February 2008

Clinical Center news

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Pharmacist wins Presidential volunteer award

Phlebotomy supervisor Veronica Washington checks in CC patient Ronald Stokes at a service station.

New phlebotomy system helps alleviate wait times for patients, staff

The Department of Laboratory Medicine's phlebotomy service recently installed an electronic service system that helps keep wait times for patients to a minimum while preserving patient confidentiality.

Selecting the new system was the culmination of staff efforts to find ways to improve the patient experience in the phlebotomy area. The quality of the patient experience is a primary focus of a CC committee convened a year ago to look at why patients sometimes experienced unnecessary and inconvenient waits during their appointments throughout the hospital and to determine ways to minimize them. The CC Pharmacy Department also uses an electronic queuing system.

"It's a matter of respect for the patient's time," said CC Director Dr. John I. Gallin about the project, "but it's also a matter of identifying ways to use Clinical Center resources most efficiently. Phlebotomy's approach is an example of how we can find better ways to support our patients."

Veronica Washington, phlebotomy supervisor, proposed the idea for an electronic system. She saw how long waits frustrated patients because patients had no way of tracking where they were in the queue for service or understanding why others who arrived later were seen first. "I thought, 'This is NIH. We should have an outstanding system.'"

Cheryl Clarke, chief medical technolo-

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Spiritual Ministry welcomes new chief

John Pollack has been named chief of the Spiritual Ministry Department.

Pollack's experience and expertise will be invaluable in his new role at the Clinical Center," said Dr. John I. Gallin, CC director. Pollack had been director of Pastoral Care and Mission Operations at Holy Cross Hospital in Silver Spring, Maryland, where he served on the hospital's Ethical Advisory, Perinatal Ethics, and Ethics Education Committees. He has been active in Holy Cross Hospital's end-of-life care initiatives, including initial implementation of a hospital-based palliative care service and launching an annual conference series, "Conversations for the End-of-Life," which focused on issues of death and dying as they relate to various types of caregivers in the community. For several years he was staff chaplain for Holy Cross Home Care and Hospice, a community-based hospice

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DeChristoforo picked for pharmacy chief

Robert DeChristoforo has been selected as the new chief of the Clinical Center Pharmacy Department.

CC Director Dr. John I. Gallin said that during DeChristoforo's two periods of service as acting chief of the department from 2004-2005 and 2007 to the present, he "steered a consistently steady course" and completed "stellar work on behalf of the CC." A Pharmacy Department employee for 28 years—14 of those as chief of the department's clinical pharmacy section—DeChristoforo helped his teams provide "unparalleled clinical and developmental pharmaceutical support to investigators and patients alike," Gallin said.

Gallin noted that as chief, "a critically important patient care and clinical research support role," DeChristoforo will provide stable leadership as the CC prepares to

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CC pharmacist receives President's Call to Service Lifetime Award

Clinical Center inpatient pharmacist Dr. Frank Nice on the birthday of Martin Luther King, Jr., was awarded the President's Call to Service Lifetime Award for his volunteer humanitarian work in Haiti. The award, presented at HHS headquarters, cites Nice's "commitment to strengthening his community and the nation through dedicated volunteer service."

Nice completed his tenth medical mission to Leon, Haiti, last October. Many of the 50,000 Haitians who live there had never seen a doctor or pharmacist before Nice arrived. Due to the prevalence of death from curable diseases and birth deformities, the average Haitian life span is slightly more than 50 years, and many children do not live more than five years.

Nice first traveled to the region 12 years ago through a program that paired his church with a community in Leon. He had just emerged from some personal financial difficulties that gave him a new appreciation for others in need. "I thought my talents as a pharmacist were a means to a comfortable lifestyle. Later I realized I was given those talents so I could use them to help people. I went from having nothing myself to being able to give to others," Nice said.

As a result of his efforts, two or more teams travel there every February, June, and October. They treat about 10,000 patients and fill more than 40,000 prescriptions each year, all with medications and supplies purchased with donations. Each team checks one ton of supplies as baggage and the team members live out of what they can carry onto the plane. "Seeing about a dozen people each trip who would have died without an intervention, you become very humbled," he said.

