

Clinical Center



Team ICU/BSWS won first place in the 2007 annual gingerbread house competition. Representing the team at the announcement were (back row, from left) Melissa Walker, Deborah Kolakowski, Pamela Horwitz, Rosane Suleiman, Marjorie Romulus (front row, from left) Caroline Stewart, Mary Stephens, Avril Bertrand, and Lauren Stringi, who was the master architect for developing the gingerbread house for the unit. Not pictured: Carrie Patricola and Euda Medina. For more on this year's event, see story on page 6.

Cimino to lead CRIS II, new informatics lab

Dr. James J. Cimino has been named chief of the Clinical Center's new Laboratory for Informatics Development and will lead the development and implementation of CRIS II, a clinical research data repository. Through a dual appointment to the National Library of Medicine, Cimino will also spearhead development of an NIH intramural training program in medical informatics.

He comes to NIH from Columbia University, where he was as professor of bioinformatics and medicine. Cimino's research interests include medical concept representation and using it to support clinical decisions. Since 1991, he has received significant grant support, primarily through the NLM, as principal investigator on projects to begin the development of the Unified Medical Language System (UMLS), a concept NLM says is to facilitate the development of computer systems that behave as if they "understand" the meaning of the language of biomedicine and health.

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Awards event celebrates CC successes

Last month's Clinical Center director's awards ceremony—a celebration of successes—kicked off with an address by Dr. John I. Gallin that spotlighted major accomplishments in 2007 and outlined what's on the horizon for 2008.

Highlights from 2007 included:

- A smoke-free CC. Last year kicked off with a collective New Year's resolution to be smoke-free thanks, in large part, to proactive enforcement of no-smoking policies.
- New unit. A ribbon-cutting for the metabolic clinical research unit signaled the beginning of new opportunities for researchers across NIH to study factors that contribute to obesity and associated diseases.
- CRIS. Upgrades to CRIS added the capa-

bility for progress notes, expanded medical record documentation, and enhanced clinical summary views.

■ Patient suggestions. Two projects resulted from patient suggestions. A new method for patients to provide feedback through a Web site on the bedside computers was introduced, and new approaches to minimize wait times for appointments and procedures are being implemented.

Over the next 12 months, work on several key projects will begin or continue, all in support of the CC's core areas: clinical research support, patient care, and operational management.

Projects in 2008 will include helping implement NIH clinical research initiatives in vaccine development, rare diseases,

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Dr. James Cimino, chief of the CC's new Laboratory for Informatics Development

Blood bank room leader retires with 34 years serving donors, staff

Glorice Mason, medical technologist and team leader of the blood donor room, retired on Jan. 3 after 34 years of service to the donors and staff of the Clinical Center's Department of Transfusion Medicine.

Mason came to the CC as a summer aide in 1970 and then worked part-time through the Stay-in-School program while she completed her bachelor's



Glorice Mason draws blood from hemochromatosis patient and donor Richard Ahlberg.

degree in social welfare and rehabilitation from the University of the District of Columbia in 1975. Mason started college majoring in nursing, and although she did not complete that course of study, her academic background allowed her to be promoted to medical technician and medical technologist.

When the department in 2001 began their protocol for patients with hemochromatosis, a condition where iron builds up in the blood and must be reduced through donation, Mason became the designated technologist for the protocol team. She enjoyed getting to know the patients—now more than 300—who come in to donate every few weeks. “I love my donors and patients. They’re the best part of my job. The hemochromatosis patients especially are like family to me because I see them so often.” Dr. Dan Fowler, clinical investigator in NCI’s Experimental Transplantation and Immunology Branch and one of Mason’s hemochromatosis patients, said he “will miss her warm personality that gives staff confidence and puts anxious patients and volunteers at ease. She was very professional but also made it fun to donate.”

