one of my colleagues, and I feel so lucky to be a part of such a wonderful group.*
- *We share new information and/or learning experiences. Everyone sincerely cares about each patient as well as their family members.*
- *I would not want to work any place else. We’re like family. We are able to joke with each other and send uplifting e-mails to each other. We give moral support and are respectful of all who work on our unit.*
- *Our patients love us.*

THE TEAM

Theresa Bennett, Charlotte Bosmans, Sandra Conley, Patti Garzone, Donna Gwyer, Cindy Hahn, Sue Hale, Jyotsna Jadhav, Yanick Kane, Judith Lowitz, Debbie Rawson, Rick Runnells, Kelly Stevens, Carol Van Ryzin, Nicole Yanjanin.

10-D PATIENT CARE UNIT

MEDICAL INTENSIVE CARE

10-D, a 9-bed Medical Intensive Care Unit (MICU), works collaboratively with all NIH institutes and centers. The nursing team manages special protocols such as West Nile Virus, SARS, sickle cell crisis and endotoxin research. The staff must maintain a variety of competencies in order to meet the varied patient care needs.

Nurses here are all trained in critical care, adult and pediatric nursing; continuous renal replacement therapy; conscious sedation; and code team response. They hold certification in chemotherapy administration and Advanced Cardiac Life Support; and are also certified for advanced skills and/or knowledge in Pediatric Advanced Life Support and intra-aortic balloon pump use. The Critical Care RN certification given by the American Association of Critical Care Nurses is held by Mary Stephens, Elizabeth Witter, Nancy Ames, Tammy Jenkins, Anita Marban, and Janis Kultala-Spolnicki.

The diverse patient population admitted here from throughout the Clinical Center presents a unique challenge as the MICU nurses must have a working knowledge of all the rare diseases and complex protocols being studied at NIH. Certain patients remain on their protocol while others must stop treatment until their disease or treatment complications are under control. The nurses are an extremely important part of an interdisciplinary team comprised of the patient's primary care providers, critical care medicine physicians and other medical consultants that work together to identify how to treat complex, multi-system failures. The nurses are a strong, driving force for putting together patient/family and team meetings to discuss treatment options, prognosis, end-of-life issues and many times, complex family or social issues.

MICU nurses are often consulted by other nursing units to help educate staff about trach care, chest tubes, equipment issues, medications, physical assessment, venous access devices, and many other issues. They often go to other units to help evaluate patients, demonstrate care practices or start peripheral IVs.

The MICU nurses have strong clinical and research knowledge and the ability to work collaboratively to get patients back to their home units. The staff have an incredible capacity to give everything of themselves to meet the end-of-life issues for their patients. The nurses spend hours and days with patients and families helping them get the most out of that last bit of time they have with their loved ones. Sometimes it is with patients who don't have family at the bedside to hold their hand and listen to their fears. Other times it is with the family and patient, helping both cope with the inevitable loss they will face. These nurses not only face this with adults, but children as well. It is amazing to watch them work through a shift with humor, grace, compassion, and love for the work they do and the patients they care for.

The nurses collaborated with 2-J, the Surgical ICU, to revise documentation standards and guidelines. The ICUs do not have computerized documentation and must have a system for trending patient data for the physicians, while meeting JCAHO standards and Clinical Center policy. The staff created forms that have improved consistency and thoroughness of documentation, and efficiency of documenting complex physiological data. In another large undertaking, a Nursing Critical Care Fellowship program, the nurses have precepted three full programs, taught classes

with the CNSs, redesigned the competency program, and reorganized their everyday workload to make this program a success. This program has attracted many new nurses to NIH giving them an opportunity to learn critical care in a unique research environment.

An example of the MICU nursing team's giving nature is attending "Camp Fantastic" to care for kids with cancer. Each year the MICU staff works extra shifts during the camp week to enable between three to five nurses to attend. This is a special opportunity for the nurses to share their love of pediatrics and caring for kids in a special environment. Last year's attendees included Carrie Patricola, Jill Sanko and Lisa Scafidi.

The MICU nurses look forward to moving to the new Clinical Research Center and encourage everyone to embrace change as this new adventure begins. The team extends a heartfelt "Happy Nurses Week 2004" to all.

THE TEAM

Lily Andrade, Jon Camp, Reginald Claypool, Gladys Egwuatu, Mashhood Esfanaji, Danelle Gawlik, Lori Hunter, Jan Kultala-Spolnicki, Patricia Littel, Anita Marban, Sean McMahan, Effie Nomicos, Caryn Patricola, Jennifer Pope, Lisa Scafidi, Shanna Steffey, Mary Stephens, Caroline Stewart, Carole Tremonti.

11-E PATIENT CARE UNIT

SOLID ORGAN AND TISSUE TRANSPLANTATION

11-E will soon celebrate its fifth anniversary as the Solid Organ and Tissue Transplant Unit. More than 100 transplants have occurred to include kidney, pancreas and islet cell transplants.

The 11-E nursing staff, holding a total of 272 years of combined nursing experience, has this to say about the place where they work:

- *It's great to be in an atmosphere where all disciplines including the patient and family come together to form a cohesive team.*
- *11-E is an environment where I am challenged to expand my knowledge daily.*
- *An upbeat atmosphere!*
- *It's enjoyable to see patients who have spent years on dialysis be given a new life and possibilities!*
- *11-E is a place where my input to the multidisciplinary team is valued.*

- *Only in this environment have I witnessed the selfless act of donating one's kidney to a loved one or a perfect stranger.*
- *Being on the front line of new treatments is exciting for me, as is meeting and getting to know the patients whose lives we improve.*
- *The special part of working on this unit is when we discharge a patient; they seize a new lease on life.*

THE TEAM

Michelle Bynum, Pamela Costner, Tracy Cropper, Nancy Englar, Margaret Fessler, Elizabeth Ford, Liz Hale, Lilian Howard, Patricia Koussis, Mary Leshko, Floreliz Mendoza, Josephine Nierva, Cindy Palmer, Julie Peretti, Keisha Potter, Lori Purdie, Maya Robinson, Agnes Strassberger.

11-W PATIENT CARE UNIT & DAY HOSPITAL

INFECTIOUS DISEASE AND IMMUNOLOGY/11-E DAY HOSPITAL

The 11-W patient care unit is an adult medical surgical unit that cares for patients from the National Institute of Allergy and Infectious Diseases (NIAID), the National Institute of Arthritis and Musculoskeletal Skin Disorders (NIAMS), and the National Institute for Environmental Health Sciences (NIEHS).

The NIAID patients present with rare, new or resurfacing diseases or conditions. Some of the conditions are chronic granulomatous disease, asthma, Wegener's granulomatosis, hypogammaglobulinemia, Crohn's disease, hepatitis, leukocyte adhesion disorder, multiple types of parasitic infections, hypereosinophilic syndrome, hyperimmunoglobulinemia E syndrome or Job's syndrome, autoimmune lymphoproliferative syndrome, post-bone marrow transplant, and many different types of infections such as HIV, tuberculosis, mycobacterium, cytomegalovirus, cysticercosis, and pneumocystis pneumonia.

NIAMS and NIEHS admit patients with rheumatologic disorders such as arthritis, systemic lupus erythematosus, and dermatomyositis. Patients from all institutes receive study drugs and approved therapies including monoclonal antibodies, anti-tumor necrosis factor agents, cytotoxic agents, and medications for opportunistic infections such as listeria meningitis, pneumocystis carinii pneumonia, and community acquired pneumonia.

The nursing staff work well as team members in the care of complex patients using a primary care nursing model. Therapies for our patients include novel drugs, multiple anti-fungals, anti-virals, antibiotics, cytotoxic agents, monoclonal antibodies, and cytokines. Nurses care for individuals who have undergone medical and

surgical procedures such as total hip replacements, tracheostomy tube placement, brain surgery, chest tube placement, irrigation and drainage of infections, and lung and liver resections. The work is always challenging and interesting. Nursing staff collaborate with the medical team through teaching rounds and classes on specific diseases and treatments. Nursing staff strive to improve quality of life and extend life expectancy if possible.

The nursing staff respond quickly and effectively to the changing needs and environment of the research setting. For example, when the Clinical Center had a need to care for patients with or recovering from Severe Acute Respiratory Syndrome (SARS) they helped to develop new procedures, acquire new equipment, and complete special training. The training and systems developed for SARS can be utilized for other infectious disease conditions that may arise in the future.

The complex conditions of our patients and their long term follow-up needs allow our staff to provide extensive clinical care, patient and family teaching, coordination of multiple therapies, and psychological support to individuals across many years.

THE TEAM

Pat Aldridge, Maria Anderson, Kesiah Archer, Mary Bowes, Betty Bradbury, Daly Cantave, Noelle Castonguay, Denise Drake, Alan Fitzgerald, Ralph Forquer, Ann Hickey, Debbie Kolakowski, Carol Levinson, Ann Marie Matlock, Marilyn Mouer, Lori Penrod, Shelia Richardson, Barbara Thompson, Connie Williams, Lois Young.

12-E PATIENT CARE UNIT

MEDICAL ONCOLOGY

This is the inpatient unit for the National Cancer Institute's Medical Oncology Clinical Research Unit, better known as MOCRU, and the Experimental Transplant and Immunology Branch or ETIB.

The 12-E staff is a dynamic group of individuals comprised of 38 permanent staff members. They come from varying backgrounds and all contribute unique experiences to make a strong team. The work on 12-E is intellectually and emotionally stimulating.

Nurses provide primary nursing care and support to an adult patient population with diverse types of cancer and HIV malignancies by participating in the interdisciplinary team. New populations over the past year include tracheostomy patients, gynecological surgery patients and lupus patients for peripheral blood stem cell transplant. The nursing staff administers specialized oncology interventions including chemotherapeutic agents, blood products, peripheral blood stem cells, conscious sedation monitoring, individualized patient education, and end-of-life care. 12-E has more than 50 active protocols and the nurses support biomedical research through adherence to protocol requirements, data collection, administration of investigational agents, and patient advocacy.

The diverse and complex nature of their work and opportunities for professional development on 12-E prepare the staff for different types of advanced practice nursing, senior nursing roles at the bedside and other

positions away from the bedside. A few of the nurses act as liaisons to the specialty team clinics. A large number of the staff who have specialized in oncology are Oncology Certified Nurses. Many attend graduate school and balance work, home and school life. The past year has seen staff members experience professional growth and transition into roles such as research nurses, coordinators and nurse practitioners.

The team is proud of all the accomplishments of their peers. Nurses on 12-E adapt well to change and are looking forward to merging this fall with the nursing staff from 2-W in their new home in the Clinical Research Center.

THE TEAM

Melissa Beckwith, Janelle Bingham, Evelyn Cabrera, Tyane Calhoun, Mary Chretien, Guinevere Chun, Elizabeth Clark, Rebecca Cohen, Judy Colgan, Bridgett Davis, Mary Eastep, Val Fiorillo, Deneise Francis, Linda Galgay, Irene Haggarty, Levette Hairston, Twanda Johnson, Lynn Kidd, Andrew Lermond, Laura Longstaff, Jennifer Nealon, Sheri McMahan, Joanne McNally, Megan Mikula, Philantha Montgomery, Kathy Musse, Dominic Obiyor, Myrna Rauckhorst, Suzanne Reagan, Jeanette Reid, Judith Reiter, Priscilla Rivera, Brenda Roberson, Corey Russell, Kimberly Slonaker, Shannon Swift, Barbara Verba, William Washington.

13-W PATIENT CARE UNIT

PEDIATRICS

*We celebrate with our families.
We grieve with our families.
We care for and play with our children.
We do things that make our children cry
but we support them through the process.
We celebrate each other.
Who are we?*

We are 13-West Pediatric Nurses.

The 13-W staff is a very outgoing group. Ellen Carroll, Senior Clinical Research Nurse, and Myra Woolery, Clinical Nurse Specialist, have taken on the initiative of mentoring junior staff nurses Veronica McKenzie, BSN, RN and Bazetta Blacklock-Schuver, BSN, RN in the development of abstract writing and poster development. This quartette of talented nurses will present their accomplishments at the Association of Pediatric Oncology Nurses conference. Felicia Andrews, BSN, RN, acting nurse manager does her best to keep the 13-W “wild bunch” under control while pursuing an advanced practice degree in community and public health nursing. Laurie Williams, CPNP, Phyllis Doulaveris, MSN, RN Jim Rucker, FNP lend their expertise to the off-shift staff nurses.

Elaine Novakovich, BSN, RN, a staff nurse of 17 years, can attest to the evolution of the pediatric program. Despite the dynamic nature of this unit and the pending move to the new Clinical Research Center,

Christine Spalding, BSN, RN and Siu-Ping Turk, BSN, RN have been instrumental in coordinating the unit on a daily basis, both serving as acting unit coordinators. LCDR Kelly Richards, BSN, RN has done a wonderful job of orchestrating the care of the bone marrow transplant patients and making sure that the 13-W team minds its “Ps & Qs.”

