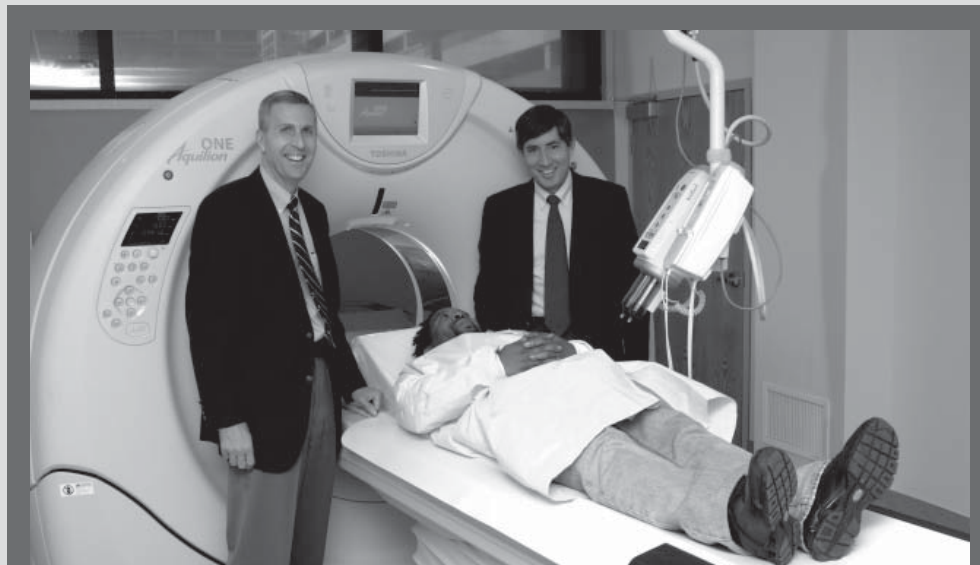


In this issue

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Dr. David Bluemke (left), director of Radiology and Imaging Sciences at the Clinical Center, and Dr. Andrew Arai (right), senior investigator with the National Heart, Lung, and Blood Institute, demonstrate the Aquilion ONE volume CT scanner with Gregory Henderson, CT scan technician. The machine came to the CC late this summer through an NHLBI-CC partnership.

CC pairs with NHLBI on powerful CT scan

Stronger, faster, better—the new breed of computed tomography (CT) scanner captures the image of an entire organ in only one rotation. In a partnership with NHLBI, Radiology and Imaging Sciences at the Clinical Center installed one such machine in August.

“We plan to expand this type of collaboration with institutes to broaden the imaging capability and expertise offered at the Clinical Center,” said Dr. John I. Gallin, CC director.

The newest CT scanner captures images in milliseconds, reducing patients’ radiation exposure and diagnosis time. “Instead of standard X-ray films of the abdomen or chest in a fraction of a second, we now can get a full 3-D CT scan that contains much more information for the patients and their physicians in 0.2 seconds,” said Dr. David Bluemke, director of Radiology and Imaging Sciences. Older technology pieces together multiple scans to give doctors and researchers a three-dimensional image.

This new technology delivers remarkably detailed pictures of the inside of the

body. To capture the entire heart cycle, older scanners used helical, or spiral, methods, which required a large amount of overlap in rotations resulting in high radiation exposure, according to Dr. Andrew Arai, an NHLBI senior investigator. “By getting the whole heart in a single rotation, radiation exposure to the patient decreases significantly,” he said.

The new CT scanner also lends itself to new applications such as perfusion imaging. The injection of x-ray contrast material that circulates in the bloodstream can show if the heart muscle is receiving adequate blood supply under stress or rest conditions. The first studies using the new machine will focus on low-radiation dose cardiac exams, with later NHLBI trials using the scanner to study coronary artery disease and myocardial perfusion.

The quick and comprehensive output of the scan will reduce the need for multiple tests and invasive procedures, which cuts diagnosis time from hours or days to minutes.

“I have great confidence that in the future all CT scanning will be done this

Rotation swaps NIH trainees and FDA reviewers

Before each drug, vaccine or treatment device can be distributed for public use, it must be proven safe and effective. A new rotation lets clinical research trainees learn the regulatory process first-hand at the Food & Drug Administration (FDA).