Mason is proud to hold two records: the best attendance record in the blood

bank—for the four years between 2001 and 2005 she took no sick days—and only missing three Super Bowls in 22 years. Another award that means the most to her was the phlebotomist of the month award, as voted by the blood bank’s donors, that she won eight of the twelve months in fiscal year 1988-1989.

After her retirement, Mason will spend some time in New Jersey with her niece Tiffany, who is about to give birth to a daughter, as well as her other two nieces Ameika and Cristal. An avid Washington Redskins fan, Mason also plans to travel with friends to more of the team’s away games, in addition to her season tickets to home games.

Dr. Harvey Klein, chief of DTM, noted that Mason taught him—as well as many clinical fellows, nurses, and technologists—blood component preparation techniques, including freezing blood. “Generations of staff members who have taken positions around the country after training at the CC ask about Glorice or stop in to see her when they return to Bethesda. She is one of the last members of the old ‘blood bank era,’ and she will be sorely missed,” Klein said. ■

2007 CC director’s award winners *continued from page 1*

and intramural-extramural partnerships, and continued work on CRIS II, a new data repository that will ultimately help investigators identify promising research and help promote sharing of data across institutes and with extramural collaborators. Dr. James Cimino has been named to a new position to oversee CRIS II (see story page 1) and, through a dual appointment with the National Library of Medicine, to guide development of an NIH intramural training program in medical informatics.

Another project, led by Nursing and Patient Care Services, will focus on developing a specialty practice model for clinical research nursing. (Editor’s note: The CC’s 2008 operating plan with details on these and other projects will be finalized and online later this month.)

In announcing the 2007 honorees, Gallin thanked them for their daily efforts to accomplish “something a little more extraordinary.”

Administration

Debra Byram, Office of Administrative Management; Janice Brunson, Office of Purchasing and Contracts; Cheryl Clarke, Department of Laboratory Medicine; Mary Haak, OPC; Kathleen Herring, OAM; Susan Houston, Department of Clinical Research Informatics; Sherry Sheldon, Department of Transfusion Medicine; Timothy Maloney, DCRI; Robert Mekelburg, Office of Administrative Man-

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news

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CC News reserves the right to edit story submissions for length and appropriateness.

Fire door—Do not prop open



Stickers with these words in bright red are being attached to fire doors throughout the Clinical Center.

They serve to

let everyone know which doors are fire doors and stress an important message: Don't prop open a fire door with wedges or by bending the closing arm of the door. Propping open fire doors allows heat and smoke to fill other areas and increases the fire's spread.

Fire doors are all over the hospital. They are typically made of steel or solid wood construction and come with specially tested components, including closers, latching hardware, and wired fire-rated glass windows. For safety, remember these additional guidelines:

■ **Keep fire doors closed at all times.** This will help contain heat and smoke within the room or space where the fire started and protect adjacent areas and exit routes.

■ **Don't install metal 'kick plates' higher than 16 inches from the bottom of the door.** Larger kick plates can collect heat which could reduce the door's fire resistance.

■ **Don't store equipment or combustibles against a fire door.** These items might ignite if a fire started on the other side of the door.

■ **Don't nail or screw signs or other items to a fire door.** Creating holes or cracks in a fire door may void the fire protection rating of the door so that it must be replaced.

If you have any questions, please contact the Division of the Fire Marshal in the Office of Research Services, 301-496-0487. ■



An example of the placement of the fire door stickers in the top corner on the hinge side of fire doors.

agement/Housekeeping and Fabric Care Department.

NIH Business System Team: Ronald Adams and Kathy Krisko, OAM.

Jesse Ferguson Customer Service Awards

Linda Arnett, DLM; Guy Arnold, Priority One Services; Bertram Brown, DCRI; Yasmin Coates, Office of Organizational Development; Patricia Haynes, NIH Office of Research Services; Kathleen Hilburn, OAM.

Materials Management Department Team: Maurice Butler, Samuel Martinez, and Leroy Scriba, Materials Management Department;

Nutrition Department Health Technicians Team: Margie Edmonds, Kristin Stafford, and Sujatha Yelamanchili, Nutrition Department;

OP7 Hypnosis Study Support Team: Elizabeth Jacobsen, Evelyn Padua, Virginia Warren, Nursing and Patient Care Services.