By concentrating their efforts on one town, Nice and his fellow volunteers were able to make and witness large changes. In about a decade, the region's citizens can now receive health care and education with dignity and respect. Nice purchased land and built a school for orphaned, destitute children, and volunteers built a second school. Volunteers repaired the medical clinic building, replaced infected river water with running mountain spring water, and started vaccination and tuberculosis treatment programs.

CC inpatient pharmacist Dr. Frank Nice (left) prepares to fill prescriptions in a pharmacy in Haiti with Haitian pharmacists, technicians, and nurses.

After seeing the lack of health-care infrastructure in Haiti, Nice really appreciates the resources he has to work with at NIH. For example, Haitian patients must secure all their medications and supplies for a surgery from free clinics and bring them to those who will provide the care. He has known grandmothers with great illnesses walk 24 hours over mountain passes to reach a clinic. "Our complaints are made out of our excesses. Theirs are made out of their needs. But people will deal with a tremendous amount of pain if they have hope that something might help their condition."

Nice can recount several success stories from the clinic, but it is the people they could not help that haunt him. Sometimes the group can only provide palliative care, knowing that if the condition had been treated earlier, a life might have been saved."In the U.S., people can choose to postpone seeing a doctor. In Haiti, they don't have a choice. People walk around with treatable diseases until they either get better or die," Nice said.

Despite the political upheaval and customs hassles, Nice said he will return to Haiti every year to volunteer for the rest of his life. The eyes of the people who walk into their pharmacy and clinic keep him coming back. According to Nice, "those eyes pierce your heart and penetrate your soul. No matter what condition the person has, it's like they're saying, 'You are my only hope. If you don't help me, no one will help me.' I can't stop from going back to look into those eyes." ■

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

news

Jenny Haliski, editor

Clinical Center News
National Institutes of Health
Department of Health and Human Services
Building 10, 10 Center Drive, Room 2C202
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Tel: 301-496-2563 Fax: 301-402-2984

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

New phlebotomy system cut patient wait times in half *continued from page 1*

gist, researched and visited other hospitals' phlebotomy groups to learn how they handled these challenges.

Also, the team wanted to be able to immediately identify cases where phlebotomy orders were not yet available in CRIS so that DLM staff could proactively obtain the orders—averting a common reason for patient waits.

Under the service's new system, staff greet arriving patients, confirm orders for blood work, and give each patient a numbered ticket. Patients use the ticket number, which is displayed on an electronic screen, to track their place in line.

Ronald Stokes, who has visited the CC as a patient for 23 years, said after his first experience with the new system, "I didn't think the wait time was very long in phlebotomy before, but this made things even faster. Veronica and her staff are wonderful. They always have a smile and take care of any problems that come up. They make it pleasant to come here even though you're coming because of an illness."

The system supports the staff's ability to provide service in a prompt, courteous manner and helps foster a calm, professional waiting environment. Staff can focus on one patient at a time, rather than looking out at a line of people waiting.

It's slashed wait times for patients by half—from an average of 12-15 minutes to seven minutes.

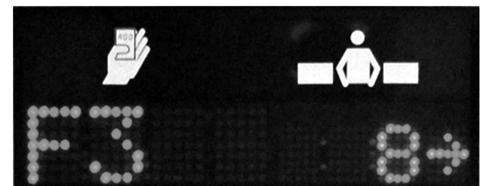
DLM phlebotomy team members (back row, from left): Nancy Roth, laboratory manager; Cheryl Clarke, chief medical technologist; Wesley Vasantha, health technician; Gina Mattia, chief medical technologist; Joyce Onadipe, health technician; Raj Kanagarathinam, health technician; and Sabas Carino, health technician.

(seated, from left): Tarsha Price, health technician; Veronica Washington, phlebotomy supervisor; Arlene Hagan, health technician; and Parul Patel, health technician.