Though the program is called the FDA Clinical Pharmacology Rotation and run by Dr. Juan Lertora, director of the Clinical Center’s Clinical Pharmacology Program, it is open to all clinical research trainees. Since the CC specializes in translational research, fellows from various programs could use the skills taught in this rotation, Lertora said.

Participants will be taught guidelines on therapeutic area-specific drug development, as well as how to prepare an Investigational New Drug (IND) application. More than learn procedures and policies, though, trainees in the FDA Clinical Pharmacology Rotation will have an opportunity to network.

“If a fellow or investigator is planning to develop and file an IND, this rotation may be helpful in learning the nuances and in meeting people who may help them through the process,” said Lertora.

The short-term rotation packs a lot into a short time. In the FDA Center for Drug Evaluation and Research (CDER), participants will review pre-clinical and clinical data on investigational drugs, take part in specialized therapeutic team meetings and meetings with sponsors, and contribute to an IND 30-day safety review.

A confidentiality agreement must be signed given the proprietary nature of the information discussed at the meetings trainees attend.

The only trainee the program has seen so far, Kristin Busse, left the Laboratory of Clinical Pharmacokinetics in the NIH Clinical Center for four weeks this spring to

Verifying the paperwork behind the people

by Jenny Haliski

A private investigator of sorts, chief of Credentialing Services Joe Hendery and his team check out the credentials of medical staff prior to their appointments here, assuring patients their health-care providers are well-qualified.

Hendery's office, which includes three health information management specialists and reports directly to CC Deputy Director for Clinical Care Dr. David Henderson, conducts credentials verification of a practitioner's education, licenses, references, health status, and personal background. The Credentials and Medical Executive Committees review the information and make a decision to grant or deny medical staff membership, with CC Director Dr. John I. Gallin giving final approval for staff appointments.

"Each application represents a person who will be seeing patients. We remember that and ask whether this is a health professional we would want providing care to one of our family members," Hendery said.

The CC goes beyond the Joint Commission's minimum requirement of reviewing the credentials of all licensed independent practitioners—physicians,

dentists, and podiatrists who are permitted by law to provide health-care services without direct supervision—and also evaluates adjunct and affiliate health professionals on staff. These include certified registered nurse practitioners, physician assistants, genetic counselors, pharmacists, phlebotomists, social workers, and physical therapists, just to name a few.

All clinical staff must have their credentials reviewed every two years. So in addition to reviewing about 300 incoming professionals every year, Hendery's staff also processes about 600 renewals annually. With the CC's unique clinical research mission attracting health professionals from all over the world, Hendery sees a lot of international applicants, who often require special attention. This may include helping obtain translations of foreign documents or assisting preeminent overseas specialists not meeting US professional requirements to obtain limited patient contact for activities incidental to their research.

What credentials does the credentialer have? Hendery, recipient of a 2008 NIH Director's Award, studied health information management at Ithaca College after deciding that becoming a physician wasn't



Joe Hendery acts as an investigator for the CC, verifying credentials of applicants and reviewing those of current staff.

for him. He enjoys helping people navigate through government systems and policies.

"I worry about the paperwork so that these talented physician-scientists can concentrate on the more important stuff: patient care and clinical research," Hendery said. Another perk of the job: Hendery met his wife, Michelle, in the CC Medical Records Department. The two have a young daughter named Anna. ■

NIH Bethesda campus complies with HHS tobacco-free initiative

Taking its own best advice, NIH went smoke-free on October 1, 2008. In accordance with the Department of Health and Human Services' (HHS) tobacco-free initiative, use of cigarettes, cigars, pipes, smokeless tobacco, and any other tobacco product is prohibited on the NIH Bethesda campus.

The ban applies to all buildings, outside grounds, parking areas, and government vehicles. The HHS Secretary announced the Tobacco-Free HHS Initiative in 2004.

Tobacco use remains the leading

preventable cause of death in the United States, and second-hand smoke is a known cancer-causing agent. A tobacco-free HHS will improve employee health by promoting tobacco-use cessation and protect employees and the public from exposure to environmental tobacco smoke.

