

# Clinical Center



At his January 18 retirement party Jim Wilson (center) was honored by many friends and colleagues, including those from the NIH Fire Department. Wilson has been a Montgomery County firefighter since 1962.

## Facilities chief Jim Wilson retires after more than 30 years at the NIH

More than the bricks, steel, and plaster that make the Clinical Center are the people who really build the institution. Emblematic of that is the man responsible for all that brick and mortar: James Wilson, chief of the Office of Facility Management. Wilson retired in January after more than 33 years at NIH.

"This place is my life," he said. "You come to work here, and you try to make a mark. It's been an enjoyable life."

He started at NIH in 1977 as an electrician for the Office of Research Facilities and transferred to the CC in 1982 to manage the CC's responsibilities during the construction of the Ambulatory Care Research Facility. Wilson remained in the CC Office of Facility Management as a facility manager until 1987, when he was appointed chief of the office. As a critical member of the CC team that worked alongside ORF personnel to plan and build the Mark O. Hatfield Clinical Research Center, Wilson was instrumental in assuring the CC's mission, patient care

and safety, and hospital code requirements were met.

"Throughout his career Jim's motto of 'make it happen' perhaps best describes why he is so respected and admired by all that know and work with him," said Dr. John I. Gallin, CC director.

Nurse Terri Wakefield remembered Wilson climbing onto the roof with her to build a snowman outside the second-floor room window of a South American patient in his last days who had never seen snow.

"We have depended on him because of his expertise in understanding the building, but he also understands the soul of this place," Wakefield said.

Wilson has been recognized for his contributions throughout his career at the CC and in his community. The many plaques and framed certificates covering his office walls include two NIH Director's Awards, a governor's citation and a Montgomery County Secretary's Distinguished Volunteer

## CC supports effort to address hospital-acquired infections

By: Kelli Carrington

When someone receives medical care because he or she is ill or hurt, the primary focus is on getting better. But microscopic culprits can cause health care-associated infections (HAIs) that can sometimes undermine that goal.

Each year millions of people become infected during their stays in hospitals and other health-care facilities by microscopic invaders that cause significant morbidity and mortality. The financial burden attributed to HAIs is staggering: \$28 to \$33 billion in excess health-care costs each year, according to the Department of Health and Human Services.

Alarmed by these preventable outcomes, HHS is leading several collaborative efforts among its agencies to improve and expand HAI prevention efforts, and Clinical Center staff have actively joined in efforts to combat this health-care issue.

HAIs are contracted by patients during treatment within a health-care setting, which includes hospitals, same-day surgical centers, ambulatory outpatient care clinics, and long-term care facilities. HAIs cause major setbacks to patients' recovery, and can sometimes be lethal. These infections are typically caused by bacteria or fungi.

Examples of the most common HAIs are:

- **Central line-associated bloodstream infection**, which occurs when bacteria or fungi enter the bloodstream through a catheter placed in a large vein in the neck, chest or arm to give fluids, blood, or medication or to do certain medical tests;
- ***Clostridium difficile***, a bacterium that may overgrow in the colon due

## Microbiology technologist quilts works of art for charity and coworkers

Five days a week, Jane Campos of the Department of Laboratory Medicine's microbiology service is a medical technologist. The other two she is an artist of fabric, yarn, and thread—creating cozy works in the form of quilts and other needlework.

Campos has been quilting since age 16. Growing up in Pennsylvania, her family went to the Kutztown Folk Festival every summer. "One year I walked into the barn where they had all the quilts for sale, and I fell in love," she said. In addition to quilting, Campos enjoys crocheting, knitting, and cross stitch.

"I'm the jack of all needlework, master of none," she said modestly, although looking at her works' brilliant colors, patterns, and stitches, one might argue.

She mostly works on her quilts over the weekend, though Campos has been known to bring a skein of yarn to DLM so she can do a few rows of a scarf on her lunch break. She quilts both individually and in groups, including the Friendship Star Quilters guild and the Bethesda quilters.

Of the quilts Campos has worked on, many are given to charities like Project Linus, an organization whose mission is to provide love, a sense of security, warmth, and comfort to children who are seriously ill or otherwise in need through the gifts of handmade blankets. With her quilting guilds Campos has also made placemats to deliver alongside the food distributed

through Meals on Wheels, and tiny quilts for the Preemie Quilt Program that provides families of premature babies with handmade quilts when they are in the hospital.

