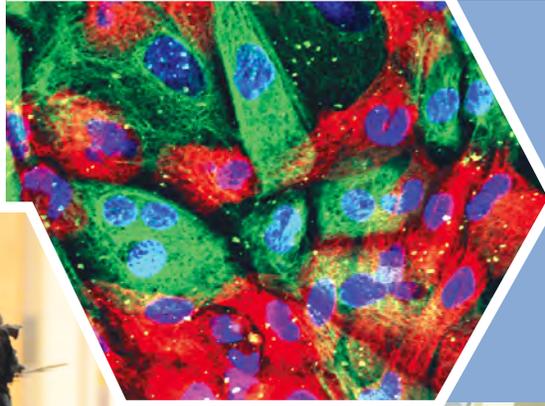
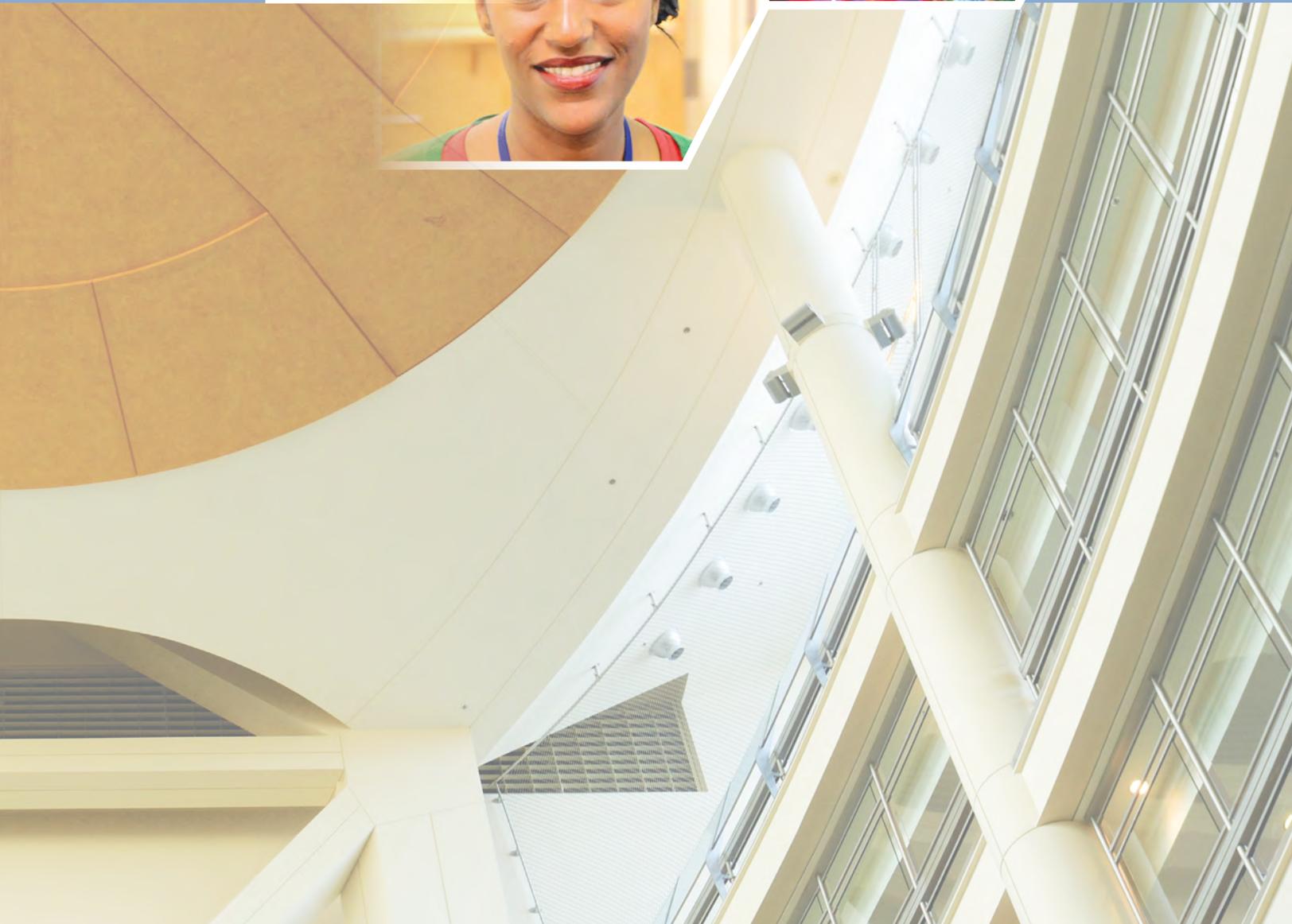


The NIH Clinical Center
Nursing Department
Annual Report



2012



Discover America's Research Hospital.



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MISSION

Clinical Research Nursing at the Clinical Center exists to provide clinical care for patients participating in clinical research studies conducted by investigators within the Intramural Research Program at the National Institutes of Health. As integral research team members, nurses provide support for the design, coordination, implementation and dissemination of clinical research by NIH investigators, with a focus on patient safety, continuity of care and informed participation. Nurses are also committed to supporting the NIH effort to train the next generation of clinical researchers and provide national leadership for the clinical research enterprise.