Signs bearing the message "Tobacco-Free Campus" will be posted at each vehicular and pedestrian entrance, and on buildings as applicable. The policy does not extend to residential properties on campus.

The policy also notes that the CC "may continue to apply the policy developed by

the Medical Executive Committee as it pertains to the use of 'patient smoking areas.'"

Based on health-care coverage, employees interested in quitting tobacco products may be eligible for free enrollment in a cessation program through Federal Occupational Health Services.

Information on smoking cessation programs and payment options, as well as educational materials and information on the NIH tobacco-free policy, is available at <http://tobaccofree.nih.gov>. ■

Clinical Center News online:

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

news

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News, articles ideas, calendar events, letters and photos are welcome.

Submissions may be edited.

News Briefs

Support group wins CPEN award

Sandra Mitchell, PhD, CRNP, AOCN, senior research nurse specialist in nursing's Research and Practice Development Service, and Kate Castro, RN, MS, AOCN, an oncology clinical nurse specialist, have earned a gold star. The duo works with the nBMT Link Patient Advocacy organization co-facilitating a Chronic Graft-Versus-Host Disease Telephone Support Group. This group has been notified that they will be presented the Cancer Patients Education Network's (CPEN) Gold Star Award at the CPEN Annual Meeting in Clearwater Beach, Fla., October 20-22.

Brain teaser

To where can NIH trace its roots?



- A. Rhode Island
- B. Staten Island
- C. Long Island
- D. Coney Island

For the answer, visit the CC News online at <http://www.cc.nih.gov/about/news/newsletter.html>.

NIH Café goes Tex-Mex

The Clinical Center B1 cafeteria has expanded its international cuisine offerings, welcoming Austin Grill to the usual salad, pizza, and sushi menus. The local-grown restaurant will offer staff a condensed version of their menu, including burritos, tacos, and chips and guacamole. The nine Austin Grill locations around DC are all wind-powered (the CC's location is not).

New NIH Library Writing Center

In response to the request of library users, the NIH Library has launched its new Writing Center. As both a virtual and a physical space, the center will provide a quiet place to write, writing resources, and classes to help improve participants' writing. For more information, visit <http://nihlibrary.ors.nih.gov/tf/News/sep08news-writingcenter.htm>.

OCTRME class textbooks online

Enrolled in Principles of Clinical Pharmacology or Introduction to the Principles and Practice of Clinical Research? Access the textbooks online for these two courses offered by the Office of Clinical Research Training and Medical Education. Access is available on campus and off campus and is provided through the NIH Library's online books collection. For more information, visit <http://nihlibrary.ors.nih.gov/tf/News/sep08news-onlinetextbooks.htm>.

Fellow certified by ABMM

Dr. Clemente Montero, clinical microbiology fellow, was recently certified a diplomat of the American Board of Medical Microbiology (ABMM). Montero, who earned a PhD in microbiology from North Carolina State University, demonstrated the knowledge and skills necessary to direct a laboratory engaged in microbiological diagnosis of disease. The ABMM is one of the three boards of the American College of Microbiology.

Program aims to prepare next wave of imaging scientists

A new competitive research-training program aims to recruit radiologists and nuclear medicine physicians to the NIH to participate in translational research. A partnership between the National Institute of Biomedical Imaging and Bioengineering (NIBIB) and Radiology and Imaging Sciences at the Clinical Center, the Imaging Sciences Training Program (ISTP) will prepare participants to move forward in their careers through exposure to hypothesis-driven research.

"The goal is to train them with necessary skills and techniques to carry out hypothesis-driven research, to present findings at scientific meetings, write an IRB protocol, and compete for grants," said Dr. Joseph Frank, director of the ISTP.

Fellows will see translational bench-to-bedside research opportunities using state-of-the-art equipment, such as the

interventional robotics suite, MRI scanners, and new volume CT scanner.