13-W staff members use a team approach in their daily work. They are exemplars when it comes to having a positive attitude. They nurture each other’s strengths and support each other’s weaknesses. They make sure to take care of their patients, families, and each other.

THE TEAM

Felicia Andrews, Bazetta Blacklock-Schuver, Ellen Carroll, Whitney Corrigan, Bradi Dobbs, Phyllis Doulaveris, Christopher Egelebo, Tyra Estwick, Marquis Gilliam, Wayne Griffin, Tanya Hollingsworth, Georgina Hoover, Corin Kelly, Beth Knudtson, Shannon Kruk, Christine Lafeer, Kara Leddy, Veronica McKenzie, Elaine Novakovich, Kelly Richards, Gloria Rodrigues, James Rucker, Dawn Shivers, Christine Spalding, Kathleen Tepas, Siu-Ping Turk, Laurie Williams.

INNOVATION

GROWTH OPPORTUNITY

PROGRESS PERSPECTIVE EXPECTATION

EXPECTATION

OUTPATIENT CLINICS

PERSPECTIVE GROWTH

PROGRESS OPPORTUNITY INNOVATION

OPPORTUNITY

EXPECTATION PROGRESS

INNOVATION GROWTH PERSPECTIVE

PERSPECTIVE

PROGRESS OPPORTUNITY

EXPECTATION GROWTH INNOVATION

OP-1 OUTPATIENT CLINIC

ALCOHOL AND ADDICTION

The OP-1 Clinic for the National Institute on Alcohol and Alcohol Abuse (NIAAA) occupies a collection of small rooms on the first floor, in the hallway between Admissions and Radiology, across from the EKG desk.

Known for its periodic floods during the late 1990s, it is currently a much drier and an increasingly busier place. Subjects who are candidates for NIAAA studies are screened in this tiny suite of even tinier rooms. Patients are interviewed and assessed in an endlessly challenging cycle, aimed at keeping more than one individual in one chair at a time.

These assessments are always made easier by the helpfulness of the Clinic's neighbors. Phlebotomy, EKG, Radiology, Admissions and the Voucher Office are all close by. Combined with the support from the staff at the Transportation Desk and the Medical Records department, as well as the Nutrition staff, OP-1 subjects are able to complete the various elements needed to confirm their eligibility for NIAAA studies.

THE TEAM

Judie Johnson, Tom Lionetti, Dave Spero, Margie Weiser.

OP-1 CLINIC

SJÖGREN'S SYNDROME / DENTAL

What began as the “Dry Mouth Clinic” in 1983 with National Institute of Dental and Craniofacial Research (NIDCR) dentists Bruce J. Baum and Philip C. Fox, investigating many types of salivary gland dysfunction, has evolved into the “Sjögren’s Syndrome Clinic” in the Dental Clinic on OP-1.

Patients with dry mouth and eyes, rampant dental decay, salivary gland swelling, joint pain, fatigue, Raynaud’s phenomenon, vasculitis, peripheral neuropathy, “brain fog” and other complaints come to the clinic to be evaluated for Sjögren’s syndrome and/or participate in a natural history of Sjögren’s study or treatment trials.

The clinic patients come from all over the world from as far away as Latin America and the People’s Republic of China and range in age from eight years old to the eighties. Sjogren’s syndrome is an autoimmune exocrinopathy in the same family of diseases as systemic lupus erythematosus or rheumatoid arthritis. The most serious consequence of the illness is an increased propensity to develop lymphoma. By means of saliva collection, oral and head and neck examination, minor salivary gland lip biopsy, questionnaires, blood and urine tests

and dry eye examinations, patients are evaluated and identified as candidates to participate in treatment trials. Dehydroepiandrosterone (DHEA), thalidomide and etanercept have been investigated in these trials.

After NIDCR Research Nurse Alice Macynski retired OP-9 nurse Rose Anne Leakan was assigned to the Sjögren’s Clinic in December of 1996 to work closely with Drs. Baum and Fox, NIDCR fellows and Stanley Pillemer, M.D., a rheumatologist.

Findings of the Sjögren’s Clinic investigators have been published in posters and abstracts of the American College of Rheumatology and NIH Research Festival, several rheumatologic and dental journals and *Lancet*.

THE TEAM

Memunatu Conteh, Janice Davis, Shirley Grieshaber, Donna Kelly, Rose Anne Leakan, Joan Manny, Rebecca McBurney.

OP-3 CLINIC

SURGICAL / UROLOGICAL ONCOLOGY

The surgical/urological oncology nurses serve a population consisting primarily of adult patients who come to the clinic for surgical/urological oncology needs and general surgery consults. Occasionally, pediatric patients are seen in the surgical consult clinic.

The most common cancers treated in this clinic are renal cell cancer, lung cancer, melanoma, and liver cancer. The clinics coordinated by the surgical oncology nurses are the Immunotherapy Clinic, VHL/BHD (Von Hippel-Lindau Syndrome/Birt-Hogg Dube) Clinic, Urology Clinic, Thoracic Clinic, Surgery Consult Clinic, Adjuvant Clinic and Surgical Metabolism Clinic. Each nurse is responsible for serving as clinical coordinator for a particular clinic.

The OP-3 Clinic has a dynamic group of nurses who bring diverse backgrounds to their work and boast credentials such as: Bachelor of Science in Nursing, Master's of Science, Oncology Certified Nurse, American Nurses Credentials, and Family Nurse Practitioner. There are more than 130 years of nursing experience amongst the six nursing professionals.

THE TEAM

Beth Brillante, Celena Chua, Wendy Holland, Marilyn Kelly, Martha Ninos, Debra Parchen, Jacqueline Perry, Birgitta Sievers, Linda Williams.

OP-3 CLINIC

DENTAL

The OP-3 nurses provide nursing care for patients participating in acute and chronic pain studies conducted by the National Institute of Dental and Craniofacial Research (NIDCR). These studies may involve undergoing oral surgery or participating in medication/intervention clinical trials.

Gloria Lee, RN and Janet Rowan, RN, MS have worked with these patients for more than 8 years. The team also consists of Debbie Crowder, PCT, Laila Salaam Cofield and Ramona Moyer, CSAs, dentists, dental technicians and oral surgeon Dr. Jaime Brahim.

Patients describe their care as “compassionate” and state that even having their wisdom teeth removed in the clinic can be an “enjoyable experience.”

THE TEAM

Laila Salaam Cofield, Debra Crowder, Janice Davis, Gloria Lee, Ramona Moyer, Janet Rowan.

OP-4 CLINIC

BEHAVIORAL HEALTH

The fourth floor clinic nurses manage the majority of outpatient mental health protocols at the Clinical Center. Each nurse works with at least two research branches of the National Institute of Mental Health (NIMH) and serves as a protocol coordinator and/or case manager. Most nurses are Master's prepared/Advance Practice nurses. Together, there are 200 years of clinical experience on OP-4.

Joan Williams works with the Mood and Anxiety Disorders Program coordinating research that involves PET scans and MRI Imaging for depression.

Earlian Smith-Jackson has been coordinating studies investigating bipolar disorder for most of her OP-4 clinic years.

Marilla Geraci has been working with anxiety disorders and coordinates studies investigating panic disorder/depression and screening for other anxiety disorders including social phobia.

Kayleen Hadd and Toni Tumonis work with the Clinical Brain Disorders Branch on the genetic study of people with schizophrenia and their families, conducting family member interviews and obtaining consents. Kayleen also performs Structured Clinical Diagnostic Interviews and coordinates a trauma study looking at veteran's resiliency for another research branch. Toni works with people who currently have depression (treatment study) or who have had a history of depression (imaging studies). Toni's new responsibility lies in providing a liaison between NIMH and Suburban Hospital/NIMH as the nurse in a collaborative project. This assignment will

require her to perform some of her duties offsite, to include patient recruitment and assessment and the establishment and maintenance of working relationships with Suburban staff.

Fran Myers is the protocol manager for studies that examine the phenomenology and treatment of children with severe mood disorders. This includes diagnostic evaluation, behavioral ratings, patient and family education, and liaison with the 3-E inpatient nursing staff for treatment studies. Fran also conducts diagnostic psychiatric interviews with adults, both patients and controls, and is involved in other studies of the Mood and Anxiety Program. She also coordinates and implements the training of new clinical staff for the Pediatric and Developmental Neuropsychiatry Branch as it relates to each protocol.

Lucy Justement coordinates the Adult Obsessive Compulsive Disorder clinic and genetics studies. She also works with children with anxiety and/depression. Sara Torvik works with the Neuroendocrine Branch of NIMH as study coordinator for the premenopausal osteopenia/osteoporosis (P.O.W.E.R.) protocol, treating depressed women with alendronate.

Larry Bauer coordinates a longitudinal study for the families of Alzheimer patients, as well as a study using cytoxin to determine its efficacy in those with mild Alzheimer's disease. For another NIMH branch, he is working with healthy volunteers, testing alprazolam and D-cyclocerine and he also administers IV cerezyme to Gaucher patients.

Karla Thompson is the coordinator for the genetics studies in the Behavior Endocrinology Branch and also facilitates care for PMS patients, midlife depression patients and the Healthy Volunteer estrogen withdrawal patients.

Merry Danaceau coordinates the lupron studies for the healthy volunteers and patients and follows patients on fluoxetine for Premenstrual Syndrome treatment in the Behavior Endocrine Branch. She also follows patients with midlife depression and estrogen withdrawal patients, as well as the postpartum depression patients and volunteers. Larry Bauer and Merry Danaceau both serve as psychiatric liaison nurses.

Mary Ellen Cadman and Mike Pagliaro are nurses on the NIMH Central Office of Recruitment and Evaluation (CORE) team, working under the auspices of the NIMH Office of the Clinical Director. This multidisciplinary team recruits, evaluates a patient's ability to participate in research, monitors the consent process, and follows patients throughout their admission.

Marlene Clark is the Clinic Support Assistant for OP-4, greeting patients and tracking visits. Marlene also keeps the clinic properly supplied and in good order.

Kate Musallam is the Nurse Manager of the OP-4 clinic and several other clinics.

THE TEAM

Larry Bauer, Mary Ellen Cadman, Marlene Clark, Elery Kay Crosby, Merry Danaceau, Marilla Geraci, Kathleen Hadd, Brenda Justement, Kathleen Musallam, Frances Myers, Michael Pagliaro, Earlian Smith-Jackson, Karla Thompson, Sara Torvik, Toni Tumonis, Joan Williams.

OP-5 CLINIC

EAR, NOSE, THROAT

The west side of OP-5 is the current home of a clinical service that cares for everything neck and above (except the eyes and brain) and a few things below the neck (like tracheotomy sites and PEG tubes). A wide spectrum of knowledge and skills are required to care for patients with otorhinolaryngeal, aero-digestive, and head and neck cancers, genetic and acquired problems.

The service started on OP-11 as a one-to-two day a week clinic staffed by Navy physicians. An integrated interdisciplinary team made up of ear, nose and throat (ENT) and oncology physicians, nurse practitioner Susan Rudy, clinical research nurses Donna Simonton and Evelyn Cordero, outpatient program coordinator Suzanne Lischynsky, patient care assistant Michelle McFadden, surgical technician/assistant Debra Crowder, audiologists, speech pathologists, dentists, audiologists, social workers, and genetic counselors work together to coordinate patient care.

The OP-5 nursing staff is especially proud of the establishment of the Trach Care Team. The team makes daily-to-weekly interdisciplinary rounds on trach patients throughout the Clinical Center.

It also functions as the primary source for trach-related staff and patient education.

For many, many years Susan Rudy and Linda McCullagh were the “dynamic duo” of ENT nursing. Susannah Wargo and Mary Wells contributed significantly to the growth process. Since Linda McCullagh’s recent retirement, Donna Simonton has assumed the Clinic Coordinator role.

These nurses and OP-5 staff listed above have contributed to the NIH mission and the nursing profession by teaching, writing, professional association involvement and collegial collaboration. The FAES bookstore will soon stock Sue Rudy’s first book, *Nuances of Nasal and Sinus Self Help*.

THE TEAM

Evelyn Cordero, Debra Crowder, Janice Davis, Gequetta Hicks, Michelle McFadden, Donna Simonton, Theodora White.

OP-7 CLINIC

HEMATOLOGY / CARDIOLOGY /
PULMONARY / NEUROLOGY

A wide medical spectrum is seen on OP-7 including hematology/oncology, neurology, cardiology, lipids, sickle cell, pulmonary disease, and conditions being treated by the National Institute of Allergy and Infectious Diseases. Nurses have the opportunity to care for patients with a broad range of illnesses and it is their privilege to get to know their patients well.

The staff has become quite flexible in caring for patients who are multi-cultural, multi-generational and socially and economically diverse. Many of the hematology patients are non-English speaking, and many languages are represented in the clinic's patient population – Spanish, Vietnamese, Chinese, and Polish are just a few. Diversity is the mantra on OP-7 and it means more than race, color or creed. The nurses have worked here from as little as 6 months to more than 9 years and each brings diversity in self, experience and ideas to the unit. Ralph Horton retired from OP-7 in January after 40 years at NIH.