VISION

The Clinical Center leads the Nation in developing a specialty practice model for Clinical Research Nursing.

This model will define the roles and contributions of nurses who practice within the clinical research enterprise, as they provide care to research participants and support comprehensive, reliable and ethical study implementation. We will also develop and disseminate practice documents, standards and management tools for implementing clinical research nursing across a wide continuum of practice settings.

MESSAGE FROM THE CHIEF



In 2012, several changes were catalyzed by internal and external forces that sparked and inspired us to keep pace and make changes for the better. We began the year with the reintroduction of

the GS system ("Title V") for several departments within the NIH following a mandate from Health and Human Services (HHS). This opportunity gave many staff the chance to apply for clinical positions that were favorable for career progression. Another big change we saw was a restructure of the entire nursing department to create better alignment with our institute partners. This restructure along with some new and exciting protocols and a successful visit from the Joint Commission provided us with the backdrop for our 2012 activities.

The new focus for the nursing department warranted a change in our name from our former, Nursing and Patient Care Services back to the Nursing Department. This change was prompted by several larger changes taking place within the Clinical Center preparing for future changes in research operations, including the need for an efficient admission and billing function. Patient services such as admissions, travel and voucher were moved out from under nursing to the Clinical Center for operations. Strategic discussions about the national role of the Clinical Center in the research enterprise called for us to open the Clinical Center up to extramural collaborators to increase utilization of and benefit from CC resources. Responses to a 2011 operational review prompted us to create opportunities for management support, succession planning and staff advancement. And finally, our clinical research nursing initiative (CRN 2010) had progressed to a point that our national and global partners were requesting increased collaboration based on the resources and tools that we now have

available. Driven by these changes in our landscape, we knew that it was a prime opportunity for change! The primary focus of the restructure shifted us from a facility-focused structure to a program-focused structure. This means that what was once old is now new again! The new design grouped the specialty practice areas into:

- Critical Care and Oncology
- Neuroscience, Behavioral Health and Pediatrics
- Medical Surgical Specialties

Our reorganization also included the development of two new divisions to support the practice of clinical research nursing: Research and Practice Development and Clinical Operations. These new service areas are now set up to provide outstanding highly complex clinical research-based clinical services for research participants, a robust pipeline for the clinical research nursing and clinical research leadership workforce, support for continuous improvement in processes and results, support for full integration of research evidence into clinical practice and a world class research team that contributes to the intramural research program. Additionally, a vehicle to interact with external organizations and individuals to exert leadership and influence clinical research capacity has now been created.

In all of this intense activity, you, the Clinical Center Nursing staff, have not lost sight of the fact that our patients are at the center of all we do. You have been able to stay focused and adapt to the changes as they come from all directions. I was so impressed by your resilience and adaptations along with the needs of the investigators and research participants in your unique areas. You have demonstrated that we truly have the ability to move forward as leaders and look forward to the opportunities that wait for us ahead.

Clare Hastings, PhD, RN, FAAN
*Chief, Nursing Department
NIH, Clinical Center*



Nursing Department Executive Team

The Executive Team is comprised of the Chief Nurse Office (CNO), the Special Assistant to the Chief Nurse, the Senior Nurse Consultant for Extramural Collaborations, the Deputy CNO for Research and Practice Development, the Deputy CNO for Clinical Operations, the Service Chief for Critical Care and Oncology, the Service Chief for Neuroscience, Behavioral Health and Pediatrics, and the Service Chief for Medical Surgical Services. The group meets regularly to assess program priorities based on Institute research goals, to plan operations and to allocate resources and set policy to govern clinical practice.



*Diane Walsh, MS, RN
Special Assistant to
the Chief Nurse*



*Cheryl Fisher, EdD, RN-BC
Senior Nurse Consultant for
Extramural Collaborations*