"It really means a lot to people to have someone make something for them that their grandmother would have made," Campos said.

As she smoothed her hand over the vibrant fabrics combined in geometric patterns she quietly admitted that in addition to her charity quilts, everyone who has a baby in the microbiology service gets a quilt. She also spoke fondly of quilts she has given as gifts on special occasions like retirements, holidays, even once making a quilt based on the microscopic look of some of the molds she works on.

Taking in her breathtaking works of art, it is easy to translate the geometric precision and attention to detail required for creation of a quality quilt into the skills required of a laboratory technologist.

"I just find this satisfies my need to make something. This gives me the feeling of accomplishment," she said. "It is wonderful to see how it all comes together and how it will work."



Jane Campos of DLM makes quilts individually and with guilds, for charities and for colleagues. "I could do a small quilt in a weekend," she said.

## Register to Be The Match

A postbaccalaureate Intramural Research Training Award (IRTA) fellow with Radiology and Imaging Sciences will host a marrow donor registry drive this month to encourage staff give the gift of life to those in need. The drive—February 23 from 10 am to 2 pm on the Clinical Center seventh floor bridge—is the effort of Genevieve Jacobs in the Interventional Radiology Research Lab. The first 50 registrants will be treated to a free Georgetown Cupcake.

"Many of our patients have life-threatening illnesses, and some of the sickest are our youngest patients," Jacobs said. "As a young person myself, I feel a special connection with these people, and when I found out that a bone marrow transplant can sometimes be the only opportunity for them, I realized I needed to do something."

The Health Resources and Services Administration has set a goal of recruiting 5,000 federal employees to the National Marrow Donor Program (NMDP)'s *Be The Match* Registry this year. The CC Department of Transfusion Medicine is the only NMPD donor center on a federal campus.

Leukemia is the most common disease for which a donation of marrow—tissue from inside the bone that produces new blood cells—can mean remission. A donor must match on a number of markers. While some patients can turn to a family member for a match, 70 percent must depend on someone unrelated.

If identified as a perfect match for a patient in need of a transplant, you will be asked to consider donating marrow or stem cells.

For more information, call 301-496-0572.

### Clinical Center News online:

[www.cc.nih.gov/about/news/newsletter.html](http://www.cc.nih.gov/about/news/newsletter.html)

# news

Nicole Martino, editor

Clinical Center News  
National Institutes of Health  
Department of Health and Human Services  
Building 10, 10 Center Drive, Room 12C440  
Bethesda, MD 20892-1504

Tel: 301-496-6787 Fax: 301-480-2984

Published monthly for Clinical Center employees by the Office of Communications, Patient Recruitment, and Public Liaison, Sara Byars, chief.

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

*Submissions may be edited.*

# Eunice Johnson retires from the CC after more than three decades

Eunice Johnson, a treasured colleague at the Clinical Center for 33 years, retired in January.

Born in Wisconsin, Johnson grew up in Alabama. She came to the CC in 1977, working first as a staff nurse on the oncology unit and branching out to staff metabolic, mental health, and endocrine units as well as a multi-institute clinic.

After initiating the consult coordinator role in the eye clinic and later becoming the National Institute of Diabetes and Digestive and Kidney Diseases islet cell coordinator, Johnson moved to the adult, pediatric and behavioral health nursing service where she collaborated in the development of a new competency program. She later became a nurse consultant in the Nursing and Patient Care Services (NPCS) office of professional development. During that time, she earned her bachelor's and master's degrees in nursing from Georgetown University.

In addition to a civilian career, Eunice also had a military one. She was commissioned as a second lieutenant in 1973 with the Alabama National Guard, and transferred to the Maryland National Guard when she moved. In 2002, she retired as a lieutenant colonel in the Army Reserve.

Throughout her many transitions, Johnson held an abiding respect for the diversity of her patients—how individual cultural and social experiences blended to make each one unique. She played

a pivotal role in enhancing this holistic view of patient care, including helping to conceptualize and organize a one-day conference on cultural awareness factors in Hispanic, Asian, and Muslim cultures.

"I have always found behavior interesting and particularly the thinking behind the behavior. Throughout my career in nursing, I have applied that interest," Johnson said. "Adherence to treatment is enhanced if we work within the context of the individual's beliefs and values."

Johnson also served as chair of the Maryland Nurses Association's Center for Ethics & Human Rights Committee.