Frank cited computer-assisted diagnosis, radio frequency ablation of tumors, cellular imaging, and DNA repair as potential areas for interest for ISTP applicants. Fellows could be placed in Radiology and Imaging Sciences or with other investigators, availability withstanding. Those looking at the program should do their homework and identify a mentor they'd like to work with rather than be placed, he said.

All enrolled in the ISTP will receive didactic training in biostatistics, clinical curriculum giving them the necessary skills to write an IRB protocol. Grant writing courses and instruction on writing a scientific paper are also part of the training, a one-to-two-year fellowship.

The ISTP will accept recent medical-school graduates to those who have completed their residency or fellowship for the

program's six slots.

"We believe that this is an outstanding opportunity to train the next generation of radiologists and nuclear medicine physicians as imaging scientists," Frank wrote in a recruitment letter. The questions trainees form at NIH, Frank said, they can pursue upon returning to academia.

The ISTP director ran a similar program for the CC between 1998 and 2001.

"With Dr. Frank's leadership and in partnership with NIBIB, the ISTP will become the premier program nationally to provide translational research training for the clinician scientist involved in advanced imaging programs," said Dr. David Bluemke, director of the CC's Radiology and Imaging Sciences.

For more information on the ISTP, visit <http://www.cc.nih.gov/drd/training/index.html>. ■

DCRI names Herion new chief medical information officer

The Department of Clinical Research Informatics (DCRI) recently appointed Dr. David Herion as new chief medical information officer.

Herion was previously a staff clinician in the Clinical Center, and he earned both his undergraduate degree in chemistry and his medical degree from the University of North Carolina, Chapel Hill.

Herion, originally from Chapel Hill, came to NIH in 1992 as a fellow with the National Institute on Alcohol Abuse and Alcoholism (NIAAA). His research on the relationship between alcohol abuse and hepatitis C led the young scientist to his true interest: medical informatics.

"It was a challenge to pull together data from three different sources—the hospital information system, lab data, and behavioral data—collected in various spreadsheets compiled over the years in individual users' desktops," Herion recalls. He knew there was an easier way to gather such information and set about to find it.

Following his rotation with NIAAA, Herion completed a fellowship in the Liver Disease Section of the National Institute for Diabetes and Digestive and Kidney Diseases. He left NIH in 2001 to join MedData, a data management and software company, where he further pursued his interest in medical informatics as an informatics consultant. After two years away, the pull of employing technology in a clinical research environment lured him back to NIH, this time as a staff clinician with NIAAA.

With his experiences in both informatics and clinical research, Herion is well-suited for his new role. In replacing Dr. Steve Luxenberg, who left NIH after five years for a new position with Piedmont Healthcare of Atlanta, Herion hopes to advance the functionality of the Clinical Research Information System (CRIS), an initiative to better organize trial data. By tailoring its development to the needs of investigators, Herion will ensure that the system is suited to best serve patients.

"Time spent with a computer system detracts from time to think about data and do research," said Herion. "I think it is possible to modify and adapt CRIS better to the research environment, but this will take a lot of work and time, not to mention patience." ■



Dr. David Herion was appointed DCRI's CMIO in August 2008.

NIH makes AARP Best Employers list

The NIH became the first federal agency to make the AARP Best Employers for Workers Over 50 in its eight-year history when the organization announced its 2008 list in September.

Number 11, NIH was honored as an employer that nurtures and protects the total health and well-being of its staff and their families. The fitness center and wellness classes focused on smoking cessation and stress management were cited for the high ranking.

"A diverse group of corporations and not-for-profits are increasingly recognizing the importance of innovative policies as employers seek to retain and recruit experienced workers," AARP CEO Bill Novelli said in a press release.

Cornell University took the top spot, followed by Scrippes Health (#2) and S.C. Johnson and Son, Inc. (#3). Fifty groups were ranked out of the 173 that applied. The Best Employers winners were honored at a dinner on October 7 in Chicago.

Bekah Geiger, now special assistant for hospital operations, submitted the nearly 50-page application as a presidential management fellow with the NIH Office of Human Resources last year.