*Tannia Cartledge, MS, RN
Deputy Chief Nurse Officer
Clinical Operations*



*Gwenyth Wallen, PhD, RN
Chief Research and Practice
Development*



*Debra Kolakowski MS, RN
Service Chief for Oncology
and Critical Care*

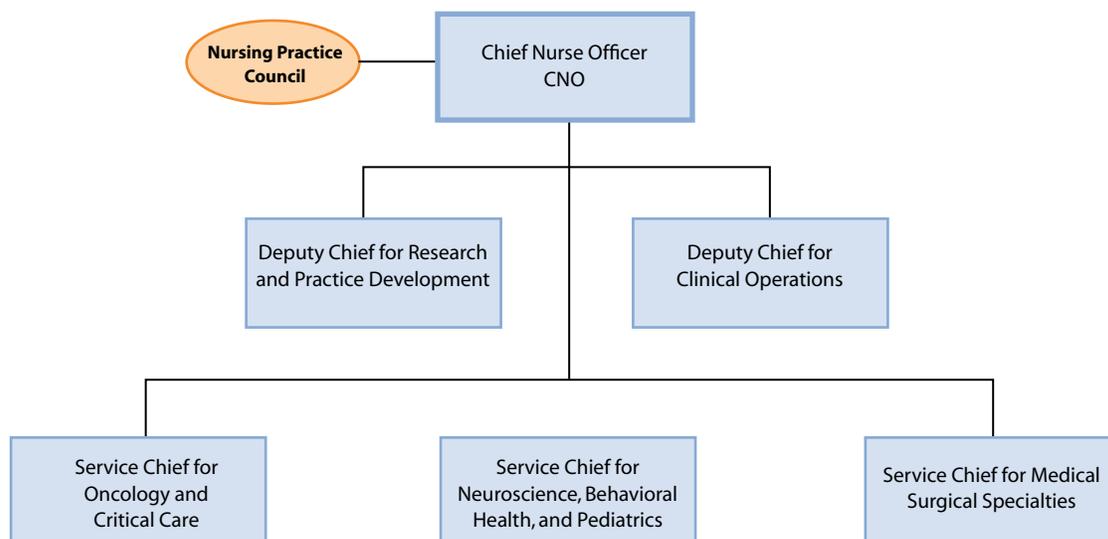


*Barbara Jordan DNP, RN,
NEA-BC
Service Chief for Neuroscience,
Behavioral Health, and
Pediatrics*



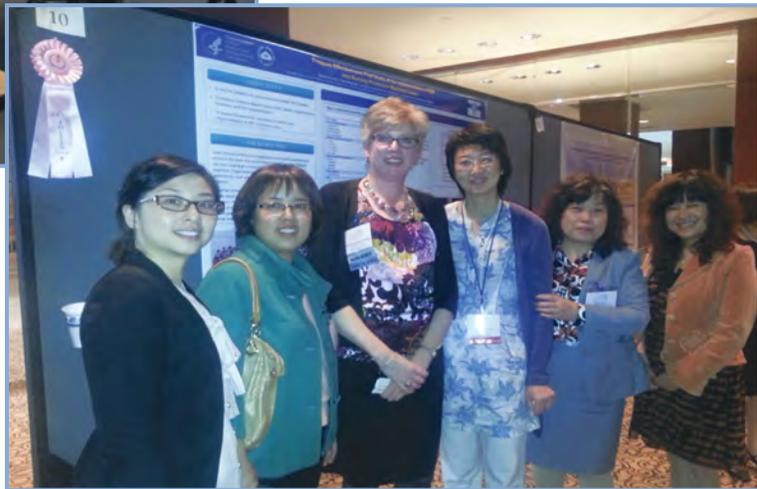
*CDR Ann Marie Matlock,
DNP, RN, NE-BC
Service Chief for Medical
Surgical Specialties*

NURSING DEPARTMENT ORGANIZATION



NIH Nursing Department hosts first International CRN Course

The CRN course was also offered for the first time to 8 Chinese faculty and administrators from Beijing. Following the course offering, the Chinese visitors joined several Nursing Department staff at the 4th Annual IACRN International Conference in Houston, Texas. The visitors were honored to win 3rd prize at the conference for their poster presentation, "Program Effectiveness Pilot Study of the Implementation of EBP into Nursing Practice in Mainland China."



Visiting nurses attend the IACRN Conference in Houston after attending the CRN Fundamentals Course at the Clinical Center. Visiting nurses are pictured with past president of IACRN.

2012 IACRN Conference Held in Houston, Texas



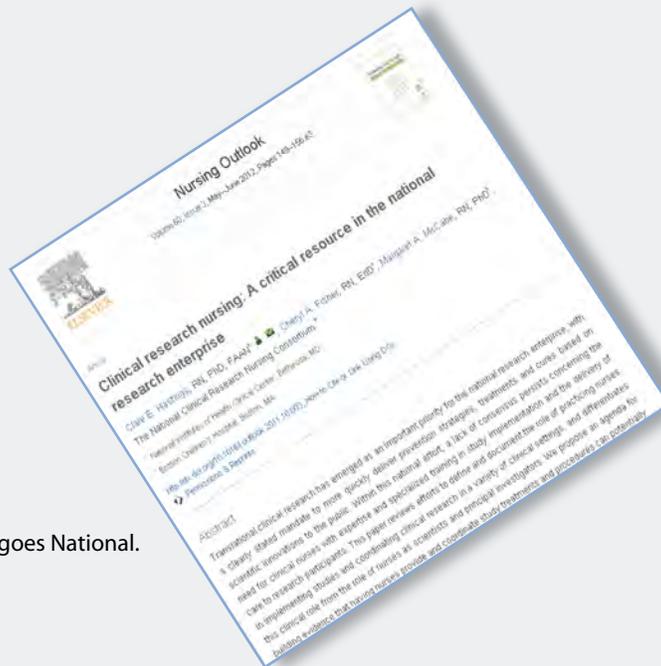
IACRN Conference Attendees representing the NIH CC Nursing Department.



Staff present poster findings at IACRN Conference in Houston, Texas

The Nursing Department had a great representation at the 4th IACRN International Conference held in Houston, Texas. Several posters and a preconference workshop were presented by Clinical Center Nursing Department staff.