"Eunice's exceptional attributes were attention to detail, ability to organize chaos, and insight to organizational processes. I shall always remember her patience, integrity, and humility," said Debra Parchen of NPCS.

Chief Nursing Officer Dr. Clare Hastings added her perspective. "Eunice's career demonstrates the breadth and diversity of a career in clinical research at the Clinical Center. She has

exemplified the multiple ways nurses can contribute to every aspect of the clinical research process, either directly, working with our patient volunteers, or indirectly working with our clinical research staff. We will certainly miss her and wish her the best."

Johnson will move to Pennsylvania and spend time with her family and beloved pets. She will continue to share her work experience through community health projects and also wants to travel.



Nurse Eunice Johnson retired in January after a career celebrating holistic patient care and spanning 33 years at the Clinical Center.

## Rare Disease Day at NIH raises awareness

The NIH will celebrate the Fourth Annual Rare Disease Day February 28 with a day-long celebration co-sponsored by the NIH Office of Rare Diseases Research and the Clinical Center. The event will recognize rare diseases research activities supported by several government agencies and advocacy organizations

Rare Disease Day at NIH will be held in the CC Lipsett Amphitheater from 8:30 am to 5:15 pm with a lunch break and poster session from 11:30 am to 1:30 pm. Attendance is free and open to the public, and pre-registration is encouraged.

Organizers have put together an agenda of scheduled talks—including

two from NIH Bench-to-Bedside Award investigators—and posters and exhibits from many groups relevant to the rare diseases research community. NIH Director Dr. Francis S. Collins will speak to attendees at 1:30 pm.

In association with the Global Genes Project (a grassroots effort to use jeans to raise awareness for rare genetic disorders), organizers urge all attendees to wear their favorite pair of jeans.

Rare Disease Day was established to raise public awareness about rare diseases, the challenges encountered by those affected, the importance of research to develop diagnostics and treatments, and the impact of these diseases on patients' lives. There are about 7,000 rare diseases



**Rare Disease Day®**

identified in the United States. About 80 percent of rare diseases are genetic in origin, and about 75 percent affect children.

For more information on Rare Disease Day at NIH and to register, visit <http://rarediseases.info.nih.gov/RareDiseaseDay.aspx>.

## Laboratory Medicine welcomes new clinical chemistry chief

The Clinical Center welcomed Dr. David Sacks as the new chief of the Department of Laboratory Medicine's clinical chemistry service this January.

Originally from South Africa, Sacks comes to the CC from Harvard University where he was the director of clinical chemistry at Brigham and Women's Hospital. Sacks is excited to explore his research interests in the CC's unique supportive and collaborative environment.

"There are lots of opportunities here at the Clinical Center," he said. "Since the main focus of the NIH is research, this provides a unique setting where one can develop new lab tests that can be used on patients here and elsewhere, too."

Sacks attended medical school at the University of Cape Town in South Africa and completed his medical internal medicine residency at Georgetown Medical School/DC General Hospital and the Washington DC Veterans Administration

Hospital. Following this, he completed a second residency in Clinical Pathology at Washington University School of Medicine in St. Louis.

He ran the residency training program at Brigham and Women's Hospital and developed medical student electives. "I used to tell the students that one of the things I like about clinical chemistry is that 10 percent is facts and you work things out for the other 90 percent," Sacks said.

His research at the CC will address intracellular signal transduction, or how signals get around inside cells, applied to different disease models.

"We are thrilled that Dr. Sacks has joined us and look forward to his leadership and vision taking the clinical chemistry group to new levels of national prominence," said Dr. Thomas Fleisher, DLM chief.

His reasons for coming to the CC were simply stated, "The resources here are incredible," he said.



Dr. David Sacks joined DLM as the chief of the clinical chemistry service this January.

## New art therapist hopes to give patients creative voice

What drew new Clinical Center art therapist Tosha Davis to NIH was the potential for creative problem solving.

"It's exciting to be in a new environment and to be with other creative thinkers," said Davis who joined the Rehabilitation Medicine Department's recreation therapy section in January.

Davis earned a bachelor's degree in French from Spelman College in Atlanta before changing career direction and pursuing a master's in art therapy from The George Washington University.

She found her path after her mother had her handwriting analyzed. Davis learned that she should be in a creative field and thought about what she wanted to be as a child—an artist and a psychologist.