"It is wonderful that NIH has been recognized for the opportunities available to workers of all ages—specifically workers over 50," Geiger said. ■

NEW CLINICAL RESEARCH PROTOCOLS

The following new clinical research protocols were approved in August:

- A Pilot Study of 18F Fluorothymidine (FLT) PET/CT in Lymphoma, 08-C-0200, Karen A. Kurdziel, M.D., CC
- Pilot Trial of Pioglitazone in Adults Undergoing Surgical Resection of Non-Small Cell Lung Cancer, 08-C-0208, Giuseppe Giaccone, M.D., NCI
- Research Participant Perception of Care Project: Part 1: Focus Groups of Research Participants and Research Professionals to Identify Key Dimensions of the Research Participant Experience, 08-CC-0193, David K. Henderson, M.D., CC
- Evaluation of Assessments of Motor Performance, Physical Impairments and Functional Abilities, 08-CC-0205, Scott M. Paul, M.D., CC
- Position and Donation Rate: Effect of Body Position on Donor Deferral Rates due to Low Fingerstick Hemoglobin, 08-CC-0206, Barbara J. Bryant, M.D., CC
- A Pilot Study to Assess the Feasibility of PTH-1-34 Therapy Via Pump in the Management of Chronic Hypoparathyroidism, 08-CH-0203, Karen K. Winer, M.D., NIDCR
- High Dose Ribavirin in Combination with Peginterferon for Patients with Chronic Hepatitis C Genotype 1 Infection Who Have Failed to Respond or Relapsed After Standard Therapy, 08-DK-0149, Marc G. Ghany, M.D., NIDDK
- Pioglitazone for Hepatic Steatosis in HIV/HCV Co-infection, 08-I-0201, Colleen M. Hadigan, M.D., NIAID
- A Pilot Study of Therapy with Pioglitazone Prior to HCV Treatment in HIV-1 and HCV Genotype 1-Infected Subjects with Insulin Resistance Who Are Prior Nonresponders to Peginterferon and Ribavirin Therapy, 08-I-0174, Caryn G. Morse, M.D., NIAID
- Effects of Chronic Musculoskeletal Pain and Opioidergic versus Placebo Interventions on Neuroendocrine Function in Men, 08-M-0190, Suzan Khoromi, M.D., NIMH
- An Investigation of the Antidepressant Efficacy of a Selective, High Affinity Enkephalinergic Agonist in Anxious Major Depressive Disorder, 08-M-0196, Carlos A. Zarate, M.D., NIMH
- Functional Neuro-Imaging of Strategy use During Human Behavior, 08-N-0192, Priyantha P. Herath, M.D., NINDS

Dr. Richard Childs named 2008 Distinguished Clinical Teacher

Dr. Richard Childs, senior clinical investigator in NHLBI's Hematology Branch and a commander in the US Public Health Service, was awarded the 2008 Distinguished Clinical Teacher's Award (DCTA) on September 10 at Clinical Center Grand Rounds.

The recipient is a mentor chosen by NIH clinical fellows who guides professional growth by helping trainees identify and develop skills and talents, set and achieve goals, anticipate roadblocks, and overcome obstacles.

Childs was chosen from seven others nominated by fellows; he was a finalist last year. Clinical Center Director and the 2007 DCTA recipient, Dr. John I. Gallin; and chairperson of this year's deciding committee of fellows, Dr. Jennifer Heimall, presented Childs with the award, given annually since 1985.

Heimall read from her peers' comments regarding their chosen mentor. "He is absolutely the best teacher I have ever had the pleasure of working with," said one. Another praised, "Under his tutelage, I have been motivated to strive for and achieve exceptionally high standards in both patient care and research. He is an excellent role model."



CC Director, Dr. John Gallin (left), and Dr. Jennifer Heimall, chairperson of this year's fellows committee to award the DCTA, present the honor to Dr. Richard Childs at the September 10 Grand Rounds.

Childs earned his medical degree from Georgetown University. He came to NIH in 1995 to a fellowship in medical oncology at the National Cancer Institute, followed by a hematology fellowship at NHLBI. He became a tenure-track investigator in 1999 and received tenure in 2006. Childs' research interests have focused on tumor immunology and allogeneic immunotherapy for solid tumors and hematological malignancies.