Other conference presentations highlighted clinical and study management issues, the challenges in the training and education of clinical research nurses, and proposed development of intentional and purposeful programs. The Clinical Center nurses presented findings and strategic methods for implementing a new model of care.



Clinical Research Nursing goes National.

Clinical Research Nursing Goes International



This map depicts places around the world where interest in Clinical Research Nursing is emerging.

New Systems

Closed System Transfer Device

A New Closed System Transfer Device (CSTD) was introduced to Nursing and Pharmacy staff as a collaborative performance improvement initiative to enhance the safe handling of hazardous drugs. Over two hundred nurses were trained in 4 weeks using face to face education and an innovative video that was produced by the clinical pharmacy specialist.

This ongoing project has multiple goals, including prevention of hazardous drug exposures by eliminating spiking of drugs at the bedside, standardizing hazardous drug administration, and preventing hazardous drug spills. Combined with current safe

handling standards of practice and updated personal protection equipment, this product can support the goal to decrease, possibly even eliminate, hazardous drug exposures which can result in prevention of related adverse events at the institutional level.

Additional New Systems Introduced in 2012

Other new systems introduced in 2012 include the use of Acuity Plus into the ambulatory care area which allows for classification of patient care requirements, behind the scenes work on transparent classification within the CRIS system due out in 2013 and further development of the Barcode system in preparation for medication administration also due in 2013.





HIGHLIGHTS IN 2012

	FY 2011	FY 2012
Active Protocols	1,513	1,530
New Protocols	207	167
New Patients	10,696	10,694
Inpatient Days	56,594	54,971
Inpatient Admissions	6,082	5,916
Outpatient Visits	106,134	105,176
Average Daily Census (7-day)	155.1	150.2

Protocols and Patient Activity in 2012

Preparing Supplemental Staff

In 2012, the Nursing Department Central Staffing Office (CSO) further implemented efforts to improve the process and quality of supplemental staffing for the department. Two open houses were held to support staffing with supplemental staff with 134 responses. Many supplemental nurses were hired to support specific units or for the CSO to support all patient care areas. The fall open house focused on renewed efforts to hire supplemental staff to support unit based assignments. A wide diverse group of applicants responded for tours, information sessions and the opportunity to meet staff and managers from the specialty programs. A total of 34 new nurses were hired from these events.

Continuous Care Around the Clock

The Nursing Department and Clinical Center leaders are kept abreast of the events which occur, during the off-shift hours and weekends through a daily report compiled by the Administrative Coordinators (AC), called the AC Report. The excellence and professionalism of Clinical Center nurses is widely known and is

captured within this report on a regular basis. This article reflects on one such occurrence described in the AC Report.

In March of 2012, a 1NW charge nurse, Jean was informed by Robin, of the Hospital Epidemiology Service (HES), that an 8 year old male patient had a positive surveillance culture result for Carbapenemase producing Klebsiella pneumonia (KPC). Jean and her colleague Jennifer mobilized the 1NW team to quickly take steps to provide a safe environment for all 1NW patients while creating a seamless transition for the patient and family to an adult enhanced isolation patient care unit.

The administrative coordinator (AC) Becky, the patient's physician, the Nurse Manager and the Housekeeping Supervisor were all notified and quickly coordinated to ensure good communication and team accountability. The patient's assigned nurse, Nancy served as a strong patient and family advocate and was assigned to care solely for this patient to enforce all required isolation procedures and to oversee the details required for a smooth transition.

An in-depth dialogue ensued which focused on how to support the patient and mother's move from a pediatric floor, with many supports for small children and their families, to an adult area where the environment lacked the comforting reminders of childhood. The impact on the patient, mom, and staff on both units were discussed as well as the logistics of how to perform the move safely. Planning, coordination and strategic input were required from all team members to minimize disruption and to address the psycho-social concerns being voiced by the mother. Nancy suggested moving personal, as well as recreational items,

which were already in the patient's room on 1NW, as well as a couch for the mother to sleep on to the 5SEN isolation area. A staffing plan was devised to send a pediatric CRN to 5SEN where they would be the designated care provider in support of continuity of care. This unique challenge of admitting a pediatric patient into an adult isolation area was also handled seamlessly by the 5SEN charge nurse, Samantha. With thoughtful planning and attention to the patient's needs, a potentially scary and complex situation was smoothly carried through.

Once the patient and family were settled in, the AC was able to resume rounding with the continuing task of capturing and reporting events like this that communicate the excellence and professionalism of our nursing staff.