Her art therapy background includes stints at Walter Reed Army Medical Center and Georgetown Lombardi Comprehensive Cancer Center.

Most recently she worked in behavioral health at Sheppard Pratt Health System in Towson, Md.

"Art therapy is about self-expression, giving people a creative voice when they feel that they can't express themselves through words," Davis said.



New art therapist Tosha Davis (left) works on a mask project with patient Isabella Rocco. Art therapy improves well-being through the creative process of artistic self-expression.

## New brown bag focuses on leadership



A panel of Clinical Center leaders will provide attendees with lessons learned in “Realizing the Power of Emotional Intelligence” on February 15. The session from the CC Office of Workforce Management and Development is part of the 2011 Leadership Development Brown Bag Series.

This month’s event will be in the Hatfield Medical Board Room (4-2551) from noon to 1 pm. Speakers are Dr. Leighton Chan, chief of the Rehabilitation Medicine Department; Denise Ford, chief of Hospitality Services; and Dr. Clare Hastings, chief nursing officer.

The brown bag series kicked off in January with a session—“Emotional Intelligence: A Foundation for Successful Leadership”—that defined the emotional intelligence model including the four quadrants of competencies: self awareness, self management, social awareness, and relationship management.

The 2011 Leadership Development Brown Bag Series continues with once a month sessions through June. Look for future dates and times in upcoming **CCNews**. Visit <http://intranet.cc.nih.gov/owmd> for more information or contact Brenda Monarque at 301-594-9548.

## CCNews ushers in new leadership

CCNews welcomes Nicole Martino of the Clinical Center Office of Communications, Patient Recruitment, and Public Liaison as the new editor this month.

Martino holds an undergraduate degree in public and community health from the University of Maryland, College Park. She began her professional career at the CC, joining OCPRL as a summer IRTA in 2008 and continuing on staff. Her accomplishments include producing podcasts for CCRadio, assisting on the CC’s new media campaigns, and relaunching the healthy volunteer newsletter.

Before joining the CC, Martino



New **CCNews** editor  
Nicole Martino

interned for the International Youth Foundation in Baltimore and The Horizon Foundation in Columbia, Md.

Former **CCNews** editor Maggie McGuire will stay on with OCPRL to focus on external communications.

## Reporter explains disconnect between scientists and the public

Clinical Center researchers depend on members of the general public to help improve greater human health through participation in clinical trials, but a recent commentary claims scientists don’t understand the targets of their work.

Science and political journalist Chris Mooney wrote in “Do Scientists Understand the Public?”, a 2010 paper for the American Academy of Arts & Sciences, that despite the intrinsic connection between scientists and the greater community, there is still a chasm of relation and interaction.

“The short answer is no,” Mooney said. He examined the situation in a presentation at the CC on January 10 as part of the National Center for Complementary and Alternative Medicine’s Complementary and Integrative Medicine Consult Service lecture series.

“Why is it that the United States has a dysfunctional relationship with its scientific community, and what could be

done about that?” Mooney asked.

He is the author of three books, including *The Republican War on Science*, and a host of the *Point of Inquiry* podcast.

It would seem that the public does not understand scientists, either. He presented study findings reporting that 40 percent of Americans don’t believe in evolution and only 53 percent know how long it takes for the Earth to orbit the sun. These statistics are likely not from lack of education but from apathy or self-serving motivations, he said.

“Often the scientific community doesn’t understand the resistance they’re experiencing,” Mooney said.

He presented four public arenas and possible explanations for their disconnect with scientists. “You have two groups of smart people who don’t see the world the same way,” Mooney said.

In politics, he said, policymakers don’t see science as essential to doing their jobs and don’t see scientists as an influential

constituency. In journalism reporters often report on both sides objectively, not lending more weight to the scientifically proven. Also, the Internet contributes to misinformation and extremism. Entertainment sources depicts scientists as “freaks, geeks, and villains,” Mooney said, and often suggest impossible scientific occurrences, such as climate catastrophes. Religion is polarizing topic on many fronts, including science.

“How are we going to bridge these gaps?” Mooney asked the Lipsett Amphitheater crowd. “The onus surprisingly falls on scientists—they know what people are missing.”

Some suggestions from the speaker were to communicate more to discourage findings taken out of context and to create more positions for PhDs to encourage young scientists to pursue higher education, thereby widening the pool of scientific communicators.