Team members not pictured: Health technicians Michael Guyah, Michael Kelley, Ralph Lane, Shital Patel, Mattie Robinson, Kelley Smith, Mohammed Kamara, Tarra Toney, Elicia Slatten, Clara White, Juaquin Vasquez Vega; Linda Arnett, team leader; Sheilah Sullivan, team leader; and Vanessa Martinez, accessioning supervisor.

The electronic screen shows how many patients are currently waiting, how long they have waited, and how long they can expect to wait. The system also generates wait time and productivity reports daily.

The phlebotomy staff are evaluating patient feedback on the new system. The next step will be to add electronic kiosks, which will allow patients to enter their names and collect their tickets. ■



The electronic signs in the waiting area display the next patient ticket number to be served, as well as the booth number and an arrow directing the patient to the check-in booth.

Health technician Maria Fagoaga distributes the team's survey about the new system to David Holzhauer in the phlebotomy waiting area.

Research volunteers needed for studies

To participate in any of the following studies, call 1-866-444-2214 or TTY: 1-866-411-1010.

Dry mouth
Volunteers with dry mouth after treatment for head and neck cancer are needed for a research study (06-D-0206).

Kidney disease biomarkers
Volunteers with diabetes and early kidney disease needed for a protocol (06-DK-0020) to improve treatment options.

Coronary artery disease
Individuals who have had a heart attack, angioplasty or bypass surgery may be eligible for a research study (07-H-0055). Compensation provided.

Allergy clinic
The NIH Pediatric Allergy and Asthma Clinic seeks children three months to 18 years of age to participate in a research study (05-I-0084). Parental permission and child agreement are required. ■

Neuroscience nurse internship tailors care to patient needs

The Neuroscience Nurse Internship Program (NNIP), a collaboration between the CC's Nursing and Patient Care Services and NINDS, in October 2007 celebrated the graduation of its 16th first-year class. The 20-month clinical internship is designed for recent nursing graduates and registered nurses who are interested in specializing in neuroscience nursing. After completing their second year of clinical experience in neuroscience nursing, the participants are eligible for certification by the American Board of Neuroscience Nurses. In total, 80 nurses have completed the program.

Patients with neurological disorders are one of the largest groups in need of health care in the US. They need comprehensive care provided by nurses with a specialized knowledge base and clinical skills who can help them adapt to their neurological disorder.

The CC and NINDS found it was difficult to recruit nurses who possessed both a comprehensive knowledge in neuroscience and the clinical skills necessary to provide nursing care to patients with nervous system disorders. A 1984 survey found that 65 percent of neuroscience nurses contacted did not have any theoretical neuroscience courses in their basic nursing curriculum and 57 percent of those responding did not receive any specific neuroscience clinical experience. Former NINDS Clinical Director Dr. Mark Hallett created the NNIP concept in 1987 and is recognized as the program's founder because of his vision, support, and stewardship of the program for the first 11 classes. In collaboration with NINDS and NPCS, Beth Price, clinical nurse specialist, developed and implemented the program in 1988 to prepare nurses to provide clinically competent care to neuroscience patients.

With classroom and clinical components, the program includes lectures, seminars, intramural observational experiences in the neuroscience outpatient clinics, extramural trips to local rehabilitation and trauma health-care facilities, and monthly exams. The participants, under the supervision of a clinical research nurse preceptor, provide direct nursing care to patients with conditions

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How NNIP graduates help neuroscience patients

Vickie Baldwin experienced every mother's worst nightmare. Her first son, Lance, was three and she was five months pregnant with her second son, Chad. Her head ached. Her hands stopped doing what she wanted, like picking up her son. She was so dizzy that instead of walking she had to crawl on her hands and knees. Vickie was diagnosed in 1973 with von Hippel-Lindau disease (VHL), a rare genetic condition where tumors and cysts can develop in the body, including the eyes, brain, spinal cord, and kidneys.