Hosting of Annual Association of Clinical Pharmacology Units (ACPU)

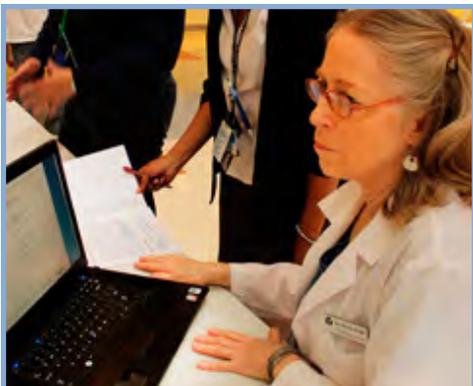
The Clinical Center hosted the 21st annual Association of Clinical Pharmacology Units (ACPU) meeting in April 2012. The meeting offered a critical forum for the exchange of information and ideas among investigative sites involved in early phase clinical research. Presentations focused on the future of clinical pharmacology units and models for emergency response coverage for first-in-human studies. Pharmacy Department Chief

Robert DeChristoforo gave a virtual tour of the CC Pharmaceutical Development Section with a focus on the facility's features in compliance with the US Food and Drug Administration's current good manufacturing practices. Participants also heard from Dr. Clare Hastings, CC Chief Nurse Officer, on the evolving role of nurses in early phase clinical research. Tours of the nursing units and the Clinical Center were well attended following the days events.

Emergency Preparedness Drills

The emergency preparedness drills are an annual occurrence as part of the Bethesda Hospitals Emergency Preparedness Partnership between Walter Reed National Military Medical Center, the NIH CC, Suburban Hospital, and the National Library of Medicine. The partnership was formalized in 2004. Through these exercises, the organizations get the chance to cross-train, team build, and strengthen collaborative readiness in the National Capital Area.

A key part of this readiness is leveraging resources; the partnership was recently recognized with an HHS Innovates award for technology. The team developed a system to electronically track and transfer patients during disasters. The technology will be used by the partnership facilities, but is also an exportable model that can be deployed and tailored to work in other medical settings.

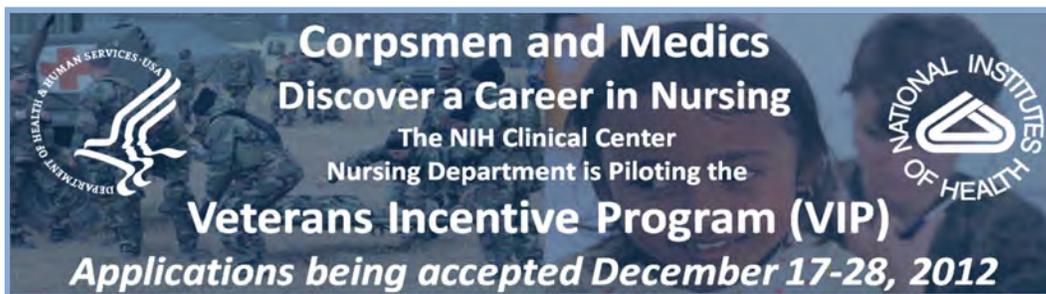


CCND Nurses participate in emergency drill.

Nursing Rises to the Challenge

Nursing developed and is planning to pilot the Veterans Incentive program (VIP) in 2013. The program will offer prior and transitioning Corpsmen and Medics the opportunity to apply the training they received while serving in the military at the NIH Clinical Center. This

program plans to hire individuals as patient care technicians for 13 month appointments with federal benefits to allow these individuals to complete their education and become licensed RNs. This program came about following the Presidents Veterans Skills to Jobs ACT of 2012.



Family Caregiver Day



Staff provide helpful information and resources to caregivers.

“The annual caregiver event aims to raise awareness of the emotional and physical effects of caregiving and highlight resources available at the Clinical Center and beyond to manage challenges faced while serving as a caregiver,” said Dr. Margaret Bevens, clinical nurse scientist and co-organizer of NIH Family Caregiver Day. To learn more about the CC’s caregiver resources visit <http://clinicalcenter.nih.gov/wecare/index.html>

National Family Caregivers Month took place in November 2012. This 3rd annual event was held to provide families and caregivers an opportunity to gather information, resources and recognition for the stress that they experience as care providers of a seriously ill family member. Nutritional information, a special dinner and coping techniques highlighted the event.



	FY 2011	FY 2012
Associate Degree Nurses	82	93
Diploma Nurses	16	21
Bachelor Degree Nurses	353	326
Master's Degree Nurses	108	64
Doctoral Degree Nurses	6	9





Mark O. Hatfield
Clinical Research Center

Independent Research by Clinical Nurse Scientists: The CC Nursing Research Portfolio

Research Priorities and Program Areas of Emphasis

The nursing research portfolio at the Clinical Center is a combination of studies responding to agreed upon program priorities and studies that are investigator-initiated, often arising from a clinical problem confronted by the clinical staff or from questions that emerge when a nurse is a collaborator on a biomedical study. Investigators have created areas of focus in their work, and staff members with clinical research questions are linked with the investigator with the most closely matching interests.

Program priorities for nursing research at the Clinical Center include the following:

- **Health Related Quality of Life**
- **Health Behaviors**
- **Health Disparities**
- **Chronic Pain Symptom Management and Functional Status**
- **Health Effects of Caregiving**
- **Evidence-Based Practice/Translational Nursing Science**

One of the highlights of the nursing science program at the Clinical Center has been Dr. Margaret Bevans' expanding research portfolio. A major focus of Dr. Bevans' research is the health impact of informal caregiving for a family or friend with cancer, specifically when receiving an intense treatment such as allogeneic hematopoietic stem cell transplantation (HSCT). Her research efforts led to a publication in the *Journal of the American Medical Association (JAMA)* in January 2012 highlighting the importance of identifying caregivers at risk of negative health outcomes and intervening to attenuate the stress associated with the caregiving experience. By year's end, the *Journal of Health Psychology* published the findings from her intervention research aimed at problem-solving education to improve self-efficacy and distress in HSCT caregivers. Her work has recently expanded with collaborations across 5 ICs to explore the physiological and clinical markers of chronic stress in this population.