# Epidemiology staff work to combat hospital-acquired infections in the Clinical Center and across the nation

*continued from page 1*

to antibiotic use, causing diarrhea and more serious intestinal conditions such as colitis;

- **Surgical site infections** that can occur after an operation and involve the skin only or become more serious involving deep organs or implanted foreign materials;

- **Catheter-associated urinary tract infection** caused by bacteria or fungi that enter the urinary system through a bladder catheter, which can affect the bladder and kidneys; and

- **Ventilator-associated pneumonia**, a respiratory infection that can develop when bacteria enter the lungs through a breathing tube used connect a patient to a ventilator.

The HHS Steering Committee for the Prevention of Health Care-Associated Infections facilitates coordination and efficiency of HAI prevention efforts. Members include high-ranking clinicians, scientists, and public health leaders across HHS. The CC's Deputy Director for Clinical Care Dr. David Henderson represents the CC and the NIH on the committee. Henderson has presented many times on HAIs to national audiences and in March 2010 was honored with the Society for Healthcare Epidemiology of America's SHEA Lectureship for his contributions to the field of HAI prevention.

Other CC staff have supported the HAI prevention initiative as expert advisors, reviewers for health-care training materials, and presenters for regional and national meetings. The Hospital Epidemiology Service (HES) contributes to HAI prevention both at a national level and here on the ground. In the CC, the HES is intimately involved with efforts to track and prevent all of the HAIs listed above.

In addition, HES team members have presented their research findings on HAI prevention and control at scientific meetings. Dr. Tara Palmore, CC deputy hospital epidemiologist and National Institute of Allergy and Infectious Diseases staff clinician, summarized the HES's prevention efforts in the 2010 John Laws Decker Memorial Lecture on myths associated with HAIs. Dr. Naomi O'Grady of the Critical Care Medicine Department is the lead author on national guidelines for prevention of catheter-associated

bloodstream infections, and brings those guidelines to bear in her role as director of the CC's Procedures, Vascular Access, and Conscious Sedation Services.

The Office of Communications, Patient Recruitment, and Public Liaison lends its expertise in health communications to support the committee's Outreach and Messaging Working Group. Formed to develop and disseminate HAI prevention messages to health-care workers and patients, the

working group plans to launch an HAI prevention campaign this year to ensure people are aware of the danger of HAIs and what they can do as individuals to prevent them.

For more information on HAIs and prevention, visit <http://www.cdc.gov/hai/>. Find the CC on Facebook and Twitter to receive HAI prevention campaign messages.

## Jim Wilson celebrated upon retirement

*continued from page 1*

Service Award. Wilson has served as a volunteer firefighter in Montgomery County since 1962, moving his way up the ranks to fire chief, a role he still holds today.

Maureen Gormley, CC chief operating officer, long-time colleague, supervisor, and friend describes Wilson as 'a one-of-a-kind of employee.' "Maybe Jim's functions can be assumed, but his passion, commitment, and dedication

will be sorely missed," she said.

In his retirement, Wilson hopes to spend more time at the firehouse, working on his model train collection, and enjoying time with his wife and family.

"He's been the heart and soul of the organization," said Ann Ellis of the Office of Facility Management. "You can always count on Jim."



James "Jim" Wilson retired last month after more than three decades at NIH, most spent as chief of the CC Office of Facility Management.

# Study evaluates reported versus actual food intake

A recent study conducted at the Clinical Center and published in the journal *Eating Behaviors* by a team from the NIH and the Uniformed Services University of Health Sciences cited marked differences in reported versus actual food intake in youth with an eating behavior called loss-of-control eating.

"Loss-of-control eating is when someone feels like they don't have control over what or how much they are eating. Some describe it as 'numbing out' for a while and just eating without feeling a lot of control," said Merel Kozlosky, supervisory metabolic dietitian and director of the CC Nutrition Department's dietetic internship program, who served as the dietitian on this research study.

Although it is difficult to measure, loss-of-control eating affects between two and 10 percent of children and adolescents, and is associated with higher body fat, higher likelihood of being over-

weight, and more weight gained.

"We know that a lot of pediatric obesity ends up resulting in adult obesity, and loss-of-control eating might be one characteristic in children and adolescents that leads to more weight gain over time," said Kozlosky.

The study identified children who had loss-of-control eating through a questionnaire and interviews administered by psychologists and other trained interviewers.