Patient Care

Margaret Der, Positron Emission Tomography Department; Pamela Horwitz, Nursing and Patient Care Services; Hanh

Khuu, DTM; Cathy Schechterly, DTM; Catherine Seamon, NPCS; Diana Shoemaker, NPCS.

Drug Level Monitoring Documentation Group: Yulia Broydo, DCRI; Kathleen Castro, NPCS; Douglas Figg, NCI; Paul F. Jarosinski, Pharmacy Department; Helen Mayberry, NPCS; Brad Moriyama, Pharmacy Department; Yenshei Liu, DCRI; Steven Luxenberg, DCRI; Alan Remaley, DLM; Chung-Hee Row, DLM.

Oncology Pharmacy Team: Leslie Adams, Stacey Henning, Thomas Hughes, Paul Jarosinski, David Kohler, Stacey McAdams, Pharmacy Department.

Progress Notes Working Group: Tricia Coffey, Medical Record Department; Patty Sengstack, DCRI; Ann McNemar, DCRI;

Social Work Department Language Team: Andrea Rander, Maria Radulovic, Brenda Robles, Maria Elena Guzman, Schendell Lindsay, Social Work Department.

Science

Peter Eichacker, Critical Care Medicine Department; Gary Fahle, DLM; Hanna Hildenbrand, Rehabilitation Medicine Department; Steven Solomon, CCMD; Ena Wang, DTM.

HLA Team: Kathleen Barracchini, Deborah Chen, Haecin Chun, San Dinh, Julia Hackett, Christina Maloney, Brett Peterson, Fu-Meei Robbins, Jason Scott, Carolyn Thompson, Marcela Uribe, and Devika Wagage, DTM.

Strategic Initiatives

Georgie Cusack, NPCS; Leslie Haynes, Nutrition Department; Michelle Hendery, MRD; Kim Jarema, Office of Protocol Services; Deborah Roszell, MRD.

Nutrition Cost Reduction Team: Jody Cullen, OAM; Janice Davis, NPCS; David Folio, Nutrition Department; Nicole Jackson, NPCS; Teresa Kessinger, NPCS; Fran Loscalzo, NPCS; Lori Purdie, NPCS; Diane Walsh, NPCS; Jennifer Widger, Nutrition Department.

Teaching/Training

Avis Brown, DTM; Kathryn Feigenbaum, NPCS; McDonald Horne, DLM.

Clinical Research Training Team: Benita Bazemore and Donna Shields, Office of the Director.

Intra-Aortic Balloon Pump Therapy Implementation Team: Shirley Gorospe, NPCS; Laurie Grant, NHLBI; Connie Kotecka, NPCS; Florencia Wilson, NPCS. ■

New vein access technologies increase patient comfort

Many Clinical Center patients young and old alike dread the needlesticks involved in starting an IV or other lines. Some patients consider venipuncture to be one of the most painful and frequently performed invasive procedures. The CC's Vascular Access Device Service (VAD), a collaboration between the Critical Care Medicine Department and Nursing and Patient Care Services, continuously evaluates new technologies that will improve venipuncture care for patients and recently adopted two novel technologies to ease the placement of venous catheters.

Debbie Gutierrez, nurse manager for the VAD team, said that many CC patients' veins are difficult to find on the first try, or "hard stick," because of the types of rare conditions they have or the medications they take. For several years, VAD has used ultrasound imaging to tell the difference between a vein, which looks like a round dark circle that squishes easily, from an artery, which looks like a pulsating circle that doesn't change shape from the pressure of the ultrasound probe. Watching the ultrasound screen, the nurse can identify a vein, line up the dots on the ultrasound probe with the vein, and observe the needle, which shows up as a bright



3 SW-N nurse Mash Esfanaji uses ultrasound to locate a vein on patient Humphrey Milner.

white speck, penetrating the vein. "This allows us to reach the vein on the first try every time," Gutierrez said.