One of her physicians read an article about NIH's work with VHL patients and referred Vickie's case in 1984. "She would be dead now if it wasn't for NIH," husband Larry said. She had her first brain surgery at NIH in 1988, the same year that NNIP started its first class.

VHL tumors prompted the removal of all but a third of Vickie's pancreas, giving her insulin-dependent diabetes. VHL also makes hand-eye coordination difficult, so Larry gives her the insulin shots.

She has received multiple laser treatments for eye tumors. The tumors on her spinal cord are not growing, but they will never go away. Every few years her brain tumors will grow large enough to cause symptoms and require another surgery.

After coming from their home in Flint, Michigan, to the CC for treatment for more than 20 years and 10 brain surgeries, Vickie and Larry consider the NNIP and NINDS nurses to be like family. NINDS nurses Hetty DeVroom and René Smith are their "unseen pathfinders," paving the way for every visit, surgery, and check-up. "I've received nothing but excellent care here," Vickie says. Larry agrees. "All the nurses are here because they want to be here doing the research. It's not just a job. From the security guard at the gate on, we haven't met anyone at the CC who had a bad attitude."

Vickie says that VHL is a "horrifying, mind-boggling, and expensive disease to live with. It wouldn't be possible without specially trained nurses. They give me an extra sense of security because they know how to handle the neurological issues related to my disease. I know there's no cure for me, but I'm here so maybe they can cure someone else."

Vickie now has six healthy grandchildren and is working with Department of Rehabilitation Medicine staff to improve her motor skills. Her goal is to be able to pick up her two-year-old grandson, Brady.

NINDS research nurse specialist René Smith and neuroscience program of care charge nurse and 1999 NNIP graduate Sandra Brown assess Vickie's neurological function, such as walking, hand coordination, strength, and vision. Both Brown and Smith teach NNIP courses.

Recycled Reads—R&R for CC patients

Don't pitch your gently read magazines. Recycle them to help brighten the day for Clinical Center patients. Magazines covering a variety of interests are a great resource to help patients pass the time while at the CC for appointments. It's easy to make the drop. Look for the red-roofed collection bins located in the elevator lobbies of P2 and P3 parking garages and outside the patient library on the 7th floor of the Hatfield Building. Patient library and Red Cross volunteers will collect and sort the magazines, make sure address labels are removed, and distribute them at least weekly to waiting areas in clinics, radiology, and phlebotomy. If you have questions about the campaign, call the Patient Library at 301-451-7603 or see http://intranet.cc.nih.gov/news/recycled_reads.html.

Meet BTRIS Feb. 26

It's not CRIS, CRIS 2, or even the daughter of CRIS, the Clinical Research Information System. BTRIS—Biomedical Translational Research Information System—will be a new resource that investigators can use to help identify promising new avenues for research and foster data-sharing across institutes and with extramural collaborators. Learn more about how BTRIS will be developed, opportunities for investigators to participate in its design, and the project's ultimate goals in a BTRIS town hall meeting Tuesday, Feb. 26 2-3 p.m. in Lipsett Amphitheater. Presenting is Dr. James Cimino, chief of the new Laboratory for Informatics Development, who will oversee the BTRIS project. The townhall meeting will be videocast, http://videocast.nih.gov

Electronic form for outside activities

The process to submit a Request for Outside Activity (form HHS-520) is now automated and classes on the process are available. To view the current training schedule, see http://training.cit.nih.gov/coursepicfull.asp?cnumber=705&term=07F

Registration open for conference on women in biomedical research

Registration is open for the conference, "Women in Biomedical Research: Best Practices for Sustaining Career Success," on Tuesday, March 4, at the Natcher Conference Center. For more information or to register, visit http://womeninscience.nih.gov/bestpractices/index.asp ■

NNIP graduates

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such as multiple sclerosis; stroke; dementia; brain and spinal tumors; movement disorders; epilepsy; and lipid storage disorders of the nervous system.

"It's helpful to our patients and physicians to have nurses with an interest in neuroscience who have been exposed to a variety of situations for neurological care," NINDS research nurse specialist René Smith said. "It gives our institute an extra level of security knowing that these caregivers have had so much additional training."