The one indispensable asset to our clinic is CSA Ron Kuster. He keeps the staff upbeat, cohesive and enthusiastic. He embodies the team spirit that makes OP-7 a really fun place to work.

THE TEAM

Kay Anderson, Susan Biddle, Roseanne Burke, Elaine Considine, Rose Goodwin, Adeira Greene, Helen Griffith, Wendy Holland, Elizabeth Jacobsen, Angela Kokkinis, Ronald Kuster, Diane Rock Kress, Richard Kwan, Martha Marquesan, Jennifer McCartin, Jovette McCormick, Kate Musallam, Olga Nunez, Joan Ohayon, Jean Shen, Jeanine Superata, Virginia Warren, Leslie Wehrlen, Theodora White, Laura Wisch.

OP-8 CLINIC

HIV/AIDS

The clinic on the eighth floor serves patient populations with HIV, hepatitis B and hepatitis C, anthrax and vasculitis. Clinic staff tenure ranges from 2 to 18 years. During the past year, the clinic has seen a dramatic change in the work, structure and staffing. The HIV research clinic merged with an HIV primary care clinic, which adds variety, unpredictability and excitement to the daily schedule.

In addition to the busy infectious disease clinic, many of the staff are spending three weeks in South Africa to assist the South African Military with the development and implementation of a new research initiative in HIV co-sponsored by NIH and the United States Department of Defense.

The eighth-floor clinic is an exciting and unique place to work.

THE TEAM

Wanda Chestnut, Barbara Corey, Sandra Griffith, Jean Hammer, Ramon Juarbe, Chad Koratich, Margaret Lloyd, Sharon Mallory, Senora Mitchell, Chantal Mouw, Angela Robinson, Alice Rosenberg, Diana Shoemaker, Frankie Shoulders, Suzanne Spisso, Pamela Stoll, Frances Sundt, Ericka Thompson.

OP-9 CLINIC

MEDICAL SURGICAL

The OP-9 Clinic provides a truly unique outpatient experience for patients and staff. Each day brings its own challenges and rewards. Services are offered for both adults and children, supporting protocols from multiple NIH institutes. Approximately 15 different clinics share exam rooms, nursing and administrative support staff. There are three large-volume clinics.

Two institutes, the National Institute of Child Health and Human Development and the National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK), have an Endocrine Clinic on Monday morning and Tuesday morning and afternoon. The Liver Disease Branch of NIDDK sees patients on Monday, Wednesday and Friday mornings. The National Institute of Arthritis and Musculoskeletal and Skin Diseases has a Tuesday afternoon clinic, and again all day on Thursday with Orthopedics included on the second and fourth Thursdays. There are also small-volume clinics that occur simultaneously, including ones for the National Institute of Environmental Health Services and the National Human Genome Research Institute, a Cystic Fibrosis Clinic, and the Solid Organ Transplant Group for NIDDK. The National Cancer Institute (NCI) sees patients with genetic dermatologic disorders. Support is also provided for the Clinical Center's Department of Transfusion Medicine and acupuncture service and the Surgical Branch of NCI.

The nursing staff are as diverse as the patients they serve. Staff members are cross trained to meet the complex needs of the different patient populations. This knowledgeable team includes nurses with up to 30 years of experience. They come from a broad range of backgrounds, education and clinical practice.

Generous and giving, OP-9 Clinic colleagues can always be counted on to offer help and to be flexible in supporting their peers. They are also great cooks and good companions who enjoy the fun of being on a winning team. They are always looking for another reason to celebrate.

OP-9 is another great example "that together we are truly greater than the sum of our parts."

THE TEAM

Joan Balog, Gerri Bickerton, Janice Davis, Karen Dowdy, Joy Jones, Greg Livingston, Leigh Ann Matheny, Becky McBurney, Terri McHugh, Cheryle Milburn, Linda Proctor, Marilyn Royster, Pam Slaughter.

OPHTHALMOLOGY CLINIC

2003 was the 200-year anniversary of the Louisiana Purchase, the 100-year anniversary of the Wright Brothers' First Flight, the 50-year anniversary of the Maryland Nurses' Association and the 33-year anniversary of the Eye Nursing Service (ENS) at the Clinical Center.

From 1970-1977, the Eye Clinic was located on the first floor in what is now the Diagnostic Radiology Department. From 1977 to 1982 it was located on 13-W. In 1982 the Eye Clinic moved to OP-10 where it still remains.

The Eye Clinic has 43 intramural ophthalmic studies in diabetic retinopathy, macular degeneration, genetic conditions such as VHL, RP and cystinosis and ocular inflammation such as uveitis, HIV and ocular lymphoma. At least half of the patients have IV line placements for ocular fluorescent angiograms and photodynamic laser-activated visudyne treatments.

Babbie Babilonia-Ayukawa, BS, MS has worked with the ENS since coming to NIH from Puerto Rico in 1974. Babbie has been a great bilingual, ophthalmic protocol and daily unit operations resource for the past 30 years at NIH. She is well known for her sensitivity and caring and her involvement in church and community activities.

Louise Canada, BSN, MSN started with the ENS in 1978. Louise obtained certification in ophthalmic nursing in 1989 and 1999, and has presented lectures and posters at national ophthalmic and endocrine nursing conferences during her 22 years at NIH. She was a contributor/consultant for the endocrine chapter in *Mosby's Clinical Nursing, 5th Edition* textbook that was published in 2002. Louise completed 30 years of federal service in July 2003.

Cheryl Perry, BSN started on 10-E in 1984 and left in 1992 to work on OP-8 as a case manager for a year. She returned to the Eye Clinic for 2 years and then was a Study Coordinator with NEI and NIAID. Cheryl was a Regulatory Project Manager with the FDA and returned to the Eye Clinic in 2002 to work part time and enjoy her teenage children at home.

LT. Tania Schuppius, BSN, MS came to NIH following 8 years of oncology/medical surgical nursing at George Washington Hospital in Washington, DC to work on 2W/BMT for 2 years. She joined the ENS in 2002 and has been a Commissioned Officer in the Public Health Service for the past 2 years. Tania is the Eye Consult Service Coordinator. She has three beautiful daughters and is active in her church.

Jenifer Dwyer, BA, BSN received degrees in art history and nursing from the University of Maryland. Jen came to NIH in 1999 and worked in neurology (5-W) for three years before joining the Eye Clinic in 2002. Jen is a quick study and taught the Eye Nursing Staff the visudyne infusion study protocol requirements. She has three great teens.

THE TEAM

Gloria Babilonia Ayukaw, Louise Canada, Leeann Canne, Jovetta McCormick, Kate Musallam, Cheryl Perry, Tania Schuppius, Jennifer Tennant Dwyer.

OP-11 CLINIC

ALLERGY AND INFECTIOUS DISEASES

OP-11 is a unique and exciting place to work with a team diverse in abilities and knowledge. Case Management is the type of nursing care delivered.

Conditions seen in the clinic include both inherited diseases and acquired disorders. For example, the clinic treats infants, children and adults with chronic granulomatous disease, asthma, Wegener's granulomatous, hypogammaglobulinemia, Crohn's disease, hepatitis, leukocyte adhesion disorder, multiple types of parasitic infections, hypereosinophilic syndrome, hyperimmunoglobulinemia-E syndrome or Job's syndrome, autoimmune lymphoproliferative syndrome, and many types of infections such as tuberculosis, mycobacterium, and pneumocystis pneumonia.

Therapies for OP-11 patients include novel drugs, multiple anti-fungals, anti-virals, antibiotics, cytotoxic agents, monoclonal antibodies, and cytokines.

The outpatient clinic follows patients after inpatient stays for medical and surgical procedures such as total hip replacements, tracheostomy tube placement, brain surgeries, chest tube placement, and lung and liver resections.

The complex conditions of these patients and their long-term follow up needs allow staff to provide extensive patient teaching, coordination of multiple therapies and psychological support to individuals across a timeframe of many years. The challenges to nursing are real and the outcomes rewarding.

THE TEAM

Sandra Anaya-O'Brien, Leigh Bernadino, Stephanie Black, Barbara Corey, Dirk Darnell, Mary Garofalo, Gequetta Hicks, Mary Huber, Michael Massey, Kristen McCabe, Stephanie Montague, Jean Tretler.

OP-12 CLINIC

ONCOLOGY

OP-12 serves the following NCI branches: NCI Medical Oncology Clinical Research Unit, Laboratory of Tumor Immunology and Biology, Neuro-Oncology Branch, and Experimental Transplant and Immunology Branch on phase I, II and III protocols and NCI Genetics. The clinic averages 50 visits per day.

The research team delivers comprehensive holistic family-centered care including social work and recreation therapy. Patient services include Advanced Directive/Durable Power of Attorney with Bioethics Consult available. Recreational services include a Patient Resource Center with patient computer and Internet access and long-distance (WATTS) telephone. In addition, the clinic offers patient and family support group meetings which address their specific disease.

The clinic core staff consists of two Registered Nurses, two clinic support assistants, and one nursing assistant.

Deneise Frances and Patience Mbulu are new to the core team. They replaced Peggy Sholvin and Kimberly Maynard. Deneise is an experienced oncology nurse. She received her BSN from the University of Maryland and is a certified oncology nurse. Deneise is a member of the Oncology Nursing Society and the National Black Nursing Association. Patience Mbulu possesses a solid clinical background in oncology nursing. Patience received her ADN from Montgomery College, and is currently pursuing a BSN from the University of Maryland.

THE TEAM

Dawn Bennett, Carolyn Foulks, Deneise Frances, Patience Mbulu, Dale Rich, Regina Smith-Turner, Ricky Williams, Kojoe Yirenkyu.

12-W CLINIC

VACCINE RESEARCH

The nurses on 12-W are hopeful about bringing the HIV pandemic to an end by means of an effective, preventive vaccine. The Vaccine Research Clinic (VRC) on 12-W conducts Phase I trials of both HIV vaccines and investigational vaccines to prevent a variety of other infectious diseases.

Testing the safety of vaccines for the nation's bio-defense is also a large part of the work of the VRC. These National Institute of Allergy and Infectious Diseases nurses are an integral part of a team of professionals striving to control a variety of emerging and re-emerging diseases like Ebola, SARS and West Nile Virus.

Building 40 on the NIH main campus houses the VRC labs and offices for the principal investigators and administrative staff.

Many NIH employees have found volunteering for these trials a fulfilling experience, and a meaningful way to be part of global efforts to abate human suffering.

OP-13 CLINIC

PEDIATRICS / DERMATOLOGY

Together the nurses on the OP-13 clinic have more than 75 years of nursing experience. Patty McGinley has been a nurse for 30 years, the last eight on OP-13. Heather and Carla bring years of oncology/ hematology expertise to the team. More than half of the nursing staff are active-duty Public Health Service Officers. LT Alexis Mosquera has been at NIH for 12 years. LT Lea Latham came to NIH two years ago after transferring from the Navy and LCDR Twanda Scales has been at NIH for 3 years and serves as the Clinic Coordinator for OP-13. LT Robyn Bent will soon join the team.

The various backgrounds and experiences of the team aid them in understanding and providing excellent care to a diverse patient population. Patients come to the clinic from around the world and have a multitude of different diagnoses. Staff members provide care to oncology, hematology, rheumatology, and HIV patients.

While providing nursing care to chronically ill children and their families is very rewarding, it is also demanding. One of the staff's favorite self-care

routines is to "celebrate." Most any reason is enough for this group to do something festive – the opportunity to appreciate one another as nurses and friends.

Rachel Fitten is the Dermatology Nurse in the dermatology clinic. The staff calls her "Sugar Plum," "Sunshine" and "Naomi." She is new to the team. She came as a contract nurse and liked it so much she decided to stay. She practiced nursing in various states while working for a traveling nurse agency. She considered it a great experience but after a short assignment with the Dermatology Branch at the NIH she decided to settle down for a while. She is now the Clinic Coordinator in the dermatology clinic and enjoys her management duties.

THE TEAM

Felicia Andrews, Bethany Burk, Dawn Barksdale, Cherylene Cox, Rachel Fitten, Lea Latham, Patricia McGinley, Alexis Mosquera, Twanda Scales, Sherrie Walls, Donnell Wiggins.

INNOVATION

GROWTH OPPORTUNITY

PROGRESS PERSPECTIVE EXPECTATION

EXPECTATION

SPECIALTY CLINICS

PERSPECTIVE GROWTH

PROGRESS OPPORTUNITY INNOVATION

OPPORTUNITY

EXPECTATION PROGRESS

INNOVATION GROWTH PERSPECTIVE

PERSPECTIVE

PROGRESS OPPORTUNITY

EXPECTATION GROWTH INNOVATION

7 - W

CARDIOLOGY DIAGNOSTIC LABS

7-W is a unit dedicated to the diagnosis of cardiac, arterial and pulmonary disease. The nursing staff continues to provide quality nursing care in an outpatient setting to a diverse group of patients.