Dr. Bevans' caregiver intervention research is also expanding to include a mind-body component with her fellow Dr. Alyson Ross, who completed her predoctoral fellowship in May 2012. As an experienced Iyengar yoga practitioner and instructor, Dr. Ross has an interest in the impact of stress on health behaviors. She is particularly interested in how mindfulness techniques such as yoga and meditation may be used to lower stress and improve health behaviors. In 2012, she co-authored a paper with Dr. Bevans on the influence of cancer caregiving on health behaviors in *Cancer Nursing* along with her dissertation research in the *Journal of Evidence Based Complementary and Alternative Medicine* highlighting the health benefits of yoga practice.

Gwenyth Wallen, RN, PhD and Kimberly Middleton, RN, MPH continue to build on their community based participatory (CBPR) work in chronic care management and integrative

self-care approaches in minority patients with rheumatic diseases. Two papers describing this CBPR work were published in 2012 in the journals of *Progress in Community Health Partnerships: Research, Education, and Action* and *Integrative Medicine Insights*. Through an ongoing collaboration with the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Kimberly Middleton took on a new role as Principal Investigator for a study entitled, "A Pilot Study of Yoga as Self-care for Arthritis in Minority Communities".



Dr. Wallen receives NIH Directors Award

Teresa Brockie, RN, MSN, a predoctoral fellow from Johns Hopkins School of Nursing has extended this CBPR in underserved and minority communities through her doctoral dissertation research exploring the *Historical and Contemporary Factors Influencing the Lives of Reservation-Based Native American Youth: Non-Lethal Suicidal Behavior*. This collaborative work utilized an all Native American research team for data collection, including three tribal college students and an associate professor from the University of New England.

Nancy Ames, RN, PhD continues to develop a clinically focused research portfolio examining the oral microbiome and the signs and symptoms of fever. This work has resulted in a clinically focused paper on ventilator associated pneumonia in the *Journal of the American Medical Association (JAMA)*. A laboratory focused paper on the characterization of the oral microbiome in allogeneic stem cell transplant patients was published in *PLoS One*.

NINR and Clinical Center Complete Second Fellowship in Integrative Health

Under the mentorship of Dr. Wallen, Cynthia Leaver, RN, PhD, FNP-BC successfully completed the second Bravewell Collaborative, NINR, and Clinical Center (BNC) Postdoctoral Fellowship in Integrative Health Research in December 2012. The BNC Partnerships Program at the NIH was a Fellowship Program that linked the Intramural Program of the National Institute of Nursing Research and the Clinical Center at NIH, with the Bravewell Collaborative. The purpose was to train postdoctoral fellows in integrative medicine research. The graduate experience is unique in that it combines the academic environment of the University of Arizona, the breadth and depth of research at the NIH with a clinical integrative medicine focus. Dr. Leaver published her Delphi study entitled "Naturopathic Management of Females with Cervical Atypia: A Delphi Process to Explore Current Practice" in the *Integrative Medicine Insights* journal. In addition, Dr. Leaver and Dr. Wallen completed a collaborative laboratory study at Georgetown University examining the cell biology of immortalized

cell lines and primary human keratinocytes exposed to *Sanguinaria Canadensis*, an herbal antimicrobial. This study was presented at the 2012 Translational Science Meeting held in Washington D.C.



Dr. Leaver in lab.

Evidence-Based Practice/Translational Nursing Science

Evidence suggests that insomnia and alcoholism are significantly associated however causal explanations for the relationships remain unclear. Prolonged and heavy use of alcohol is associated with persistent sleep

disturbances. Although the onset of sleep may be accelerated with the consumption of alcohol, the second half of sleep becomes fragmented. Alcoholics with both short and long-term abstinence report disturbed sleep. Poor sleep hygiene (preparation for sleep) was noted in 1SE patients enrolled in National Institute on Alcohol Abuse and Alcoholism (NIAAA) research protocols. This issue of poor sleep hygiene in alcoholics has implications for developing evidence based nursing interventions to increase sleep quality and efficiency while patients are hospitalized. Rosa Clark, RN-BC, MS and Barbara Whiting, RN MSN assembled and led a nursing research team to establish the prevalence of sleep disturbances in this patient population as a first step towards addressing practice changes to improve sleep in this population. This collaborative study resulted in the acceptance of two peer reviewed abstracts and a publication led by Alyssa Brooks, pre-doctoral fellow, in the open access journal *Substance Abuse: Research and Treatment*.



CLINICAL PRACTICE AND SHARED GOVERNANCE

Nurses at the Clinical Center are active participants in the development and management of clinical practice through proactive nursing shared governance. "Shared Governance" is a well known organizational design within health care facilities around the country that provides clinical staff with a strong voice in decisions affecting nursing practice. The biggest change for shared governance in 2012 was the addition of 2 new committees. The Recognition and Retention Committee and the Nursing Research Participant Education Committee.