When VAD began ultrasound placements, they would perform fewer than 60 per month. Now they are doing about 300 monthly.

For economy and efficiency without compromising patient comfort, VAD adopted a new method of visualizing veins that uses a special light to provide a map of where the veins are located in the extremities. Invented in 2004 and commercially available since 2006, it helps nurses starting IVs in obese patients and children, whose veins may be very difficult to find by touch alone.

Using a combination of green infrared light and projection technologies, the viewer locates subcutaneous veins and

projects their location onto the skin's surface in real-time. This makes the process of inserting needles and catheters more efficient and comfortable for both CC patients and nurses. "All the nurses have to do is calibrate the machine," said 3 SW-N nurse Mara Vecchio, who is teaching several training sessions for unit nurses and conducting a survey of nurses' responses to the new device. "I think the nurses will find the new device helpful and it will decrease the number of patient 'road trips' to our unit after unsuccessful needle sticks."

Dr. Anthony Suffredini, senior investigator in CCMD, said that the VAD team is "doing an outstanding job and hope that by using these new technologies that they will make an excellent vascular access service even better." ■



3 SW-N nurse Mara Vecchio demonstrates how the new vein finder illuminates patient veins. Vecchio is teaching several training sessions for nurses and conducting a survey of nurses' responses to the new device.

Donating stem cells a family tradition

Michelle Barksy Gins and her mother, Annie Barsky, spent a memorable first day of Hanukkah 2007 together. Barksy accompanied her daughter as she donated blood stem cells by apheresis for the first time in the Department of Transfusion Medicine (DTM)'s Dowling Clinic.

According to Sarah Pogue, senior coordinator of NIH's marrow donor program through DTM, Gins was their 377th donor and her mother the 40th. When Dr. Susan

Leitman, chief of DTM's Blood Services Section, walked into the clinic to chat with Gins, she recognized Barsky as one of NIH's earliest volunteer donors who gave bone marrow for a transplant to an unrelated recipient in 1992. "Like mother, like daughter, they keep giving as a family tradition," Leitman said. "They have altruistically given the gift of life through a complicated, sometimes uncomfortable,

continued on next page

Mother-daughter donors *continued from page 4*

and time-consuming procedure to two people they do not know. What a family!"

Barsky joined the NMDP registry in 1989 through a drive at her synagogue to find a match for a Jewish woman in her twenties with Lithuanian relatives. According to Pogue, 6,000 patients are searching the registry for a match because they have only a 30 percent chance of finding a match within their own family and must also consider unrelated donors from similar locations or ethnicities. For a successful transplant, the tissue type of an unrelated donor needs to match the patient's as closely as possible. Because tissue types are inherited, patients are more likely to match someone from their own race or ethnicity. Adding more donors and cord blood units from diverse racial and ethnic backgrounds to the NMDP registry increases the likelihood that all patients will find the match they need. Barsky's family came from Russia and Poland and their family felt it was important for them to be tested so that even if they weren't a match or a transplant was not successful, they would be part of giving patients the best possible chance at a new or prolonged life.

"I knew when they took my blood that I would match someone. I wasn't a match for the young woman, but I wasn't surprised when months later, right before

Michelle's bat mitzvah, I learned that I was a match for a seven-year-old boy," Barsky said. Her donation became a successful transplant, extending his life by a year and a half, and she was able to talk with her recipient before he died.

Gins joined the NMDP registry in 1997, when she turned 18, the minimum age for donation. "It wasn't even a question for me. I just knew that of course I was going to sign up on the registry," she said. Gins matched a 53-year-old woman with leukemia, who received the cells hand-delivered the day after Gins' donation. For four days before her procedure, Gins took shots that prepared her cells for harvesting but also gave her flu-like aches and pains. The discomfort didn't dissuade Gins. "Not everyone is a match. Now that I am, this is the right thing to do."