Gloria Zalos and Annette Stine, nurses who work with the National Heart, Lung, and Blood Institute, recruit patients for cardiac protocols as well as perform diagnostic noninvasive testing. Annette performs arterial brachial studies on patients suspected of having peripheral arterial disease. Gloria performs brachial reactivity testing for endothelial function and analyzes Holter monitor recording. Echocardiograms, including stress echos, are performed by nurses Inez Ernst and Cindy Brenneman. They also provide conscious sedation for patients undergoing transesophageal echocardiography. Nurse Kevin Smith, Coordinator of the Stress Exercise Lab, performs treadmill testing, supine ergometer bike stress tests and MVO₂ bike and MVO₂ treadmill testing. Cross-trained in how to use and conduct the complex equipment and testing in the exercise lab are cath lab nurses Diane Vollberg and Melissa Cryan. From their offices on 7-W, Diane and Melissa order supplies and equipment, provide in-service training, and meet with vendors to support the Cardiology Program of Care.

Diane and Melissa follow cardiac patients through testing and to the cath lab and Cardiology Clinic. Diane and Melissa received a Special Service Award for saving the Clinical Center thousands of dollars on interventional cardiac supplies.

7-W is quite a busy place, with dedicated nurses committed to providing excellent customer service and highly skilled nursing care. The activities, labs and services are managed by Anita Marban.

THE TEAM

Cindy Brenneman, Melissa Cryan, Inez Ernst, Anita Marban, Philomena Reed, Kevin Smith, Annette Stine, Diane Vollberg, Gloria Zalos.

9-E DAY HOSPITAL

ENDOCRINOLOGY / GI /
OPHTHALMOLOGY / NEPHROLOGY /
RHEUMATOLOGY / GYN

The 9-E day hospital opened its doors in 1990 with one room and one nurse. At first only patients from the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) service were seen in the day hospital. The day hospital was utilized for procedures, such as biopsies and chemotherapy. Cutting edge at the time, this enabled patients to avoid inpatient hospitalization and was cost effective for all involved in the process.

The day hospital has continued to grow and evolve over time. Currently there are six patient rooms and the team has grown to include five seasoned nurses and two support personnel. At the present time team members care for patients who may be participating in one of more than seventy active protocols. The major focus continues to be on procedures, conscious sedation recovery, pharmacokinetics, provocative endocrine testing, chemotherapy, and intravenous infusions.

As a multi-institute day hospital, the staff supports protocols for the following institutes and services: National Institute of Child Health and Human Development, National Institute of Diabetes & Digestive & Kidney Diseases, National Institute of Dental and Craniofacial Research, National Institute of Mental Health, National Human Genome Research Institute, National Eye Institute, and NIAMS. The 9-E day hospital also supports the Gynecology, Arthritis and Nephrology consult services.

The 9-E day hospital team prides itself on its broadbased practice and ability to quickly adapt to new protocols and unexpected events. The staff has become adept at quick assessment and prioritization of patient needs.

The team continues to provide educational support through mentoring other staff in the process of chemotherapy administration, serial testing and orientation to new protocols. Members of the team coordinate protocols that span both inpatient and outpatient settings.

Team members continually strive to improve their knowledge and practice. Several members of the staff are certified in Ambulatory Nursing and Medical-Surgical Nursing. The team is well on its way to one hundred percent certification.

Services of the 9-E day hospital will continue to grow and expand with the move into the new Clinical Research Center. The professionals here welcome the opportunity to challenge and improve nursing practice.

THE TEAM

Donna Hardwick, Barbara Jessup, Anne Jones, Denise Knisely-Carrigan, Kim Pinckney, Lori Purdie, Madia Ricks, Nim Stevens, Antoinette Wellington, Carolyn Zimmer.

9-W DAY HOSPITAL

PEDIATRICS

The Pediatric Day Hospital provides skilled care for a range of patients from infants to young adults with acute and chronic conditions. It serves as a multi-institute, outpatient area specializing in the administration of blood products and medications, serial testing, pre- and post-sedation care, case management, patient education, and coordination of patient appointments. The day hospital also serves as a walk-in and emergent care clinic for patients with acute conditions.

The day hospital team includes two full-time and two part-time staff members. Each nurse brings a special and unique talent to the unit. Kathleen Beville, the nurse with the most day hospital experience, brings years of history and a wealth of knowledge.

Donna Gaskins, a former phlebotomist, brings excellent IV skills and resourcefulness gained during her 22 years at NIH. Jean Ulrick brings strong leadership skills, as well as excellent pediatric skills. Yanick Kane, the newest member of the team, brings a new perspective, refreshing attitude and calmness during the height of the workload. Collectively, the team has more than 45 years of nursing experience.

THE TEAM

Kathleen Beville, Donna Gaskins, Donna Gwyer, Yanick Kane, Jean Ulrick.

9 - D

GI / ENDOSCOPY

The Endoscopy Suite was first established in 1970s. The type of procedures and equipment has improved over the last 30 years. The equipment is more flexible and patient-friendly. In 2004, the Endoscopy Suite implemented a computerized documentation form that is now part of the medical record. In the future the report will be interfaced with the Clinical Research Informatics System or CRIS to help facilitate communication among customers.

The nurses are involved with the Society of Gastroenterology Nurses and Associates (SGNA) and have presented posters and breakout sessions at the SGNA national meetings. The nurses work as an integral part of the interdisciplinary team and coordinate protocols for the Digestive Disease Branch of National Institute of Diabetes & Digestive & Kidney Diseases.

The GI service provides consultation to all patients in the Clinical Center with gastrointestinal issues. The nurses assist with scheduling, teaching and follow up for patients requiring procedures. Even though returning patients are not looking forward to repeat procedures they look for a familiar, calming face among the nurses in the unit.

The GI nurses have assisted a number of units as their "sister unit" during staffing crises. They have been flexible and cross-trained to function as the occasion arises and needs occur. Currently, the nurses in the 9-D Endoscopy Suite have 28 years of NIH experience between them.

THE TEAM

Gettie Audain Norwood, Pragma Gangele, Lori Purdie, Dorett Sutherland.

13-E DAY HOSPITAL

OUTPATIENT CANCER CENTER

13-E serves an extremely diverse patient population from two different NIH institutes and multiple branches within those institutes: Med/Onc, Heme/Onc, and Surg/Onc. There are more than 60 Phase I and Phase II protocols for the following malignancies and conditions: prostate, ovarian, breast, thyroid, lymphoma, leukemia, head/neck, Kaposi's sarcoma, aplastic anemia, myelodysplastic syndrome, ITP and renal cell carcinoma. Sickle cell and systemic lupus erythematosus patient populations will be treated at the 13-E day hospital in the near future.

13-E is open 365 days a year and closed only at night. An average of 1,500 patients are seen per month. Exceptional care is provided among organized chaos. Patient flow is unpredictable and it's not uncommon for a nurse's assignment to change several times throughout the day. The key to success (and sanity) here is flexibility. Innumerable treatment types are provided by the nurses including: more than 20 chemo/immunotherapy regimens; Ommaya taps; blood draws; blood/cellular transfusions; various biopsies; procedure recovery; pre- and post-stem cell transplant supportive care; symptom management; and triage. 13-E provides case management for local outpatients and those from out of state. Nurses work closely with all the NIH scientific disciplines and collaborate with patients' home oncologists and laboratories to ensure continuity of care.

The diverse team consists of 25 nurses, one RSA-P and one RSA-C. A variety of cultures and ages are represented yet everyone fits together just right. Each team member brings a unique experience and strength. Spanish, French, Russian, German, and Greek are spoken on the unit. Other accolades include: 12 Oncology Certified Nurses; 7 Ommaya Certified Nurses; five Master's prepared Nurses; three pursuing graduate degrees; and 25 ONS Certified Nurses. Several nurses teach courses in the nursing department orientation and the Oncologic Emergencies and Transplant Education classes. 13-E nurses are presenting nationally and internationally this year.

The key to this group is teamwork and flexibility, and frequent boluses of humor to keep them smiling.

THE TEAM

Hilary Boyce, Bethany Burk, Patricia Cosca, Mary Fleury, Sharon Flynn, Therese Intrater, Antoinette Jones-Wells, Andrew Keel, Hui Kim, Eleftheria Kozanas, Anne Krowitz, Yvonne Mallory, Brenda Martinez, Florentino Merced-Galindez, Leslie Moses, Pia Nierman, Eleas Ottley, Margaret Piwowarczyk, Barbara Poole, Rebecca Reinhard, Ann Rutt, Kimberly Scott, Megan Sosa, Linda Tarr, Ruth Walters, Sandra Weston, Donnell Wiggins.

B-3 CLINIC

RADIATION ONCOLOGY

This small but proud group basks (not literally) in the glow of therapeutic ionizing radiation. Did you know personnel working in diagnostic radiology are exposed to more radiation ‘scatter’ than those working in radiation oncology?

Nestled deep in the B Wing of the B-3 level of NIH’s Building 10, it seems the staff here is often pitied for being underground and out of the mainstream when actually they’re under a giant skylight. The professionals here enjoy their jobs and don’t miss the Clinical Center elevators at all.

The National Cancer Institute’s Radiation Branch studies treatments for malignancies of the breast, cervix, head and neck, prostate, and rectum. MRI imaging and the relationship of those images to biochemical changes in malignant tumors constitute another research front. The team also serves as a consult service to the Clinical Center for radiation therapy and has a collaborative relationship with the Children’s National Medical Center to provide therapy to their kids. Overall, the team members see a highly varied patient population on B-3.

The B-3 nursing staff’s research accomplishments are also varied. After nearly a year of informal data collection, they continue their nursing research protocol,

“Compensating for short-term memory loss in the middle-aged nurses working in an outpatient radiation oncology clinic.” Study variables include using timers, lists and humiliation. Their n=3. Study subjects are Theresa Cooley-Zgela, Nancy Crouse and Linda Sciuto.

Some things you would never have known about the B-3 Radiation Oncology nurses: Their specialties include skin care and palliative care; their clinic motto is “Where an appointment time is just a suggestion;” their official food is Cheez-It baked snack crackers; their forbidden phrases include “burn” (radiation dermatitis), “rads” (cGy{centigray}), “techs” (radiation therapists), and “peeling skin” (dry desquamation); and yes, they have a clinic song – to the tune of the 12 days of Christmas, “. . . three RNs, two RSAs and a manager who thinks we’re . . .”

THE TEAM

Julia Bail, Theresa Cooley-Zgela, Nancy Crouse, Antoinette Jones-Wells, Hermoine Manning, Linda Sciuto.

INNOVATION

GROWTH OPPORTUNITY

PROGRESS PERSPECTIVE EXPECTATION

EXPECTATION

OTHER AREAS OF SPECIALTY

PERSPECTIVE GROWTH

PROGRESS OPPORTUNITY INNOVATION

OPPORTUNITY

EXPECTATION PROGRESS

INNOVATION GROWTH PERSPECTIVE

PERSPECTIVE

PROGRESS OPPORTUNITY

EXPECTATION GROWTH INNOVATION

PROCEDURE VASCULAR ACCESS, CONSCIOUS SEDATION SERVICE

In the beginning, there were two separate services provided by the Critical Care Medicine and Nursing departments: the 10-D line service and the 10-D procedure service. Dr. Henry Masur, Chief of Critical Care Medicine said, "Customer satisfaction is the basis of any successful service." But are "customers" limited to "patients"? The staff soon realized that they were providing a service not only to patients but to other healthcare clinicians as well.

- *Customer:* one that purchases a commodity or service. In this situation, customers include not only the patient, but the physician and nurse who order the test, the health care team that will be using the device, and the family that wants their loved one treated efficiently, effectively and with dignity.
- *Satisfaction:* fulfillment of a need or want
- *Service:* contribution to the welfare of others.

Under the motto of customer satisfaction the Procedure Vascular Access, Conscious Sedation (PVCS) service has continued to grow by leaps and bounds. In the fall of 1996 the Medical Executive Committee, in an effort to standardize catheter care, created the Clinical Center Line Service. This service subsequently became the Clinical Center Vascular Access Device (VAD) Consult Service in 1997. VAD was a collaborative service between Critical Care Medicine, Nursing, Interventional Radiology, and Surgery. The service provided an algorithm for selecting the appropriate catheter and operator to place the VAD, consultation to patients and clinicians, data

collection, and quality assurance. The service established an outcomes model for evaluating results. The 10-D procedure service provided conscious sedation to pediatric patients undergoing painful procedures. The procedure service also provided data collection and quality assurance.

To maximize efficiency, as the two services continued to grow, the two were combined into one Clinical Center consult service, the PVCS. This service provides clinical support to all of the institutes for patients needing central line placements, pediatric and adult patients requiring conscious sedation for procedures i.e. bone biopsies, bone marrow biopsies, and any other painful procedure requiring PVCS team expertise. The PVCS Service consults on 50 to 200 patient visits per month and maintains a database on all intravenous catheters inserted at the Clinical Center from insertion to removal.