Neuroscience nursing training benefits the entire CC, according to Dr. Barbara Karp, chair of the Combined Neuroscience IRB and former NINDS deputy clinical director and chief of the neurology consultation service. "When patients with other illness develop neurologic problems, from neuropathy to headache to seizures or stroke, having a nurse who knows how to assess and manage that aspect of their care is extremely important," she said. In addition, she noted that Price's "dedication, phenomenal organizational, and teaching skills are really what brings the program together."

In her congratulatory remarks to the graduates, Teresa Kessinger, former nurse manager of the neuroscience program of care, called them "the epitome of unselfishness. In a world where there is so much need, greed, and self-interest, you give your all to help others. You rarely see statues of nurses in public places and there are very few buildings named after nurses either. That seems strange because I believe nurses deserve medals for bravery, awards for compassion, and prizes for their professionalism. In a day when the term vocation has almost gone out of fashion, I believe that nursing is still a vocation. It is a calling. It is about giving of oneself. It is about being ready to learn about new treatments and having an open mind for new ideas. It is above all about using the latest technology while still giving good old-fashioned, loving care. No where is this more evident than in the practice of biomedical research that we do at the Clinical Center." ■

(back row, from left): Debra Parchen, Teresa Kessinger, Dr. Clare Hastings, Dr. Mary Kay Floeter, and Beth Price. (front row): Graduates Gayle Cargill McCrossin, Patrick John Korb, and Eudora Armida Jones

IRTAs seek clinical research, community service activities

NIH hosts almost 600 post-baccalaureate Intramural Research Training Award students on campus at any given time. Awardees, nicknamed IRTAs, work for one or two years on basic clinical research or laboratory work after college, often in hope of confirming career ambitions in the medical field.

They come to Bethesda from all over the country, and when they arrive, they might be isolated in a laboratory. They rely on two virtual communities to keep in touch with IRTAs from the other ICs and to get information.

An official IRTA listserv advertises lectures, workshops, and other academic and clinical research activities. A non-NIH listserv—nicknamed "Club PCR" after polymerase chain reaction, a technique commonly used in molecular biology and a task frequently performed by NIH IRTAs—informs on everything from where to find an inexpensive apartment to navigating the region's traffic.

Another constant is Deborah Cohen, director of summer and post-bac IRTA programs for the Office of Intramural Training and Education. An NIH employee since 1991, Cohen has worked with IRTAs since 1994, just a year after the program began. Its goal, then as now, is to allow college graduates considering medical careers to spend their time between academic programs in a way that will keep them involved in science and inform their career decisions.

"Post-bac IRTAs will be the future leaders in the sciences. We are lucky to have this broad, diverse group of interested students and it's exciting to follow their enthusiasm and explore new projects," Cohen said, stressing that IRTAs are also making contributions to the NIH community and continue to seek ways to volunteer.

Recently, the social and community outreach IRTA subcommittee has been particularly active. Cohen helped the volunteer IRTA planning committee organize a day for IRTAs to donate to the NIH blood bank as one of their first community outreach events. Like many of the IRTAs, Cohen saw the signs throughout Building 10 advertising the urgent need for blood donations. NINDS IRTA Melanie Gasper, one of several IRTAs who helped NCI IRTA Sarah Daniels organize the event, said many IRTAs are looking for more ways to get involved with service to the CC community and participate in clinical research experiences, especially those involving patients, and donating blood was one way to help. NCI IRTA Caitlin Baum, who also donated blood, said she and her peers especially appreciate lectures and discussions about real case studies, including what clinical researchers observed, what might have gone wrong, and what can be done better in treating patients. According to Cohen, 25 IRTAs signed up to donate blood and 11 of those successfully donated. The IRTAs plan to organize another group donation event.