According to Leitman, the generational difference between Gins and her mother is a reflection of the generational differences in how DTM collects hematopoietic, or blood-forming stem cells. In 1992, the first-generation process was to collect bone marrow using general anesthesia and a brief surgical procedure. Apheresis, which is similar to regular blood donation and requires no anesthesia, has now largely replaced marrow harvests.

Around 60 percent of collections for NMDP-facilitated transplants are peripheral



(from left): Sarah Pogue, Dr. Susan Leitman, Annie Barsky, and Michelle Barsky Gins during Gins' peripheral blood stem cell donation.

blood stem cells gathered this way. Only 20 percent of NMDP-facilitated collections are bone marrow, and the other 20 percent are umbilical cord blood collections, which are a rapidly growing proportion. "Maybe the next generation of donors after Michelle will be thought of as the 'cord blood' generation," Leitman speculated.

NMDP now facilitates about 300 unrelated-donor transplants every month and maintains a registry of about 4,500,000 U.S. residents willing to be donors. Those interested in joining the NIH chapter of the registry should contact Sarah Pogue or call (301) 496-0572. To learn more about becoming a donor, visit www.marrow.org. ■

Sharing gifts, spreading holiday cheer



Marvin Hamlisch shared his musical talents with a concert at the Edmond J. Safra Family Lodge. Aundi Moore, a Domingo-Cafritz young artist, sang "Ave Maria" to Hamlisch's accompaniment. This was the third year Hamlisch has offered a special concert for Lodge guests. He is principal Pops conductor for the National Symphony Orchestra.



1NW patient Claire Bevec distributed more than 50 activity gift bags assembled by her first grade class for other kids at the CC. Each packet contains coloring books, art supplies, a bracelet, a card, a color copy of the class' group photo, and a message from Kenosha, Wisconsin: "Keep smiling."



Former CC patient Julie Passon returned to the outpatient pediatric clinic on with almost 500 toys she collected in her Salisbury, Md., community. Her dream was to fill up the clinic waiting area with toys and invite every CC pediatric patient to pick a few to "bring them smiles and joy."

Gingerbread house competition, food drive cast a magic mood

Claire Hastings, chief of Nursing and Patient Care Services, on Dec. 13 announced teams from 3SWS/ICU, the Department of Laboratory Medicine, and 5NW as winners of the fourth annual Clinical Center gingerbread house decorating contest.

The ICU/3SWS team took first place with 545 votes for their gingerbread National Institute of Elf Repair. In 2007 the group also received the team excellence award during Nurses' Week and was recognized as part of the ICU CRIS interdisciplinary team receiving the Patient Safety Champion Award.

For the second year, the Department of Laboratory Medicine's clinical chemistry service captured second place with 187 votes for their chemistry castle. 5NW placed third with 131 votes for their pirate ship.

Thirty-two houses created by staff representing a dozen different departments were on display in the atrium of the Clinical Center lobby in December. More than 1,930 ballots—slightly more than last year—were cast during the week the houses were on display.

The recognition and retention committee of Nursing and Patient Care Services started the contest in 2004, with nursing units participating. It was open to all CC staff the next year.

In 2006 a food drive was added to collect canned food items to the Children's Inn "help yourself" pantry. This year all CC staff members were invited to participate. In just three days, staff collected several bins full of food items. According to Cynthia Herring, a member of the committee that organized the food drive, the collection was so successful that they may organize another one during Nurses' Week in June, when the Children's Inn's food supplies are often at a low point.

The gingerbread contest, which began as a way to foster teamwork among nursing units that would be combined after the move to the new hospital, continues as an outlet for the creative thinking and collaborative spirit of workers throughout the CC and NIH.