Services the PVCS team has provided over the years include, but are not limited to, patient and clinician education, documentation development and revision, new products, product trials and evaluations, complication trends, design and maintenance of PVCS website, maintenance and revision of Nursing department's SOPs, catheter infection monitoring, development of VAD and conscious sedation competencies, development of PICC insertion, modified Seldinger technique and ultrasound procedures. National and international institutions from a myriad of geographic locations (Texas, Australia, England, Jordan, and Germany) have consulted the service.

The PVCS Service members' professional accomplishments are many and include: development and administration of a pain control satisfaction survey, development and analysis of a database focusing on activity and quality assurance; membership in the international Association for Vascular Access (AVA); chairing the AVA Clinical Practice and Research Committee; authoring chapter in the Bethesda Handbook Clinical Oncology; serving as faculty for VAD symposia, the Infusion Nurses Society and Association for Vascular Access.

In the past decade the PVCS Service has improved the quality of central venous catheter insertion, the durability of catheter function, and the ability of the Clinical Center to recognize and remediate any quality deficiencies. The service is a national model for other institutions to emulate.

THE TEAM

Steven Calamucci, Peter Christianson, Debbie Gutierrez, Anita Marban.

SPECIAL PROCEDURES

RADIOLOGY NURSE SPECIALIST

Nurses in the Radiology Department are a new and upcoming specialty. Not only do these nurses need to have critical care skills with the abilities to handle any type of emergency, but they must understand ionizing radiation. Radiology nurses are also very involved in achieving the international concept of “As Low As is Reasonably Achievable” (ALARA) for patient and staff safety against radiation. Radiology nurses are also skilled in the different types of oral and intravenous contrast agents. Furthermore, they understand various levels of the electromagnetic fields and their safe use in patient imaging.

Radiology nurses participate in the development of procedures and guidelines to achieve research goals for the Clinical Center. Currently the radiology nurses are working in a collaborative effort with surgery and radiation therapy to develop more effective means to deliver drugs and therapy to tumor sites. Those efforts include isolated liver perfusion, radiofrequency ablation, TNFerade, and heat-activated liposomal adriamycin delivery systems.

The nurses are actively involved in setting up procedures and delivery systems for thrombolytic therapies. They provide conscious sedation for patient procedures in the interventional radiology department.

The radiology nurse assists with drainage tube placements, difficult venous access device placement, biopsy, venous blood samplings, embolizations, filter placements, and angiograms.

Radiology research nurse specialists contribute to protocol and grant proposal development, scientific manuscripts and posters. They organize patient care for research initiatives. They participate in collection and management of data. The research nurses assist in human and animal research-related procedures.

Radiology Nurses are needed to care for the patient as new imaging modalities and technologies are developed and implemented. The nurses take the cutting-edge technology and visionary ideals of today and make them commonplace for tomorrow.

THE TEAM

George Altizer, Bonnie Dimichele, Darlene Frasher, Sue Freeman, Cindy Gottschalk, Julie Hvizda, Yolanda McKinney, Beverly Moncrieffe.

DEPARTMENT OF ANESTHESIA AND SURGICAL SERVICES

The Department of Anesthesia and Surgical Services was created in 1998 when the Clinical Center did not renew its contract with Georgetown University. The perioperative (surgical) nurses are unique in this department since they staff the only operating room in the world whose sole mission is to support biomedical research. The patient population consists of complex patients with advanced and/or rare illnesses. With the advent of endoscopic surgery many of the procedures done “open” in the past, are now being done endoscopically. This is less invasive thus decreasing recovery time and post-operative pain. This spring renovation work will begin on a state-of-the-art intra-operative magnetic resonance imaging center.

The perioperative nurses maintain clinical excellence and advanced technologic skills while providing excellent patient care in a constantly changing healthcare system. The nurses are part of an active organ transplant program which began in 1999. The surgical nurses have varied backgrounds and education levels. The department has nurses who are both Advanced Cardiac Life Support- and Basic Cardiac Life Support-certified

instructors. Many of the nurses present some of the work done here at the National Association of Operating Room Nurses (AORN) Congress. The Nurse Specialists work closely with the different NIH institutes to promote safe care to patients while they are enrolled in clinical research protocols.

The commitment to excellence and to the mission of the Clinical Center is shown by the outstanding support these nurses provide everyday to clinical research and to the patients who trust their well being to this exceptional nursing team.

THE TEAM

Zorah Andres, Steve Balog, Richard Balta, Michael Borostovik, Seung Cho, Leo Fitzpatrick, Denise Foster, Angie Francart, Barbara Gallagher, Jose Garcia-Castro, Maureen George, Jo Hilleary, Kimberley House, Charlotte Johnson, Gabrielle Jones, Nova Little, Andrew Ly, Sun Ro, Susan Rynders, Joan Santorelli, Nancy Vanselow, Juanita Washington.

PERIANESTHESIA CARE UNIT

The Perianesthesia Care Unit (PACU) nurses are members of the Department of Anesthesia and Surgical Services. The nurses provide care to inpatients and outpatients from all institutes who receive monitored sedation, local, regional, and general anesthesia.

The 6-bed unit is located adjacent to the Operating Room where care is given to patients of all age groups, from pediatric to geriatric, who have been treated in the Operating Room or in off-site locations such as Radiation Therapy, Special Procedures and Nuclear Medicine.

The pediatric corner was developed to help the pediatric patients recover in a special area with a parent/family member present. There are toys and stickers for the children to enjoy.

In addition to providing perianesthesia care, the PACU nurses are all Advanced Cardiac Life Support instructors who plan courses and train Clinical Center staff

year-round. They are also active members of several Nursing Department Committees as well as the Outpatient Redesign Management and Patient Education teams.

The nurses developed the “Preparing Patients for Outpatient Surgery” booklet and discharge instructions to help educate and prepare patients for outpatient procedures/surgery with anesthesia. The PACU is committed to improving outpatient surgery/procedure services at the Clinical Center.

Last but not least, it must be noted that the combined nursing years of service of the current “experienced” staff is 130 years, of which 83 years are in a PACU.

THE TEAM

Steve Balog, Chris Choi, Juanita Ellis, Jan Haggerty, Missy Lishewski, Nancy Muldoon.

NEPHROLOGY NURSING

Nephrology nursing in the Clinical Center offers many opportunities to learn, expand and excel. This is truly a traveling road show with nurses taking dialysis services to all areas of the Clinical Center. Their role as consultants with the nephrology service enables them to interact with the finest nurses and physicians, from every specialty known to medicine.

Not only do the nephrology nurses offer 24/7 coverage for Clinical Center patients requiring hemodialysis, they are also on the front lines collaborating with researchers working to find that magic bullet for renal disease. Systemic lupus nephritis, membranous disease and focal segmental glomerular nephritis are just a few of the syndromes that keep them awake at night. Their input with the nephrology urinalysis lab has proved to be a valuable asset to many researchers at the Clinical Center.

The nephrology nursing staff also collaborates and celebrates with the Solid Organ Transplant Team at the Clinical Center. Dialysis support is offered for pre-transplant patients and wonderful bonds with many of the patients from that unit have been developed.

This team provides a vital piece to the pre-transplant work-up and offers not only needed medical care, but also educational and emotional support for the transplant patients.

Educating the public about kidney disease and prevention is another role nephrology nurses take very seriously. To that end they have been involved with the National Kidney Fund in volunteering at local forums designed to raise public awareness. They constantly re-educate themselves on renal disease, and their patients are very grateful for the many educational offerings afforded the nurses – what the nurses get is always passed on to the patients.

The goals of the nephrology nurses are very simple – finding cures and/or prevention of kidney disease, and working to maintain longevity and quality of life for those already affected by renal disease.

THE TEAM

Denise Knisely-Carrigan, Lori Pudie, Nim Stevens.

DEPARTMENT OF CLINICAL RESEARCH INFORMATICS

The Department of Clinical Research Informatics has 16 registered professional nurses. The Department evolved from the former Information System Department where nurses have played a leadership role since 1976 to support the design, development, implementation and evaluation of clinical information systems to support patient care and research.

Nursing staff have played a critical role in analyzing information needs of clinicians and translating these into responsive technology applications. Nurses also implemented one of the first information systems to support nursing process as well as clinical research.

The nurses have shared their experiences with the professional community through publications and presentations and have worked to establish national nursing informatics standards of practice.

Currently, several nurses have completed informatics certification and others are working toward that goal. This group of nurses will coordinate the implementation of the next generation of a clinical research information system in July 2004.

THE TEAM

Lillian Butler, Claudia Briguglio, Rubi Defensor, Sue Houston, Susan Martin, Jeff McKinney, Ann McNemar, Sherry Meyers, Jose Miletti, Michael Nansel, Susan Postal, Carol Romano, Charlotte Seckman, Victoria Skahill, Alice "Frankie" Smyth, Sue Squires.

CENTRAL STAFFING OFFICE

The Central Staffing Office (CSO) provides a variety of services for Nursing and Patient Care Services and the Clinical Center. The CSO staffing assistants provide staffing assistance from 6:00 a.m. to 9:30 p.m. weekdays. The CSO staffing assistants maintain a database of staffing requests, support the Medical and Reasonable Accommodation Program, initiate contact with the supplemental staffing agencies, maintain agency files, process agency invoices and track agency usage and budget.

The CSO nursing staff consists of the Regular Float Pool and the new Per Diem Float Pool. The Float Pool staff is made up of a seasoned group of registered nurses with a wide spectrum of nursing expertise and competency in critical care, medical-surgical, oncology, hematology, pediatrics and behavior health nursing. The Float Pool staff provides direct patient care on the inpatient units, day hospital and outpatient clinics to support episodic care needs.

The CSO leadership staff consists of the Administrative Coordinators (AC) Team. The ACs manage clinical and administrative operations at the Clinical Center on the “off-shifts,” weekends and holidays. The AC is the resource and communication link for coordinating nursing and other Clinical Center services on the off-shift and weekends to assure safe patient care.

The AC is responsible for administrative decisions that assure compliance with the Clinical Center Strategic Operating Plan.

The CSO staff talents are many. Linda Wingo and Vanessa Haynes-Williams are doctoral candidates at the Catholic University of America. Vanessa Haynes-Williams is a Certified Family Nurse Practitioner and a published poet. Jan Culton was selected to be in *Who's Who in Women in America*. Tina Turgel completed her BSN and is pursuing her MSN. Jan Culton, Lucia Demenezes and Patricia Smatlak completed Code Blue Team training. Lucia Demenezes is a Code Blue instructor. Lucia is detailed to DCRI to support the CRIS project. Kay Anderson is detailing to OP-7 to support the Neuro Program of Care. Robbin Lewis holds the honor of Nurse of the Year for the CSO in 2003. Wilma Zendel was detailed to the CSO from 8-W in 2003 as Administrative Coordinator.

THE TEAM

Cindy Chicca, Joyce Colbert, Jan Culton, Lucia Demenezes, Val Fiorillo, Vanessa Haynes-Williams, Cathy Lawrence, Beth Lee, Karen Livornese, Robbin Lewis, Fran Loscalzo, Helen Owens, Denise Richey, Claribel Sawyer, Trish Smatlak, Young Son, Kim Thomas, Tina Turgel, Linda Wingo.

CURRENT RESEARCH PROTOCOLS 2003

INSTITUTIONAL REVIEW
BOARD-APPROVED
STUDIES

NURSING RESEARCH STUDIES

Comparing quality of life in patients undergoing a non-myeloablative versus a myeloablative peripheral blood stem cell transplant for hematological diseases.

Margaret Bevans, MSN, RN (PI); Sue Marden, PhD, RN; Georgie Cusack, MSN, RN; Helen Mayberry, MSN, RN; Pricilla Rivera, MSN, RN; John Barrett, MD; Michael Bishop, MD; Ronald Gress, MD.

Towards a theory of technology dependency and health-related quality of life: A test of a model in patients with an implantable defibrillator.

Sue Marden, PhD, RN (PI); L. Fananapazir, MD.

Health-related quality of life in patients with metastatic melanoma receiving vaccine alone or with high-dose interleukin-2 or subcutaneous interleukin-2.

Sue Marden, PhD, RN (PI); Paula Muelbauer, MSN, RN; Debra Parchan, RN; Steve Finklestein, MD; Doug Schwartzentruber, MD.

A study of health-related quality of life in HIV-infected patients undergoing structured treatment interruptions of highly active antiretroviral therapy.

Sue Marden, PhD, RN, (PI); April Powers, RN; Rose McConnel, RN; Colleen Ternisky, RN; Margorie Loyd, RN; Chad Kratich, RN; Rose Bernard, RN; Risa Eckes, RN; Ingelise Gordon, RN; Dennis Martell, RN; Patricia Aldridge, RN; Maureen Mehigan, RN; Mary Paulsen, RN; Suzanne Spisso, RN; Frances Sundt, RN; Kathy Wendel, RN; Christian Yoder, RN; Bill Barrick, RN; Mark Dybul, MD; Richard Davey, MD.