The Coordinating Council (CC) supports the work of Shared Governance by setting the agenda for the Nursing practice council and communicating between standing committee leadership and promoting collaboration on joint practice issues. The council is comprised of all Shared Governance committee Chairs and Chair-elects and the Chief Nurse of CCND.

Through collective decision-making, the Nursing Practice Council (NPC) and clinical nurses who participate on hospital and medical staff committees support professional nursing practice and facilitate professional development.

Committee Highlights and Updates



2012 Coordinating Council.

Nursing Practice Council



2012 Chair and Chair-elect of NPC.

Clinical Practice Committee



2012 Chair-elect, Administrative Liaison and Chair for the CPC committee.

In 2012 the Clinical Practice Committee (CPC) reviewed 19 procedures and 22 standards of practice.

The committee was assigned 26 NPC requests of which 24 were completed. The remaining 3 will be addressed in 2013. CPC set a goal of enhancing communication of document review for all stakeholders.

Two projects to help meet this goal included:

- A Communication Contest in which unit representatives sought to improve communication. The contest submissions were shared with CPC members in order to show others how to improve communication on their individual units.
- A new communication tool for the Nursing Intranet. A new section of highlights was added to the Procedures and Standards of Practice page as a means of quickly highlighting the changes made to a document via review and/or revision, the key points from the implementation of a new document, or the reason for the deletion of a document. Primary Stakeholders helped with making bullet summaries to post on this page.

Additionally, the CPC leadership structure was revised to include an Administrative Liaison role. This additional role offers the opportunity for a CPC member to help the Chairs with minutes and document review. If a Chair or Chair-Elect is not available to fulfill his/her role in a meeting, the liaison would be able to sit in for the Chair-Elect role. It also offers the volunteer an opportunity to find out more about Chair roles with the aim at possibly running for a Shared Governance Leadership role in a future year.

Performance Improvement Committee



2012 Chair and Chair-elect of PIC Committee.

The Performance Improvement Committee (PIC) supported the Nursing Department in preparation for our Joint Commission visit in the fall and reviewed data for clinical readiness and periodic performance review (PPR) data. They supported other major initiatives including changes for the Falls SOP and supported the introduction of the NDNQI survey. They had informative discussions in 2012 around unit level data and each members role in understanding performance measures. Small group break-out sessions were held to share ideas and generate new projects for performance improvement in 2013. A new unit level dashboard was also introduced to assist PIC members in becoming experts on the interpretation of data. Other data and initiatives evaluated by the committee included differences between Rapid Response and Code Team, Medication Reconciliation and critical lab values notification.

Nursing Information Systems Committee



2012 Chair and Chair-elect of NIS Committee

The Nursing Information Systems Committee (NIS) works as the forum to discuss technological interests affecting nursing documentation and practice within the Clinical Center. Representatives from each nursing unit gather and vote on requests to modify documentation, identify trending technological challenges, and discuss technological educational opportunities. 2012 marked the beginning of the Acuity Transparency initiative with a 2013 goal to pull acuity classifications from the nurses' documentation. Additional accomplishments included the availability of imaging (including CT's and EKGs) now under the Results tab, secondary tasks added as tasks on the Worklist Manager, updates necessary for completing the transition to CRIS version 5.5, and the addition of Clinical Tiles. A number of requests to modify CRIS were discussed and voted on. Among CRIS modifications approved included:

Expanding the header to improve viewing and readability, Self-harm Structured Note modifications, clarifications to the Serial Testing structured note, as well as, a an opportunity to review medications to improve discharge documentation.



Recognition and Retention Committee

2012 Chair and Chair Elect of the R & R Committee.

As the newest members to the shared governance structure, the Recognition and Retention (R&R) Chair and Chair-elect enjoyed the benefit of collaborating with their fellow SG members. This committee thrived in 2012 with new members and a renewed commitment to ensure that nurses are recognized and retained during challenging times. Some of the 2012 activities included;

- Biannual Length of Service Award ceremonies
- Biannual Town Hall meetings with the Chief Nurse Officer

- Winter Holiday celebrations including;
 - Annual Gingerbread House Decorating Contest
 - Holiday Food Drive to benefit the Children's Inn
 - Meet and greet for the night shift staff with the nurse executive team
 - Holiday party
- Nurses Week events
- Recognition activities



Staff enjoy holidays with first and third place in the gingerbread house contest.



PROFESSIONAL DEVELOPMENT AND OUTREACH

Professional Development and Clinical Education

The Office of Professional Development supports recruitment and retention activities, clinical competency based education, leadership education for all levels of clinical staff and professional development and educational outreach in support of the development of Clinical Research Nursing as a specialty. The educational approach includes a blend of precepted and guided practice, classroom and skills lab training, and computer based or web assisted learning strategies. In 2012, the Office of Professional Development offered 25 courses accommodating over 1700 course participants and hosted several special events including the very popular Education Expo, Advanced Oncology Education Series, CRN Fundamentals and many other well attended courses. A major focus of the Office of Professional Development is on the transition of new employees into practice through orientation. Other new developments for 2012 were around development of an online immunology course, a hybrid physical assessment course and the beginning work to offer more CEUs for course offerings.