Contestants have only a few rules to follow: they must use the gingerbread house in the kit that is provided; the display can not be any bigger than a two-foot-by-two-foot platform; and no electricity may be



Second place went to the Department of Laboratory Medicine's clinical chemistry service. Representing the team (from left) were Suzanne Albright, Tracey Sutton, and Tracey Bosworth. Not pictured: Emily Frawley and Patti Sullivan.



Third place went to 5NW. Standing behind their pirate ship are (back row, from left) Diana Chepurko, Theodore Crowder, Lisa Twedt, Marissa Mallek, (front row, from left) Noreen Giganti, Diane McCluskey, Lomar Yap, and Rebecca Bartolo. Not pictured: Jesseca Belonio, Philip Bernaldez, Kattie Khadar, and Diane Murray.

used, but batteries are allowed.

Other entries included a tikki hut by the 1NW day hospital with pretzel easy chairs and roofs made of almond and pumpkin seeds; a food pyramid ladder by the Nutrition Department; a Christmas Palace by 5SE; a lighthouse by 1SW; and a rehabilitation toy shop by the Rehabilitation Medicine Department. There were roofs made of

multi-colored candy wafers, landscapes and houses built from mini marshmallows, and seaweed represented by hard candy ribbons.

The houses were donated to the Children's Inn and the Edmond J. Safra Family Lodge on Dec. 18. ■

more photos on next page

Clinical pharmacology society elects CC staffer to board of directors

The American Society for Clinical Pharmacology and Therapeutics has elected Dr. Juan Lertora, director of the CC's clinical pharmacology program, to serve a full term of office from 2008-2011 on its board of directors. Founded in 1900, the Society is the largest scientific, professional organization for clinical pharmacology. With more than 1,900 professionals whose primary interest is to promote and advance the science of human pharmacology and therapeutics, the organization's focus is improving the understanding and use of existing drug

therapies and developing better and safer treatments for the future. Lertora's appointment follows his current one-year term ending in April 2008.

NIH-Duke Training Program in Clinical Research accepting applications

The 2008-2009 NIH-Duke Training Program in Clinical Research is accepting applications until March 1, 2008. Since its start in 1998, the collaboration between the NIH Clinical Center and Duke University Medical Center has provided physicians and dentists with formal training in the quantitative and methodological principles of clinical research.

Designed to allow part-time study and integrate academic with clinical training, the program offers courses at the CC via videoconference. Academic credit earned may be applied toward a master's degree in health sciences in clinical research from Duke University School of Medicine. Applications are available in the Office of Clinical Research Training and Medical Education, Building 10, room B1L403. Additional information on coursework and tuition is available at <http://tpr.mc.duke.edu>. Successful applicants will be notified by July 1, 2008. ■

Gingerbread houses *continued from page 6*



Cynthia Herringa and Caroline Stewart from the recognition and retention committee of Nursing and Patient Care Services prepare to deliver the donated food items to the Children's Inn.



The contest is organized by the recognition and retention committee of Nursing and Patient Care Services. From left are Cynthia Herringa, Ann Marie Matlock, Deborah Kolakowski, Babbie Babilonia-Ayukawa, Caroline Stewart, Kim Pinckney, and Madeline Cooper.

Cimino appointment *continued from page 1*

His latest work involves infobuttons, which are automated, context-sensitive links inserted into clinical information systems to anticipate and resolve the information needs of clinicians as they provide care.

Cimino has been an active member of the NLM Board of Scientific Counselors, co-chair of the HL-7 Vocabulary Technical Committee, and on the board of the American Medical Informatics Association. He is currently an associate editor of the *Journal of Biomedical Informatics* and on the editorial board of *BioMed Central*. Cimino has published more than 250 peer-reviewed articles on medical informatics and is the co-editor of the leading text for medical informatics, "Biomedical Informatics: Computer Applications in Health Care and Biomedicine," published in 2006.

A graduate of Brown University, Cimino earned the MD degree at the New York Medical College. He interned and completed residency training in medicine at Saint Vincent's Hospital in New York. He went on to complete a research fellowship in medical informatics at Massachusetts General Hospital and in biostatistics at Harvard.