Quality of life in chronic-ischemic heart disease with left ventricular dysfunction.

Sue Marden, PhD, RN (PI); Claiborne-Miller Davis, MSN, RN; Vasken Dilsizien, MD.

Anxiety and physiologic response in patients undergoing cardiac MRI.

Janice Davis, MSN, RN (PI); Sue Marden, PhD, RN; Donna Gaskins, RN; Claiborne Miller-Davis, MSN, RN; Andrew Arai, MD.

EMBEDDED-CORRELATIVE STUDIES

Quality of life in patients undergoing allogeneic bone marrow transplant: A meta-analysis.

Margaret Bevans MSN, RN (PI); Sue Marden PhD, RN.

A randomized study evaluating the process and outcomes of the Pain and Palliative Care Team intervention.

Gwenyth R. Wallen, PhD, RN (PI); Ann Berger, MD; Janice Yates, PhD, RN; Nancy Ames, MS, RN; Karen Baker, ANP, MSN; Donna Pereira, PCNP, MA; Jacques Bolle, DNSc, RN; Daniel Handel, MD; Diane St. Germain, CRNP; Deloris E. Koziol, PhD; H. Richard Alexander, MD.

Health beliefs and health behavior practices, including complementary and alternative medicine use, among minorities with rheumatic disease (in development).

Gwenyth R. Wallen, PhD, RN (PI); Barbara Mittleman, MD; Migdalia Rivera Goba, EdD; Margarita Velarde, CRNP; Robert Miranda-Acevedo, BA; Nicole Schuett, BS; Reva Lawrence, MPH; Kelli Carrington, MA, CHES; Janet Austin, PhD; Blakely Denking, RD; Madeline Michael, MS, RD; Deloris E. Koziol, PhD; Gregory Dennis, MD.

A pilot study evaluating the assessment process for constipation in pediatric oncology patients who are receiving vinca alkaloids and/or narcotics.

Myra Woolery-Antill, MN, RN (PI); Frank Balis, MD; Ellen Carroll, BSN; Elizabeth Fenn, BSN, RN; Holly Wieland, MPH, RN; Paul Jarosinski, PharmD; Barbara Corey, MS, RN; Ramzi Dagher, MD; Michelle Michael, MPH, RD; Seth Steinberg, PhD; Gwentyth Wallen, PhD, RN.

Health disparities in solid organ transplantation.

Lori Purdie, MS, RN (PI); Liz Hale, RN; Allan D. Kirk, MD; Janice Yates, PhD, RN; Gwentyth R. Wallen, PhD, RN; Deloris E. Koziol, PhD; Sidney J. Swanson, MD.

Pilot Study: The role of a meticulous oral care program on reducing oral assessment scores, dental plaque scores and the colonization of dental plaque in a selected ICU population.

Janice Yates, PhD, RN (PI); Nancy Ames, RN, MSN; Henry Masur, MD; Dan Fedorko, PhD; Delores Koziol, PhD.

Exploring the effectiveness of a basic genetics course for healthcare providers.

Janice Yates, PhD, RN (PI); Gwentyth Wallen, PhD, RN; Paul Hoernes, DA; Donna Krasnewich, MD, PhD, NHGRI; Sue Parada, BSN, RN; Tannia Cartledge, MS, RN; Linda McCullagh, MPH.

RESEARCH UTILIZATION PROJECTS

Improving admission dyspnea assessments.

Janice Yates (Project Leader); S. MacDonald, BSN; D. Chepurko, BSN; N. Giganti, BSN; R. Lance, MSN.

Evaluating the outcomes of the tracheostomy service.

Janice Yates (Project Leader); S. Rudy, MS, MPH; H. Mayberry, MSN; Beth Solomon; D. Brown; C. Van Waes, MD.

Performance improvement and photodynamic therapy.

Janice Yates (Project Leader); J. Smith, MD, PhD; J. Dwyer, BSN; T. Schuuppius, NP; K. Musallum, MSN; L. Canada, BSN.

Preparing clinical staff for medically fragile rare genetic disorders.

Janice Yates (Project Leader); Y. Kane, BSN; M. Gunay-Aygun, MD; W. Gahl, MD; R. Kleta, MD.

Appropriateness of genital wart removal in the outpatient clinic.

Janice Yates (Project Leader); A. Rosenberg, BSN.

PUBLICATIONS 2003

- Aberle, A.J., Bethards, K.J., **Orsega, S.M.**, & Ricciardi, R. (2003). Designing a Medical Humanitarian Assistance course for Advanced Practice Nurses in the Uniformed Services. *Military Medicine*, 168, 729-732.
- Berger, A., Baker, K., **Bolle, J.**, & Pereira, D. (2003). Establishing a palliative care program in a research center: Evolution of a model. *Cancer Investigation*, 21(2), 313-320.
- Bersenev, T., **Mavroukakis, S.**, & **Marden, S.** (2003). Examination of health-related quality of life in patients with peritoneal surface malignancies. [Abstract]. *Quality of Life Research*, 12 (7), 1133.
- Bevans, M.** (2003). Non-Myeloablative HSCT: Lessons Learned and Future Directions. *Blood and Marrow Stem Cell Transplant special interest group (ONS) newsletter*, 14 (3), 3-5.
- Bevans, M.**, **Marden, S.**, Leidy, N., Soeken, K., **Rivera, P.**, **Cusack, G.**, **Mayberry, H.**, Bishop, M., & Barrett, J. (2003). Quality of life in patients undergoing non-myeloablative (NST) versus myeloablative (MT) allogeneic peripheral blood stem cell transplantation (PBSCT). *Blood*, 102 (11), 2672.
- Bhangoo, R.K., Dell, M.L., Towbin, K., **Myers, F.S.**, Lowe, C.H., Pine, D.S., & Leibenluft, E. (2003). Clinical correlates of episodicity in juvenile mania. *Journal of Child and Adolescent Psychopharmacology*, 13(4), 523-530.
- Bhangoo, R.K., Lowe, H., **Meyers, F.S.**, Treland, J., Curran, J., Towbin, T., & Leibenluft, E. (2003). Medication use in children and adolescents treated in the community for bipolar disorder. *Journal of Child and Adolescent Psychopharmacology*, 13(4), 515-522.
- Bolan, C.D., Cecco, S.A., **Yau, Y.Y.**, Wesley, R.A., Oblitas, J.M., Rehak, N.N., & Leitman, S.F. (2003). Randomized placebo-controlled study of oral calcium carbonate administration in plateletpheresis II: Metabolic effects. *Transfusion*, 43, 1414-22.
- Bolan, C.D., Wesley, R.A., **Yau, Y.Y.**, Cecco, S.A., Starling, J., Oblitas, J.M., Rehak, N.N., & Leitman, S.F. (2003). Randomized placebo-controlled study of oral calcium carbonate administration in plateletpheresis I: Associations with donor symptoms. *Transfusion*, 43, 1403-13.
- Bolan, C.D., **Yau, Y.Y.**, Nambiar, A., Haddad, S., & Leitman, S.F. (2003). Inadvertent hypercalcemia during intravenous calcium prophylaxis during large volume leukapheresis. S93-040D. *Transfusion*, 43, 28A.
- Canha, B.** (2003). *Recovery Cartoons*. Book Conference, USA ISBN# 0-9714872-1-9.
- Cassells, J., Jenkins, J., Lea, D., Calzone, K., & **Johnson, E.** (2003). An ethical assessment framework for addressing global genetic issues in clinical practice. *Oncology Nursing Forum*, 30(3), 383-390.
- Daly, R., **Danaceau, M.**, Rubinow, D., & Schmidt, P. (2003). Concordant restorations of ovarian function and mood in perimenopausal depression. *American Journal of Psychiatry*. 160, 1842-46.
- Dionne, R.A., Gordon, S.M., **Rowan, J.S.**, Ken, A., & Brahim, J.S. (2003). Dexamethasone suppresses peripheral prostanoid levels without analgesia in a clinical model of acute inflammation. *Journal of Oral Maxillofacial Surgery*, 61(9), 977-1003.

- Emanuel, E., Crouch, R., Arras, J., Moreno, J., & Grady, C. (Eds). (2003). *Ethical and Regulatory Aspects of Clinical Research: Readings and Commentary*. Baltimore and London: The Johns Hopkins University Press.
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- Kwong, R., Schussheim, A., Rekhraj, S., Aletras, A., Geller, N., **Davis, J.**, Christian, T., Balaban, R., & Arai, A. (2003). Detecting acute coronary syndrome in the emergency department with cardiac magnetic resonance imaging. *Circulation*, 107(4), 531-537.
- Lee, C.** (2003). Part I: Expanded psychosocial interventions in cancer care: An introduction to diversional therapy. *Clinical Journal of Oncology Nursing*, 7(6), 682-684.
- Lee, C.** (2003). Clinical aromatherapy Part II: Safe guidelines for integration into clinical practice. *Clinical Journal of Oncology Nursing*, 7(5), 597-598.
- Leitman, S.F., **Browning, J.N.**, **Yau, Y.Y.**, Mason, G., Klein, H.G., Conry-Cantilena, C., & Bolan, C.D. (2003). Hemochromatosis subjects as allogeneic blood donors: A prospective study. *Transfusion*, 43(11), 1538-44.
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- Marden, S.**, Finklestein S.E., **Kline-Leidy, N.**, Soeken, K., **Parchan, D.**, Schwarzentruher, P., & **Muehlbauer, P.** (2003). Assessing health-related quality of life and symptom distress in patients with advanced melanoma [Abstract]. American Society of Clinical Oncology Meeting Proceedings—Supplement *Journal of Clinical Oncology*, 22, 2904.
- Mitchell, S.A.** (2003). Informed consent for cancer treatment and research. *Oncology Nursing Forum*, 30(5), 751-755.
- Moncada, V., Bolan, C., **Yau, Y.Y.**, & Leitman, S.F. (2003). Analysis of peripheral blood stem cell yields by large volume leukapheresis of subjects with a poor mobilization response to filgrastim. *Transfusion*, 43, 495-501.
- Muehlbauer, P.M.** (August 2003). Antiangiogenesis in Cancer Therapy. *Seminars in Oncology Nursing*, 19(3), 180-192.
- Muehlbauer, P.M.** & Schwartzentruher, D.J. (August 2003). Cancer Vaccines. *Seminars in Oncology Nursing*, 19(3), 206-216.

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- Zujewski, J., Eng-Wong, J., O'Shaughnessy, J., Venzon, D., Chow, C., Danforth, D., Kohler, D., Cusack, G., Riseberg, D., & Cowan, K. (2003). A pilot study of dose intense Doxorubicin and Cyclophosphamide followed by infusional Paclitaxel in high risk primary breast cancer. *Breast Cancer Research and Treatment*, 16 (33), 1-11.

PRESENTATIONS 2003

Baker, K. & Berger, A. (2003, September) *Palliative care and end-of-life training for the Indian Health Service*. University of New Mexico, Albuquerque, NM.

Bauer, L. (2003, December). *Safety and tolerability of Cyclophosphamide in mild Alzheimer's disease*. Poster presented at the International College of Geriatric Psychoneuropharmacology, San Juan, Puerto Rico.

Beresnev, T., Mavroukakis, S., Marden, S., White, H., Alexander, R., Pingpank, J., & Libutti, S. (2003, November). *Examination of health-related quality of life in patients with peritoneal surface malignancies*. Poster presented at the Annual Conference of the International Society of Quality of Life Research, Prague, Czech Republic.

Berger, A., Wallen, G.R., Baker, K., et al. (2003, February) *Patients as human subjects in a randomized evaluation of palliative care: A delicate balance*. Paper presented at the Annual Meeting for the American Academy of Hospice and Palliative Medicine, Orlando, FL.

Bevans, M. & Marden, S. (2003, November). *Health-related quality of life and symptom distress in patients prior to allogeneic stem cell transplant*. Paper presented at the 37th Scientific Congress of Sigma Theta Tau International, Toronto, Canada.

Bevans, M., Marden, S., Leidy, N., Soeken, K., Rivera, P., Cusack, G., Mayberry, H., Bishop, M., & Barrett, J. (2003, December). *Quality of life in patients undergoing non-myeloablative versus myeloablative allogeneic peripheral blood stem cell transplantation*. Poster presented at the American Society of Hematology, San Diego, CA.

Bevans, M., Marden, S., Mayberry, H., Cusack, G., Soeken, K., & Leidy, N. (2003, October). *Health-related quality of life and symptom distress in patients prior to allogeneic stem cell transplant*. Poster presented at the NIH Research Festival, Bethesda, MD.

Bolle, J., Wallen, G.R., Yates, J., McCullagh, L., & Baker, K. (2003, November). *Pain management: A multidisciplinary partnership with patients and their families*. Sigma Theta Tau International Honor Society of Nursing, 37th Biennial Convention: Building Diverse Relationships, Toronto, Canada.