ICU rounds is one popular program seeking to provide IRTAs with opportunities to gain more clinical exposure, especially for those who spend most of their time at the bench. Former IRTA Carolyn Menzie recently expanded the existing program, started by former CC IRTA Kristine Partovi, to offer daily rounds. The idea is so successful that even with rounds seven days a week, IRTAs often wait a year and a half to attend. It has also sparked another rounds opportunity for IRTAs: a genetics rounds observing pediatric genetics patients. "The demand is greater than the supply," Cohen said. "You can't have 20 IRTAs attending rounds each day—it would take away from the didactic learning process." However, Cohen estimated that about 300 IRTAs are interested in attending the rounds over the course of a year because it's an opportunity to connect with physician scientists and gain patient exposure, a valuable asset when applying for medical school. "ICU rounds give the students a taste of what medicine is like so they know if that is the direction they want to go," she said.

A few morning hours in the ICU are not enough to process what's going on there, let alone learn the lingo, so CCMD fellows Drs. Michael Cuttica and Laith Altaweel volunteer to meet every

continued on next page

(from left) IRTAs Michael Dore (NIDDK), Melanie Gasper (NINDS), and Caitlin Baum (NCI) donate blood as part of an IRTA community service event.

IRTA experience changes career goals *continued from page 6*

Friday with IRTAs who attended rounds throughout the week to discuss their experiences. Cuttica also allows IRTAs to observe his right heart catheterizations.

Dr. Henry Masur, chief of the Critical Care Medicine Department, said he is thrilled that many IRTAs are interested in attending rounds, seeing patients, and discussing the clinical and research strategies as they develop. According to Masur, similar experiences seeing patients with life-threatening diseases persuaded him and many of his colleagues early in their professional development to become clinical investigators to improve the fate of patients facing critical illnesses.

"For IRTAs, seeing such patients also can change their career goals and convince them that academic careers in clinical investigation are worth the challenges, struggles, and financial trade-offs," Masur said. "We should all spend more time with IRTAs. It is our hope, and indeed our experience, that such exposure early in their career will persuade them to pursue academic careers, and perhaps come back to NIH for post-graduate training, or to become full-time staff members. NIH is a spectacular place both to launch and to develop careers."

Cuttica, who donates a substantial amount of time to the program, values the teaching atmosphere the work with IRTAs brings to his experience, and encourages other fellows and attending physicians to become involved. "This is a great program for people who have an interest in medical careers," Cuttica said. "It's important for them to have exposure to that professional path's end point, taking care of a patient."

(in center) IRTAs Carolyn Menzie and Leah Wilson, together with CCMD fellow Dr. Michael Cuttica, attend ICU rounds with CCMD Chief Dr. Henry Masur (far left).

Timothy Laumann, an IRTA with NIMH, said that witnessing the right heart catheterization in the CC ICU was "career affirming" for him. "I was struck by how much a simple idea, aided by sophisticated technology, can dramatically improve our understanding of a patient's condition. It was only a few weeks before, when I was following one of the doctors from the ICU on rounds, that the results of a very similar procedure became critical for diagnosing a mystery case. The opportunity to see both ends of the story, albeit in different patients, has allowed me to appreciate the depth and breadth of the medical profession first hand," Laumann said.

Margaret Rutledge, an IRTA in NICHD, witnessed a patient's autopsy. She said the unique opportunity was incredibly interesting and educational. "After learning about the many conditions this patient had struggled with, we were able to see for ourselves exactly how they had affected his body. The staff conducting the autopsy explained every step of the procedure and any abnormal findings," Rutledge said.

For Menzie, coordinating the program introduced her to a new career direction: pediatric critical care. Menzie, now working in North Carolina as a type 2 diabetes educator, says that she will always value the CC's ICU, where she has felt such a connection to patient care.

Leah Wilson, an NIDDK IRTA, and Nathan Pajor, an NIDCD IRTA, now coordinate the IRTAs' ICU rounds visits. ■

American Nurses Association staff visit

(center) Dr. Clare Hastings, chief of Nursing and Patient Care Services, and Rear Adm. Carol Romano, chief nurse officer in the US Public Health Service and senior advisor for clinical research informatics in the CC's Department of Clinical Research Informatics, show American Nurses Association CEO Linda Stierle (left) and President Rebecca Patton (right) some of the unique features of the Clinical Center during their Jan. 16 visit.