The team then assessed the children's food intake from a buffet that offered 28 lunch-time foods that would appeal to children. The food was prepared in the CC Nutrition Department's metabolic kitchen, and was weighed both before and after each child had the opportunity to eat. This allowed researchers to precisely calculate how much each child ate compared to what they reported eating after the meal.

Study findings report that children who reported loss-of-control were less accurate in their ability to report dessert and carbohydrate intake. "Desserts and carbohydrate-lad-

den foods are often the types of foods we think of as comfort foods, so one interesting thought from this study is whether the loss-of-control eating is related to eating more comfort type foods to soothe or to make negative emotions go away," Kozlosky said. "Also, those are the types of foods that could more easily lead to weight gain."

The study also found that children with higher percentage of body fat were more likely to under-report intake. Kozlosky said that this could potentially give the team clues as to why some children are overweight and why they continue to gain weight.

The research team was led by Dr. Jack Yanovski of the National Institute of Child Health and Human Development and included collaborators from the NICHD, the USUHS, and the National Institute of Diabetes and Digestive and Kidney Diseases.

## NEW CLINICAL RESEARCH PROTOCOLS

The following new clinical research protocols were approved in December:

■ Evaluating Supportive Care for Children with Cancer: A Multi-Institutional Survey Study of Pediatric Oncology Patients and Parents; 11-CC-0063; David Wendler, PhD; CC

■ Extension Study (Extended Access) of Cyclosporine Inhalation Solution (CIS) in Lung Transplant and Hematopoietic Stem Cell Transplant Recipients for the Treatment of Bronchiolitis Obliterans; 11-CC-0064; Nicole J. Gormley, MD; CC

■ A Phase II Study of Lapatinib for the Treatment of Stage IV Melanoma Harboring ERBB4 Mutations; 11-C-0048; Udo Rudloff, MD; NCI

■ A Phase I Trial and Pharmacokinetic Study of the Oral Platinum Analog Satraplatin in Children and Young Adults with Refractory Solid Tumors Including Brain Tumors; 11-C-0047; Brigitte C. Widemann MD; NCI

■ Phase II Study of Metastatic Melanoma Using a Nonmyeloablative Lymphodepleting Regimen Followed by Melanoma-Reactive T-Cells Sensitized in Vitro with Peptide-Pulsed Drosophila Cells; 11-C-0052; James C. Yang MD; NCI

■ Epigenetically Modified Autologous Tumor Cell Vaccines with ISCOMATRIX(TM) Adjuvant and Oral Celecoxib in Patients Undergoing Resection of Lung and Esophageal Cancers, and Malignant Pleural Mesotheliomas; 11-C-0041; David S. Schrupp MD; NCI

■ Frequency of Epidermal Growth Factor Receptor Mutations in Latinos/Hispanics with Non-Small Lung Cancer; 11-C-0044; Giuseppe Giaccone MD; NCI

■ A Phase I Pharmacokinetic Study of Belinostat for Solid Tumors and Lymphomas in Patients with Varying Degrees of Hepatic Dysfunction; 11-C-0060; Shivaani Kummar MD; NCI

■ Phase I Trial of Z-Endoxifen in Adults with Refractory Hormone Receptor-Positive Breast Cancer, Desmoid Tumors, Gynecologic Tumors, or other Hormone Receptor-Positive Solid Tumors; 11-C-0061; Shivaani Kummar; NCI

■ Phase I/II Study of Metastatic Cancer that Expresses MAGE-A3/12 Using Lymphodepleting Conditioning Followed by Infusion of Anti-MAGE-A3/12 TCR-Gene Engineered Lymphocytes; 11-C-0062; Steven A. Rosenberg MD; NCI

■ A Phase I Unmasked Study to Investigate the Safety and Tolerability of Subconjunctival Injections of Palomid 529 in Patients with Neovascular Age-Related Macular Degeneration; 11-EI-0066; Catherine Meyerle MD; NEI

■ Cross-Sectional Characterization of Idiopathic Bronchiectasis; 11-I-0046; Kenneth N. Olivier MD; NIAID

■ Development of Magnetic Resonance Spectroscopic Imaging Techniques for Imaging Metabolites and Neurotransmitters in Human Brain; 11-M-0045; Shizhe Steve Li PhD; NIMH

■ The Effect of Transcranial Magnetic Stimulation on Learning with Reward in Healthy Humans; 11-N-0055; Eric M. Wassermann MD; NINDS