Bryant, M. & Magno, P. (2003, December). *Streamlining the NHLBI protocol approval process*. Poster presented at the 18th Annual Meeting of Applied Research Ethics National Association, Washington, DC.

Canha, B. (2003, May) *Humor in recovery*. S.O.M.E. (So Others May Eat), Washington, DC.

Canha, B. (2003, August) *Humor in recovery*. The Almost Heaven Area Convention, Mountain Manor Treatment Facility, Front Royal, VA.

Carroll, E., Woolery-Antill, M., Fenn, E., & Corey, B. (2003, May). *Are you ready to practice?* Oncology Nursing Society Congress, Denver, CO.

Carroll, E. & Woolery-Antill, M. (2003, October). *Stuck along the way: Getting a research project moving*. Association of Pediatric Oncology Nurses, Philadelphia, PA.

Cusack, G. (2003, May). *Caring for the oncology patient in a clinical trial: Your input has a big outcome*. Round Table presentation at the Oncology Nursing Society, 27th Annual Conference, Denver, CO.

- Cusack, G. (2003, August). *Novel therapies in oncology*. Regional Cancer Center, Limerick, Ireland.
- Cusack, G. (2003, September). *Pathophysiology and immunology of cancer*. King Hussein Cancer Center, Amman, Jordan.
- Cusack, G. (2003, September). *Principles of chemotherapy and immunotherapy*. King Hussein Cancer Center, Amman, Jordan.
- Cusack, G. (2003, October). *Novel therapies workshop*. Oncology Nursing Society Regional Series, Durham, NC.
- Cusack, G. & Jones-Wells, A. (2003, April). *Patient intensity in the ambulatory setting*. Podium presentation at the American Academy of Ambulatory Care Nurses, Tampa, FL.
- Davis, J., Marden, S., & Rowe, G. (2003, July). *Bridging community health care with research: An improvement initiative where nurses play a key role*. Poster presented at the Annual Meeting of the National Black Nurses Association, New Orleans, LA.
- Davis, J., Marden, S., Wallen, G., Miller-Davis, C., Gaskin, D., & Arai, A. (2003, September). *Anxiety and physiologic response in patients undergoing cardiac magnetic resonance imaging resonance*. Poster presented at the Annual Meeting of the Council for the Advancement of Nursing Science, Bethesda, MD.
- Davis, J., Marden, S., Wallen, G., Miller-Davis, C., Gaskin, D., & Arai, A. (2003, November). *Anxiety and physiologic response in patients undergoing cardiac magnetic resonance imaging resonance*. Poster presented at the Association of Military Surgeons of the United States, San Antonio, TX.
- DePew, D. (2003, November). *It takes a village to develop a competency program: The use of a blended learning community*. Roundtable discussion. 30th Annual Conference on Professional Nursing Education and Development, Kansas City, MO.
- Feigenabum, K. (2003, May). *You may have seen a patient with Zollinger Ellison syndrome in your practice*. Society of Gastroenterology Nurses and Associates, Atlanta, GA.
- Feigenbaum, K. & Audain-Norwood, G. (2003, April). *What's new in inflammatory bowel disease?* American Academy of Ambulatory Care Nursing, Tampa, FL.
- Feigenbaum, K., Hardwick, D., & Barham, B. (2003, April). *Patient autonomy and quality of life in an ambulatory research setting*. American Academy of Ambulatory Care Nursing, Tampa, FL.
- Giganti, N., MacDonald, S., Lance, R., Cepurko, D., & Yates, J. (2003, May). *How to become an evidenced-based clinician*. Drexel University Nursing Staff Development Conference, Philadelphia, PA.
- Gladden, D. (2003, May). *Venous access: How to work a miracle*. Annual National Meeting for the American Society of Apheresis, Lake Tahoe, NV.
- Grady, C. (2003, April). *Ethical considerations in infectious disease medicine and research*. International Society of Infectious Diseases Training Program, Bethesda, MD.
- Grady, C. (2003, June). *Special problems in multinational HIV vaccine trials*. Yale International AIDS Summer Institute, New Haven, CT.

- Grady, C. (2003, June). *Ethics of subject recruitment and incentives – Ethical aspects of clinical research in developing countries*. Sponsored by the National Institutes of Health, Iguassu Falls, Argentina.
- Hernandez, L., Rivera, P., & Bevans, M. (2003, July). *Health-related quality of life in Hispanic patients preparing for transplant*. Poster presentation at the National Association of Hispanic Nurses Annual Conference, San Juan, Puerto Rico.
- Hernandez, L., Rivera, P., & Bevans, M. (2003, September). *Health-related quality of life in Hispanic patients preparing for transplant*. NHLBI 10th Year Transplant Anniversary, Bethesda, MD.
- Hernandez, L., Rivera, P., & Bevans, M. (2003, October). *Health-related quality of life in Hispanic patients preparing for transplant*. Scientific Session, Fourth Annual NIH Hispanic Scientists Day, NIH Research Festival, Bethesda, MD.
- Hernandez, L., Rivera, P., & Bevans, M. (2003, November). *Health-related quality of life in Hispanic patients preparing for transplant*. AMSUS 109th Annual Meeting, San Antonio, TX.
- Hoernes, P. & Wallen, G.R. (2003, September). *We can build it: Developing responsible web-based health-care education for the public*. Association for Learning Technology, University of Sheffield, Sheffield, England.
- Hoernes, P., McCullagh, L., Wallen, G., Yates, J., Koziol, D., Parada, S., Cartledge, T., & Krasnewich, D. (2003, January). *Exploring the effectiveness of a web-based genetics education program for healthcare providers*. National Coalition for Health Professionals Education in Genetics (NCHPEG) Annual Meeting, Bethesda, MD.
- Hoernes, P., McCullagh, L., Wallen, G., Yates, J., Koziol, D., Parada, S., Cartledge, T., & Krasnewich, D. (2003, March). *Exploring the effectiveness of a web-based genetics education program for healthcare providers*. Georgetown University and Johns Hopkins University, Washington, DC.
- Hoernes, P., McCullagh, L., Wallen, G., Yates, J., Koziol, D., Parada, S., Cartledge, T., & Krasnewich, D. (2003, March). *Exploring the effectiveness of a web-based genetics education program for healthcare providers*. National Coalition for Health Professional Education in Genetics, Bethesda, MD.
- Houston, S. (2003, November). *The nursing informatics role in project management*. CARING Luncheon, American Medical Informatics Association Conference, Washington, DC.
- Jenkins, T. (2003, January). *Complications of pediatric hematopoietic stem cell*. Department of Nursing, Pediatric Critical Care Nursing, Children's National Medical Center, Washington, DC.
- Jenkins, T. (2003, March). *Sickle cell anemia in the PICU: Novel approaches to complex problems*. American Academy of Pediatrics 37th Annual Uniformed Services Pediatric Seminar, First Annual Pediatric Nursing Seminar, Washington, DC.
- Jenkins, T. (2003, May). *Nursing of children – When bad things happen to good kids*. Pediatric Critical Care Specialist/Practitioner Program Pediatric Oncology Emergencies, University of Pennsylvania School of Nursing, Philadelphia, PA.
- Jones, J., Flor, A., Cutler, G., & Leschek, E. (2003, June). *Hypothalamic-pituitary-gonadal axis function in adolescents with familial male-limited precocious puberty (FMPP)*. Poster presentation, the Endocrine Society's 85th Annual Meeting, Philadelphia, PA.

Jones, J., Nwosu, B., Coco, M., Yanovski, J., & Baron, J. (2003, May). *Does a maximum stimulated growth hormone of 7-10ng/ml indicate partial growth hormone deficiency?* Poster presented at the Society of Pediatric Research, Seattle, WA.

Kelly, M. (2003, July). *MAS/FD protocols at NIH*. The Magic Foundation Annual Meeting, Chicago, IL.

Kelly, M., Brillante, B., Robey, P., & Collins, M. (2003, June). *McCune Albright syndrome: Pieces of the mosaic*. NIH Research Festival, Bethesda, MD.

Kelly, M., Brillante, B., Robey, P., & Collins, M. (2003, October). *McCune Albright syndrome: Pieces of the mosaic*. Endocrine Society Annual Meeting, Philadelphia, PA.

Koviack, P. & Cartledge, T. (2003, March). *A three year review of the impact of a medical & reasonable accommodation program to support nurses with functional limitations*. Safe Patient Handling & Movement Conference, Clearwater, FL.

Koviack, P. & Cartledge, T. (2003, April). *A three year review of the impact of a medical & reasonable accommodation program to support nurses with functional limitations*. American Academy of Ambulatory Care Nursing, Tampa, FL.

Koviack, P. & Cartledge, T. (2003, November). *A three year review of the impact of a medical & reasonable accommodation program to support nurses with functional limitations*. Association of Military Surgeons of the United States, San Antonio, TX.

Lance, R., & MacDonald, S. (2003, October). *Assessing dyspnea: Are you asking the right questions?* University of West Virginia 2nd Biennial Research Conference, Morgantown, WV.

Leakan, R. (2003, April). *Sjögren's syndrome: More than dry eyes and dry mouth*. Roundtable Coordinator, Sjögren's Syndrome Foundation National Meeting, Bethesda, MD.

Lee, C. (2003, April). *Cancer patient education and CAM*. Washington Hospital Center, Washington, DC.

Lee, C. (2003, April). *The NCI best case series toolbox workshop*. Comprehensive Cancer Care Conference, Washington, DC.

Lee, C. (2003, May). *Complementary and alternative medicine in the 21st century in the United States*. Poster presented at the 28th Annual Congress, Oncology Nursing Society, Denver, CO.

Lee, C. (2003, November). *Complementary and alternative medicine in cancer care*. Mini-Institute, Oncology Nursing Society, Institutes of Learning, Pittsburgh, PA.

Lee, C. (2003, November). *Publish before you perish*. Workshop on Writing for Publication in *Nursing* 2003, CDR Shirley Zeigler, Association of Military Surgeons of the United States (AMSUS), National Conference, San Antonio, TX.

Lee, L.M., Sparks, M., Benjamin, B., Daine, V., Boykin, P., Romano, C., Bergstrom, S., & Henderson, D.K. (2003, March). *Use of a web-based, voluntary occurrence screening system to track significant occurrences and to drive performance improvement in clinical care and clinical research*. Poster Abstract, 5th Annual National Patient Safety Foundation Patient Safety Congress, Washington, DC.

MacDonald, S., Yates, J., Lance, R., Giganti, N., & Chepurko, D. (2003, September). *Research utilization the portal to evidence-based practice: Improving admission dyspnea assessments*. 2nd Conference of the Council for Advancement of Nursing Science, Bethesda, MD.

- Mahoney, S. (2003, June). *Prevalence and correlation of cesarean section in an Indian Health Service population*. USPHS Commissioned Officer's Association Annual Professional Conference, Scottsdale, AZ.
- Marden, S. (2003, February). *Postdoctoral career development and role workshop*. Paper presented at the Annual Conference of the Southern Nursing Research Society, Orlando, FL.
- Marden, S. (2003, September). *Examination of the interrelationship among attitudes towards technology dependency, shock experience, and cardiac arrest on health-related quality of life*. Poster presented at the Annual Meeting of the Council for the Advancement of Nursing Science, Bethesda, MD.
- Marden, S., Davis, J., & Rowe, G. (2003, July). *Teamwork, mentorship, and collaborative partnerships: Key mechanisms for conducting clinical nursing research to improve health outcomes*. Paper presented at the Annual Meeting of the National Black Nurses Association, New Orleans, LA.
- Marden, S., Muehlbauer, P., Finklestein, S., Leidy, N., Soeken, K., Parchan, D., & Schwartzentruber, D. (2003, May). *Assessing the health-related quality of life and symptom distress of patients with advanced melanoma*. Poster presented at the Annual Meeting of the American Society of Clinical Oncology, Chicago, IL.
- Marden, S., Powers, A., McConnell, R., Ternisky, C., Lloyd, M., Soeken, K., & Leidy, N. (2003, February). *Assessing the relationship of symptom distress to health-related quality of life in HIV patients*. Paper presented at the Annual Conference of the Southern Nursing Research Society, Orlando, FL.
- Marden, S., Rowe, G., Powers, A., Ternisky, C., & Lloyd, M. (2003, June). *Conducting nursing research*. Paper presented at the National Cancer Institute, Navy Medical Center, Bethesda, Md.
- Mavroukakis, S., Cusack, G. & Raggio, M. (2003, May). *Preparing nurses in biomedical research*. Poster presented at the Oncology Nursing Society, Denver, CO.
- Maynard, K., Cusack, G., Daine, V., & Jones-Wells, A. (2003, May). *Performance improvement: Strategies for success*. Podium Presentation at the Oncology Nursing Society, 27th Annual Conference, Denver, CO.
- McConnel, R., Powers, A., Ternisky, C., Lloyd, M., Soeken, K., Barker, C., Dybul, M., Davies, R., Leidy, N., & Marden, S. (2003, September). *Does structured intermittent therapy in HIV patients improve health-related quality of life and symptom distress?* Poster presented at the Annual Meeting of the Council for the Advancement of Nursing Science, Bethesda, MD.
- McCullagh, L., Wallen, G.R., Yates, J., Hoernes, P., Parada, S., Krasnewich, D., Koziol, D., & Cartledge, T. (2003, November). *Effectiveness of a web-based genetics education program for health care providers*. 131st Annual Meeting of the American Public Health Association: Behavior, Lifestyle and Social Determinants of Health, San Francisco, CA.
- Mitchell, S. (2003, May). *AOCN Review*. Pre-Congress Workshop, Oncology Nursing Society, 28th Annual Congress, Denver, CO.
- Mitchell, S. (2003, November). *Hematopoietic stem cell transplantation*. Maryland Nurses' Association Conference, Glen Burnie, MD.