The ANA visitors toured three units: 3NW: surgical oncology; OP 8: infectious diseases and HIV/AIDS; 5SE: medicine, surgery, and telemetry.

Upcoming Events

Clinical Center Grand Rounds and Great Teachers Lectures

February 6, 2008
Ethics

When Should Researchers Provide Clinical Care to Subjects?
Neal Dickert, M.D., Ph.D.
Resident, Osler Medical House Staff Program, Johns Hopkins Hospital

Lecture will be videocast, http://videocast.nih.gov

February 13, 2008
Great Teachers

Contemporary Clinical Medicine: Great Teachers
New Viral Vaccines: The Shingles and the Human Papillomavirus Vaccines
Anne Gershon, M.D.
Professor of Pediatrics
Columbia University College of Physicians and Surgeons

Lecture will be videocast, http://videocast.nih.gov

February 20, 2008

Nitric Oxide and Sickle Cell Vasculopathy: Mechanisms of Disease and Novel Therapeutic Strategies
Mark T. Gladwin, M.D.
Chief, Pulmonary and Vascular Medicine Branch, NHLBI
Senior Investigator, Critical Care Medicine Department, CC

Gregory Kato, M.D.
Director, Sickle Cell Vascular Disease Unit, NHLBI
Staff Clinician, Critical Care Medicine Department, CC

February 27, 2008

Putting the Brakes on Accelerated Aging: Hutchinson-Gilford Progeria Syndrome
Wendy J. Introne, M.D.
Staff Clinician, Office of the Clinical Director, NHGRI.

Francis S. Collins, M.D., Ph.D.
Director, NHGRI

Pollack *continued from page 1*

program serving hospice patients and their families in Montgomery and Prince George's Counties.

Pollack holds a BS degree in accounting from the Pennsylvania State University and a master of divinity degree from the Union Theological Seminary in the City of New York. He completed chaplaincy training at Sibley Memorial Hospital and Georgetown University Medical Center in Washington, DC.

He is board certified as a chaplain through the National Association of Catholic Chaplains. As a member of the association he has been active in the chaplain certification process and recently joined their Board of Directors. ■

John Pollack, new chief of the Spiritual Ministry Department

DeChristoforo *continued from page 1*

implement a new pharmacy information system.

DeChristoforo received a Bachelor of Pharmacy degree from the Massachusetts College of Pharmacy and a Master of Science in Pharmacology from Northeastern University in Boston.

He completed an American Society of Health-System Pharmacists-accredited hospital pharmacy residency at the U.S. Public Health Service Hospital in San Francisco.

He is a Fellow of the American Society of Health-System Pharmacists and throughout his career has been an active contributor at the local and national levels to ASHP activities.

He is a two-time recipient of the CC Director's Award, and also received a partnering award from the National Institute for Occupational Safety and Health for his work with the National Occupational Research Agenda. ■

Robert DeChristoforo, new chief of the CC Pharmacy Department

Additional CC organizational changes

■ The Offices of Communications, Patient Recruitment and Public Liaison have been merged. Sara Byars is chief of the new office and of the communications section. Dinora Dominguez is chief of the patient recruitment and public liaison section.

■ A new Office of Management Analysis and Reporting was created and Melissa Moore will serve as chief. Moore will be the CC's principal organizational analyst for the capture, management, and reporting of all census and resource utilization data. In that role, she'll be an important point of contact between the CC Office of the Director and the institutes on the issuance of hospital and protocol-utilization data, assuring that protocol resource attribution is accurate and up to date.

■ Hillary Fitilis' responsibility has been expanded as deputy chief operating officer for operations, a role which now includes oversight of the Nutrition Department and the Edmond J. Safra Family Lodge. She will continue to provide expertise in employee relations and compensation issues. ■