■ Efficacy of Mindful Tai Chi Intervention on Obese and Overweight Adults: A Randomized Controlled Clinical Trial; 11-NR-0030; Wendy A. Henderson CRNP; NINR

# Upcoming Lectures

February 2

## Clinical Center Grand Rounds

Lipsett Amphitheater, 12 noon  
<http://videocast.nih.gov>

## Ethics Rounds *Should Women Who Want to Get Pregnant Be Allowed To Participate in Clinical Research?*

Margaret O. Little, PhD  
Director and Senior Research Scholar, Kennedy Institute of Ethics  
Associate Professor of Philosophy  
Georgetown University

February 9

## Clinical Center Grand Rounds

Lipsett Amphitheater, 12 noon  
<http://videocast.nih.gov>

## Contemporary Clinical Medicine: Great Teachers Medical Education Research as Translational Science

Diane B. Wayne, MD  
Associate Professor of Medicine  
Vice Chair, Education and Associate Professor of Medicine and Medical Education, Department of Medicine  
Northwestern University  
Feinberg School of Medicine

February 15

## 2011 Leadership Development Brown Bag Series

Hatfield Room  
4-2552  
12 noon

## Lessons Learned: Emotional Intelligence in Practice (Panel of CC Leaders)

Dr. Leighton Chan, chief, RMD; Denise Ford, chief, OHS; Clare Hastings, chief nursing officer, NPCS

February 16

## Clinical Center Grand Rounds

Lipsett Amphitheater, 12 noon  
<http://videocast.nih.gov>

## Pulmonary Complications of Hematopoietic Cell Transplantation

Juan Gea-Banacloche, MD  
Chief, Infectious Diseases Consultation Service, NIAID and NCI. Chief, Infectious Diseases Section, Experimental Transplantation and Immunology Branch, NCI

Michael Eberlein, MD, PhD  
Staff Clinician, Critical Care Medicine Department, CC

February 23

## Clinical Center Grand Rounds

Lipsett Amphitheater, 12 noon  
<http://videocast.nih.gov>

## Why Do African-Americans Get More Kidney Disease? New Insights from Chromosome 22

Jeffrey B. Kopp, MD  
Staff Clinician, Kidney Disease Section, Kidney Diseases Branch, NIDDK

## Osteoporosis and Other Medical Consequences of Depression in Women

Giovanni Cizza, MD, PhD, Tenure-Track Investigator, Clinical Endocrinology Branch, NIDDK

## Trials recruiting for patient volunteers

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).

### Fiber supplement study

The National Health, Lung, and Blood Institute is looking for healthy volunteers to participate in a 24-week study to determine if a fiber supplement can lower cholesterol levels. Participants will alternatively receive both a fiber supplement and a placebo during the course of the study. You may be eligible if you are 18 years of age or older and are in good health. All study-related tests and medications will be provided at no cost, and compensation may be provided. Call (301) 496-0033 and refer to study 10-H-0088.

### Neck pain study

Are you a healthy individual with neck pain for three months or less? If you are between the ages of 18 and 65, you may be able to participate in this study and receive a comprehensive cervical musculoskeletal examination. Healthy volunteers also needed. Protocol 02-CC-0245. Email: [NeckPainStudy@gmail.com](mailto:NeckPainStudy@gmail.com), Call: (301) 451-7514.

### Plaque regression study

If you have narrowing of the arteries and are taking statin medication, you may be eligible to participate in a study that will investigate if using magnetic resonance imaging (MRI) is an effective way to measure plaque in comparison to other methods available to estimate your risk of heart disease and stroke.

## Murray honored by microbiology society

Dr. Patrick R. Murray, chief of the clinical microbiology service in the Clinical Center Department of Laboratory Medicine, was recently named recipient of the American Society of Microbiology (ASM) 2011 TREK Diagnostic ABMM/ABMLI Professional Recognition Award.

The award recognizes a diplomate of the American Board of Medical Microbiology (ABMM) or the American Board of Medical Laboratory Immunology (ABMLI) for outstanding contributions to the professional recognition of certified microbiologists and/or immunologists and the work they do.

Murray, an ASM member since 1974, was chosen to receive the society's Founders Distinguished Service Award last year.

Murray began volunteering to the ABMM in 1981, and over 13 years served in virtually every leadership position, ultimately being elected board chair in 1991.