- Muehlbauer, P. (2003, May). *Targeted therapies: Current status in cancer treatment*. ONS 28th Annual Congress, Denver, CO.
- Muehlbauer, P. (2003, October). *Targeted therapies: Current status in cancer treatment*. Comprehensive Approach to Oncology Care for NP and PA, Durham, NC.
- Muehlbauer, P. & Borshner, J. (2003, November). *Novel therapies: What's new?* ONS Regional Workshop, Ft. Lauderdale, FL.
- Muehlbauer, P., Dyky, M., & Wood, L. (2003, March). *Emerging world of targeted & molecular therapies*. ONS Regional Workshop, Newark, NJ.
- Muehlbauer, P., Dyky, M., & Wood, L. (2003, November). *Emerging world of targeted & molecular therapies*. Institutes of Learning–Oncology Nursing Society, Philadelphia, PA.
- Muehlbauer, P., Marden, S., Parchen, D., Finkelstein, S., & Schwartzentruber, D. (2003, October). *Assessing health-related quality of life, symptom distress and fatigue in patients with advanced melanoma*. NIH Research Festival, Bethesda, MD.
- Obunse, K. (2003, April). *Things are not always what they seem*. Pediatric Endocrine Nursing Society, Atlanta, GA.
- Orsega, S. (2003, October–November). *Bioterrorism and disaster response as a nurse practitioner: Are you ready?* American College of Nurse Practitioners, National Clinical Symposium, Cincinnati, OH.
- Peterson, A. (2003, April). *Chest tubes: A standard of practice*. 13th Respiratory Nursing Conference, Nashville, TN.
- Peterson, A., Anderson, M., & Castonguay, N. (2003, April). *Review of clinical research utilizing select cytokines, related therapies, and inhibitors in respiratory conditions*. Poster presented at the 13th Respiratory Nursing Conference, Nashville, TN.
- Reeves, D. & Cusack, G. (2003, May). *The development of skill sets, competencies and educational programming to promote good clinical practice for research nurses in clinical trials*. Poster presented at the Oncology Nursing Society, Denver, CO.
- Rivera, P., Bevans, M., & Marden, S. (2003, July). *Health-related quality of life and symptom distress in Hispanic patients preparing for transplant*. Poster presented at the National Association of Hispanic Nurses Annual Conference, San Juan, Puerto Rico.
- Rivera, P., Bevans, M., & Marden, S. (2003, August). *Health-related quality of life in Hispanic patients preparing for transplant*. Poster presentation, National Hispanic Nursing Association, Nursing Council for Advancement of Nursing Science, NIH Research Festival, Bethesda, MD.
- Rivera, P., Bevans, M., & Marden, S. (2003, September). *Health-related quality of life and symptom distress in Hispanic patients preparing for transplant*. Poster session presented at the Annual Meeting of the Council for the Advancement of Nursing Science, Bethesda, MD.
- Rivera, P., Bevans, M., & Marden, S. (2003, November). *Health-related quality of life and symptom distress in Hispanic patients preparing for transplant*. Poster presentation, Annual Conference of the Association of Military Surgeons of the United States, San Antonio, TX.

Rivera-Goba, M. (2003, October). *The journey of Latinas in undergraduate schools of nursing: Roadblocks and bridges*. Poster presented at the Fourth NIH Hispanic Scientist Day, Bethesda, MD.

Romano, C. (2003, October). *Seeking solutions to the nursing crisis: Best practices in recruitment and retention*. Nursing Executive Forum, Annual Eclipsys User Network Conference, Philadelphia, PA.

Romano, C., Lee, M., Sparks, M., Benjamin, B., Daine, V., Boykin, P., Bergstrom, S., & Henderson, D.K. (2003, March). *Use of a web-based, voluntary occurrence screening system to track significant occurrences and to drive performance improvement in clinical care and clinical research*. Poster abstract, 5th Annual National Patient Safety Foundation Patient Safety Congress, Washington, DC.

Rosenthal, M., Bauza, S., Clavell, L., & Moore, C. (2003, July). *Major depression in the Hispanic population: a pilot program to increase Hispanic participation in mental health research*. National Association of Hispanic Nurses, 2003 International Conference, San Juan, Puerto Rico.

Rowan, J., Kim, H., Brahim, J., Goldman, D., Herscovitch, P., & Dionne, R.A. (2003, November). *The association between catechol-O-methyltransferase gene (COMT) variation and acute post-surgical pain in humans*. Poster presented at the Neuroscience Meeting, New Orleans, LA.

Rowe, G., Hathaway, L., Eric, L., Leidy, N., Biddle, S., Marden, S., & Fananapazier, L. (2003, September). *Alcohol septal ablation and dual chamber pacemaker treatment for obstructive hypertrophic cardiomyopathy: Relation of relief of obstruction to improved symptoms and health-related quality of life parameters*. Poster presented at the Annual Meeting of the Council for the Advancement of Nursing Science, Bethesda, MD.

Schwarz, D.R., Medina, D.P., Feigenbaum, K.M., Yap, L.Q., Yu, J., & McElroy, B.A. (2003, June). *Your patient has pheochromocytoma – As a nurse do you know what to do?* Endocrine Society's 85th Annual Meeting, Philadelphia, PA.

Seckman, C. & Romano, C. (2003, April). *Standard web-based clinical radiology images and reports at the point of care*. 21st Annual International Nursing Computer and Technology Conference, Orlando, FL.

Slaughter, P.C., McHugh, T., Parikh, S.J., Edelman, M., Denkinger, B., Calis, K.A., & Yanovski, J.A. (2003, June). *High prevalence of vitamin D insufficiency in obese African American subjects*. Abstract, 2003 Annual Endocrine Society Meeting, Philadelphia, PA.

Slaughter, P.C., McHugh, T., Parikh, S.J., Sebring, N.G., Denkinger, B., Edelman, M., & Yanovski, J.A. (2003, June). *Two new tools for assessing mean daily calcium intakes of adults*. Poster presented at the 2003 Annual Endocrine Society Meeting, Philadelphia, PA.

Wallen, G.R. & Rivera-Goba, M. (2003, July). *From practice to research: Training healthcare providers to conduct culturally relevant community focus groups*. Presentation at the National Association of Hispanic Nurses, San Juan, Puerto Rico.

Wallen, G.R., Baker, K., Yates, J., Berger, A., Bolle, J., & Pereira, D. (2003, February). *Triangulation: Merging qualitative and quantitative data to evaluate processes and outcomes in pain and palliative care*. Presentation at the Oncology Nursing Society, 7th National Conference on Cancer Nursing Research, San Diego, CA.

Wallen, G.R., Yates, J., McCullagh, L., & Baker, K., Berger, A., Pereira, D., Bolle, J., Handel, D., Germain, D., & Alexander, H.R. (2003, October). *Triangulation: Merging qualitative and quantitative data to evaluate processes and outcomes in pain and palliative care*. NIH Intramural Research Festival, Bethesda, MD.

Wallen, G.R., Yates, J., McCullagh, L., Baker, K., & Bolle, J. (2003, November). *Pain management: A multidisciplinary partnership with patients and their families*. Presentation at the Sigma Theta Tau International Honor Society of Nursing, 37th Biennial Convention, Toronto, Canada.

Woolery-Antill, M. (2003, October). *Adolescents and young adults: Those challenging years*. Association of Pediatric Oncology Nurses, Philadelphia, PA.

Woolery-Antill, M. (2003, October). *Celebrating 20 years of camps for children with cancer*. Association of Pediatric Oncology Nurses, Philadelphia, PA.

Woolery-Antill, M., Wallen, G., Carroll, E., Wieland, H., Jarosinski, P., Corey, B., & Dagher, M. (2003, July). *When only the child speaks English: Bridging access to research partnerships*. National Association of Hispanic Nurses, San Juan, Puerto Rico.

Yates, J. (2003, March). *Simplicity in research*. Annual Conference of Head and Neck Oncology Nurses, Baltimore, MD.

Yates, J. (2003, April). *Research utilization: Adding the "evidence" to evidence based practice*. Georgetown University Graduate School of Nursing and Health Sciences, Washington, DC.

Yates, J. (2003, September). *Effect of meticulous oral care in ICU patient in respiratory infections*. National Conference for Otolaryngology, Orlando, FL.

Yates, J. (2003, November). *Evidence-based dyspnea assessments*. Keynote speaker, Children's Hospital Research Day, Washington, DC.

Yates, J., MacDonald, S., Lance, R., Giganti, N., & Chepurko, D. (2003, October). *Taking research to the bedside: Improving dyspnea assessments*. NIH Research Festival, Bethesda, MD.

CIVIL SERVICE LENGTH OF SERVICE AWARDS 2003

10 YEARS

Nancy Ames
Theresa Bennett
Vallorie Cochran
Nancy Englar
Camille Grigg
Tena Knudsen
Angela Kokkinis
Jennifer McCartin
Wendolyn Moore
Paula Muehlbauer
Joan Ohayon
Shelia Richardson
Margaret Shovlin
Suzanne Spisso
Linda Tondreau
Jean Tretler
Mary C. Walsek
Lomar Yap

20 YEARS

Sybil Barnaby
Jeanette Beauchesne
Susan Biddle
Corazon Briones
Barbara Candelaria
Marlene Clark
Elaine Considine
Josette Desfayes
Ramona Fiorani
Donna Hardwick
Barbara Jessup
Lisa Misra
Barbara Quinn
Margaret Weiser
Connie Williams

30 YEARS

Louise Canada
Hilda Cardona
Bernadine Crago
Mary Eastep
Consuelo Espejo
Georgia Johnson
Ruth Litzenberger
Lynda Proctor
Priscilla Rivera
Mary Wells
Maria Zayas

40 YEARS

Ralph Horton

COMMISSIONED CORPS LENGTH OF SERVICE 2003

10 YEARS

Jacquie Jones
Alexis Mosquera

PROGRESS

WHERE WE ARE GOING . . .

As healthcare changes so does healthcare research. The NIH has seen many changes over the past several years with research programs developing and expanding.

A new research hospital will help meet the challenges of the future. In 2004, inpatient care units will move into the Mark O. Hatfield Clinical Research Center. Some of the outpatient clinics will relocate to the new facility, others will expand in Ambulatory Care Research Facility or ACRF.

ABOUT THE MARK O. HATFIELD RESEARCH CENTER

THE PURPOSE

The current facility is 50 years old and a new hospital was deemed necessary. The Clinical Research Center will promote translational research – the process of transforming laboratory research into applications for the benefit of patient health and care. This “bench-to-bedside” proximity in the new Clinical Research Center provides a crucial link in rapidly moving biomedical findings in the laboratory into the mainstream of medical practice and carries on the hallmark of the NIH Clinical Center.

CONGRESSIONAL AUTHORIZATION

Congress authorized the design of the new hospital in 1996 and the actual construction in 1997.

NAMED IN HONOR OF

Former Senator Mark O. Hatfield of Oregon, who supported medical research throughout his Congressional career.

SIZE

- 870,000 gross square feet
- 620,000 gross square feet of hospital space
- 250,000 gross square feet of laboratory and vivarium space

NUMBER OF INPATIENT BEDS

242

NUMBER OF OUTPATIENT DAY HOSPITALS

83

GROUNDBREAKING DATE

November 1997

CONSTRUCTION BEGAN

January 1999

MOVE-IN DATE FOR PATIENT CARE

December 4, 2004

Nurses at NIH will continue their dedication and commitment to biomedical research and patient care in the new Mark O. Hatfield Clinical Research Center.

INNOVATION

GROWTH OPPORTUNITY

PROGRESS PERSPECTIVE EXPECTATION

EXPECTATION

PERSPECTIVE GROWTH

PROGRESS OPPORTUNITY INNOVATION

OPPORTUNITY

EXPECTATION PROGRESS

INNOVATION GROWTH PERSPECTIVE

PERSPECTIVE

PROGRESS OPPORTUNITY

EXPECTATION GROWTH INNOVATION



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