"I am thrilled and absolutely honored to win this award," Childs said. "It is humbling to be nominated by members of the fellows committee, particularly when one considers there are so many outstanding physicians dedicated to teaching some of the brightest and most creative research-oriented fellows in training."

As recipient of the DCTA, Childs will deliver the annual John Laws Decker Memorial Lecture June 10, 2009. ■

Participants, including healthy volunteers, sought for trials

More information on the following studies can be found at <http://clinicalstudies.info.nih.gov/> or by calling 1-866-444-2214 (TTY: 1-866-411-1010).

Develop new allergy treatments

A clinical research study (05-I-0084) sponsored by the National Institute of Allergy and Infectious Diseases will evaluate children 6 months to 18 years of age with a possible diagnosis of asthma, and other allergic and inflammatory diseases in an attempt to help develop new treatments. Biological parents of patients may also be enrolled for genetic studies.

SmartPill: Interested?

A clinical research study (08-DK-0138) sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases will test a new, non-invasive method of measuring stomach acid secretion. Healthy volunteers between

18 and 60 years of age may be eligible. Compensation is provided.

Healthy? A woman? Age 30 to 50?

A clinical research study (04-CH-0056) sponsored by the National Institute of

Child Health and Human Development is looking for women ages 30 to 50 to investigate the role of hormones and genes in pelvic pain. Compensation is provided. ■



Clinical trial participants will be seen at the NIH Clinical Center in Bethesda, Md.



Representatives of the National Surgical Adjuvant Breast and Bowel Project (NSABP) were at the Clinical Center on Sept. 8 to present the sculpture *Emergence* by John Jayson Sonnier. The gift commemorates the group's 50th year of conducting clinical research and the piece honors individuals who have participated in clinical research. A limestone sculpture of two leaves gently emerging from the hard, rough pedestal with a marble base, *Emergence* recognizes the research patients' decisions to participate in clinical trial research and the vital role they play in advancing medical science. It is from the seeds of clinical trials that new and proven therapies emerge, and that emergence would not be possible without clinical trial volunteerism. Sonnier, a noted garden designer, teaches stone carving at the Corcoran School of Art and Design. *Emergence* is on display near Admissions on the Hatfield building's first floor. With Dr. John I. Gallin (right), CC director, are Dr. Lawrence Wickerham, NSABP associate chairman, and Joan Beyer Goldberg, NSABP chief executive officer.

Point-of-care testing links to CRIS/LIS with docking station

Accurate patient information collected efficiently is the goal of any point-of-care testing program. The Clinical Center took a giant step forward to broader adoption of such a program this summer when the Department of Clinical Research Informatics (DCRI) worked with the Department of Anesthesiology and Surgical Services and the Department of Laboratory Medicine to deploy a Central Data Station, a machine to upload point-of-care testing results into the Clinical Research Information System and Laboratory Information System.

DASS staff use a handheld device at the patient's bedside to measure blood gases, electrolytes, and glucose levels. This and other point-of-care testing instruments calculate results on the spot. There is no need to send a patient's samples back to a lab. "Within two minutes you have your results, as opposed to waiting perhaps 15-20 minutes for the main lab results," said Marti Shepherd, nurse anesthetist and point-of-care testing coordinator for the DASS department.

Results are fed directly into the Central Data Station. Eliminating manual entries means fewer opportunities for transcription errors or misplaced paper forms. The immediacy of the dock and load system frees nurses for more patient care.

"There were many technical challenges with this project, from establishing a point-of-care-testing policy for the Clinical Center to updating the patient label to contain a scannable barcode," said Seth Carlson of DCRI, manager of the Central Data Station implementation. "We had a strong team with good chemistry, and it's satisfying to reach a good conclusion."

With phase one now complete, DCRI plans to implement other point-of-care testing projects for nursing and other patient care services. ■

FDA and NIH trade trainees

continued from page 1

work with the FDA CDER.

"This rotation provided a solid foundation for experiential learning about the drug approval process performed by the FDA. It was an excellent opportunity to both network with individuals at the FDA and learn more about this complicated process," Busse said.