He is a fellow of the American College of Medical Informatics and the American College of Physicians. In 2006 he received the Medal of Honor from the New York Medical College and was elected to fellowship in the New York Academy of Medicine. ■

Upcoming Events

Clinical Center Grand Rounds and Great Teachers Lectures

January 2, 2008	January 9, 2008	January 16, 2008	January 23, 2008	January 30, 2008
No Grand Rounds	Contemporary Clinical Medicine: Great Teachers Hematopoietic Stem Cell Transplantation John F. DiPersio, M.D., Ph.D. Professor of Medicine and Pathology/Immunology and Chief, Division of Oncology, Washington University School of Medicine Lecture will be videocast, http://videocast.nih.gov	Genetics and Prevention Strategies in Type 2 Diabetes Mellitus William C. Knowler, M.D., Ph.D. Chief, Diabetes Epidemiology and Clinical Research Section, NIDDK Jose C. Florez, M.D, Ph.D. Clinical Assistant in Endocrinology, Diabetes Unit, Center for Human Genetic Research, Massachusetts General Hospital	<i>Acinetobacter baumannii</i>: An Old Pathogen Presents Increasing Nosocomial Risk Patrick Murray, Ph.D. Chief, Microbiology Service, Department of Laboratory Medicine, CC David Henderson, M.D. Deputy Director for Clinical Care, CC	The Role of Radiotherapy in Locally Advanced Head and Neck Malignancies Deborah Citrin, M.D. Tenure-track investigator, Radiation Oncology Branch, NCI Molecular Targeted Therapy for Head and Neck Cancer Carter Van Waes, M.D., Ph.D. Clinical Director and Chief, Head and Neck Surgery Branch, NIDCD

Brown bag series unveils unifying project management model

The Clinical Center's Office of Organizational Development (OOD) in December hosted the last of its fall brown bag sessions. The monthly presentations provided staff with a mental model for project management and a forum for discussing federal human resources topics.

Robin Wink, who brings her experiences both as a lawyer and as a government manager to workplace issues, led two of the three discussions. Her first presentation covered reasonable accommodation. She explained that managers are required to engage the reasonable accommodation process, but are not required to give the employee exactly what they request.

Wink's second presentation led CC staff in a game of "Who wants to be a millionaire?" using common questions

about federal leave policies to illustrate some of the common misconceptions around different types of requests. The answers were drawn from material on OPM's Web site at www.opm.gov/oca/leave/HTML/factindx.asp. Managers with questions about specific cases should contact the employee relations representative for their department (see sidebar) or Hillary Fitisil, deputy chief operating officer for workforce management.

Denise Ford, deputy chief of OOD, offered essential skills for project management, including how to organize an effective project plan and lead a high-performance team. According to Ford, data and experience repeatedly demonstrate that project failures are consistently found to be caused by inadequate planning and lack of team leadership. Ford presented a two-part template derived from the work of a well-known author on functional teams, Patrick Lencioni.

According to Ford, one of the biggest barriers we face in CC project management is that there is no shared mental model—a common framework or roadmap—in this organization for projects.

"If we all share a commitment to a project planning tool, using one standardized set of vocabulary, and have a shared set of values around the importance of team-building and team leadership, what an



Denise Ford presents at a November session on project management essentials for leaders.

organization-wide advantage we would have towards project success," Ford said.

Ford's brown bag session was a sampling of the content that will be addressed in greater depth during her four-hour project management course. It will be offered on demand for a minimum of 10 participants at the request of teams or individuals. For more information or to request a course, contact Yasmin Coates at ycoates@cc.nih.gov or 301-402-5285. ■

Employee relations contacts

Nursing, Social Work, Spiritual Ministry, and Communications, Patient Recruitment, and Public Liaison departments:
Erica Smith

Nutrition: Beth Chandler

Housekeeping & Fabric Care:
Roman Lesiw

All other departments/offices:
Heather Defibaugh