On the flip side, the FDA has sent four of their scientific reviewers, with hopes to keep that number climbing, for a rotation at the NIH Clinical Center to interact with and learn the operations of a clinical research team.

"Scientist exchange is a novel and critical way to give scientists both at NIH and FDA an opportunity to leave their routine and pursue independent, but related, knowledge of clinical pharmacology, drug development and clinical medicine," said Dr. Lawrence Lesko, director of FDA CDER's Office of Clinical Pharmacology and Biopharmaceutics.

Lertora presented the FDA Clinical Pharmacology Rotation to the Clinical Fellows Committee in July, from which came great interest from the group, reported the committee's co-chair, Dr. Brian Porter.

"This type of rotation in a high-powered governmental agency that has a primary role in drug development, evaluation, and approval is exactly the kind of experience that sets an NIH clinical fellowship apart from all other programs in the country," Porter said. "I am unaware of any other training program that could offer such a flexible, unfettered learning experience with a major federal agency partner, such as this."

Those interested in the rotation should obtain approval of their fellowship program director. Visit <http://intranet.cc.nih.gov/clinicalresearchtraining/courses.html> for more information. ■

Research access system debuts at town hall meeting



Dr. Jim Cimino shows CAPT Vien Vanderhoof of NICHD how to access and navigate BTRIS, a new tool to gather protocol data across information systems. A town hall meeting led by Cimino demoed BTRIS on September 16.

Dr. Jim Cimino, chief of the Clinical Center's Laboratory for Informatics Development, presented the new Biomedical Translational Research Information System (BTRIS) at a town hall meeting September 16.

"The problem we're trying to solve is access to research data," Cimino told the crowd gathered in Lipsett Amphitheater. He introduced BTRIS as a tool to aggregate the information necessary to particular steps throughout the clinical research process. Principal investigators volunteered data from 29 protocols involving 8,000 patients to test the new system, Cimino said.

In a demo of BTRIS at the town hall, Cimino walked attendees through the steps to reach lab results, medicine dosage, and other information of interest to researchers. Without the newly developed technology, one had to download each patient's data from the Clinical Research Information System. "To do this manually would take you quite a bit of time," Cimino said of BTRIS' function.

Following the BTRIS Town Hall meeting in September, NIHers had the opportunity to work in a BTRIS demonstration environment through early October. "In that time, the BTRIS team received many positive reviews and recommendations that will feed into the development of BTRIS 1.0, due out in July 2009," said Cimino.

A video of the demonstration is available at <http://btris.nih.gov>.

2008 flu shot schedule, mandatory for staff with patient contact

The annual flu vaccination program will begin October 27. This year's clinic will be held on the 7th floor of the Hatfield building.

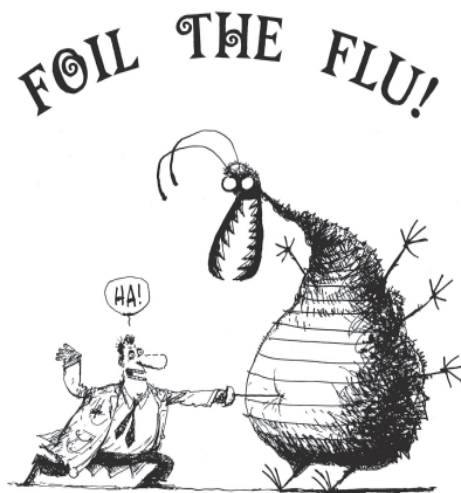
New this year, the flu vaccine is mandatory for all NIH employees who have contact with Clinical Center patients. The Medical Executive Committee approved this new requirement in February 2008. Those who are unable or unwilling to be vaccinated by OMS, due to medical contraindications or religious or philosophical objections, will be required to sign a declination form explaining the reason.

The vaccine is available free of charge to NIH employees only (not contractors); an NIH photo ID is required. Vaccinations will be given based on the first letter of the

employee's last name. Employees who show up on the wrong day will be vaccinated but can expect a longer wait. Please dress appropriately in clothing that will let you quickly expose your upper arm; changing areas will not be available.

An open clinic in Occupational Medical Services (OMS), 10/6C306, will be open to all NIH employees from Nov. 18—21 from 7:30—11 am and 1—3:30 pm. Beginning November 24 the flu vaccine will be available in OMS by appointment only. Call 301-496-4411. This schedule is also available at foiltheflu.nih.gov.

This program is sponsored by the Office of Research Services/OMS; Clinical Center/Hospital Epidemiology Service; and Department of Health and Human Services/NIH. ■



Building 10, 7th floor atrium east side

First letter, last name	Date	AM	PM
NOPQRS	10/27	8-11	1-3:30
ABCD	10/28	8-11	1-3:30
EFGH	10/29	8-11	1-3:30
IJKLM	10/30	8-11	1-3:30
TUVWXYZ	10/31	8-11	1-3:30
EFGH	11/10	8-11	1-3:30
TUVWXYZ	11/12	8-11	1-3:30
NOPQRS	11/13	8-11	1-3:30
ABCD and IJKLM	11/14	8-11	1-3:30

Off-site locations

	Date	AM	PM
EPN, Room 103 6130 Exec Blvd	11/03	8:30-11	1-3
RKL, Room 5054 6705 Rockledge Dr	11/05	8:30-11	1-3
NSC conference room 6001 Exec Blvd	11/07	8:30-11	1-3
TWN 3, Room 2E06 12735 TB Pkwy	11/17	8:30-11	1-3
Poolesville Room TBA	11/19	9-12	N/A

Upcoming Events

Clinical Center Grand Rounds

October 1, 2008
12 noon,
Lipsett Amphitheater

Ethics Rounds

Infectious Disease and Public Health: The Ethics of Intervention

Hugh Whittall, Director
Nuffield Council on Bioethics

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

October 8, 2008
12 noon,
Lipsett Amphitheater

Contemporary Clinical Medicine: Great Teachers

Coronary Revascularization: Controversies and Concepts

Richard A. Lange, MD
Professor and Executive Vice Chairman,
Department of Medicine
Director, Office of Educational Programs
University of Texas Health Science
Center, San Antonio

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

October 22, 2008
12 noon,
Lipsett Amphitheater

Recent Clinical Advances in Nephrology and Hypertension

James E. Balow, MD
Chief, Kidney Disease Section, Kidney
Diseases Branch and
Clinical Director, NIDDK

October 29, 2008
12 noon,
Lipsett Amphitheater

Ocular Manifestations of von Hippel-Lindau Disease: Basic Understanding of the Pathogenesis and the Therapeutic Challenges

Emily Y. Chew, MD
Deputy Director, Division of
Epidemiology and Clinical Applications,
NEI

Active Surveillance to Prevent Transmission of Antimicrobial Resistant Bacteria in the Intensive Care Units: Results of the STAR*ICU Trial

Naomi P. O'Grady, MD
Staff Clinician, Critical Care Medicine
Department, CC

CFC Clinical Center Keyworker Kickoff

The Clinical Center's Combined Federal Campaign (CFC) efforts began September 25 with a keyworker kickoff. The 55 or so keyworkers are the CFC peer contacts for the 2,000 CC employees, handing out charity detail booklets and accepting pledges.

The kickoff was an event of instruction and recognition. A presentation by the CC's CFC leaders highlighted this year's NIH theme—Caring for Your Community. Keyworkers learned how to present the campaign to their departments and how to decipher the charity listings and pledge cards. In appreciation of the volunteers, ice cream was served!

It is Noelle Dickey of nursing's first year as a keyworker. "I'm looking forward to learning more about the program and how we can help," she said at the kickoff.

Monique Ladner has been a keyworker for the nutrition department for four years. "I enjoy helping out with the charitable donations," Ladner said. "It's really a special thing to be involved year after year."

For more information on the CC's CFC efforts, visit <http://intranet.cc.nih.gov/cfc/index.html>.



IC Coordinator for the CFC Maureen Gromley, COO, addresses the crowd on Sept. 25.



Town crier Debbie Byram invokes the community spirit to inspire the keyworkers.



Keyworkers, the CFC employee liasons, gathered September 25 to pick up materials, learn tactics to engage their departments in the campaign, and enjoy a sweet treat!