Outreach activities expanded in 2012 with a new focused effort towards diverse populations, minority students and nurses to the many nursing roles and opportunities available within the Clinical Center. This effort focused on establishing partnerships with NIH networks including the Undergraduate Scholars Program, the Hispanic Employee Committee and the Scientific and Medical Recruitment Forum. Educational sessions and other outreach activities took place in support of this initiative.

Oncology and Med Surg Nurse New Graduate Interns Graduate in 2012

The Oncology and Medical Surgical Nurse Internship Programs graduated 9 interns on May 13, 2012. The groups celebrated completion of the nearly two-year programs which focused on specialty practice and leadership development. All five oncology nurses passed the Oncology Nurse Certification Corporation exam and are officially Oncology Certified Nurses (OCN®). The Medical-Surgical Nurse Internship Program (MSNIP), a twenty (20) month clinical research nurse internship, is designed to assist the new graduate nurse in the development of a foundation within the discipline of medical-surgical nursing. The 2010-2012 class is comprised of four interns: 2 from 5NW, 1 from 5SE, and 1 from 7SW. The Internship program was designed to help new nurses progress within their career.



Oncology Interns receive OCN pins from their mentors.



MSNIP nurses present posters at Nurse Recognition Day.



ONIP and MSNIP Internship Graduation.

Summer Internship in Biomedical Research

Eight graduate, undergraduate and high school students participated in the 2012 Summer Internship Program (SIP) within the Clinical Center Nursing Department. The eight-week program provided students with opportunities to explore the fundamentals of project and research development, and evidence-based practice. The NIH Institutes and the Office of Intramural Training & Education sponsored a wide range of summer activities including lectures featuring distinguished NIH investigators, and career/professional development workshops. The SIP culminated with each student presenting a professional poster on their project at the NIH Summer Poster Day.



2012 Summer IRTAs present their posters at the IRTA Poster Day in August.

Education Expo

The sixth annual Education Expo sponsored by the Office of Professional Development was a success in 2012. The Expo was held three times in 2012 and served almost 150 staff. Training opportunities offered included Code Blue, CPR Revalidation, Annual Computer Based Mandatory Education, Tracheostomy Competency Revalidation, and VAD Service Updates.



Nurses attend the Education Expo to increase their competency and validate their skills.

United States Public Health Service (USPHS) Commissioned Corps



Approximately 10% of nurses employed by the Nursing Department are Commissioned Corps officers.

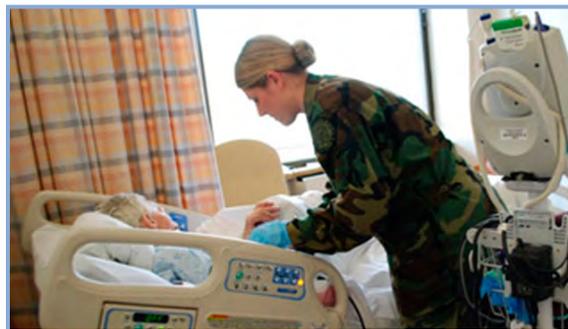
The Mission of the Commissioned Corps of the U.S. Public Health Service “Protecting, promoting and advancing the health and safety of the nation”

As America’s uniformed service of public health professionals, the Commissioned Corps achieves this mission through:

- Rapid and effective response to public health needs,
- Leadership and excellence in public health practices and
- The advancement of public health science.

In addition to their daily professional duties, nurse officers meet annual requirements to maintain readiness in preparation to be able to deploy if needed for national health emergencies. They also participate in local and national events such as State of the Union addresses, recruiting events, and local community events. A major event for 2012 was Hurricane Sandy. More than 300 USPHS officers were deployed to New York and New Jersey in various capacities following the storm

that struck late in October. Among the first emergency responders to arrive to the afflicted areas were our Commissioned Corps officers. On Wednesday October 31st, approximately 75 officers from Rapid Deployment Force-2 (RDF-2) arrived in Brooklyn, New York at the Brookdale Hospital and Medical Center to set up and operate a Federal Medical Station (FMS). Brookdale, set up as a federal medical needs shelter, served as a place for displaced nursing home patients as well as displaced hospital patients and patients with special needs. Six nurses from the Clinical Center participated in this mission. To the right is LT Kelly Kerr (far left) in the nursing station of the Federal Medical Station set up at Brookdale.



Corp nurses responding to Hurricane Sandy.



CLINICAL CENTER NURSING DEPARTMENT ACTIVITIES

NURSES WEEK 2012

Nurses Week Opening Speaker



Dr. Ann Belcher kicks off nurse's week opening ceremony.

The Nurses Week celebration was kicked off with the opening ceremony on in the Masur Auditorium. The PHS Ensemble began the ceremony singing the National Anthem and the Public Health Service March. The keynote speaker was Dr. Ann Belcher from John's Hopkins University School of Nursing who spoke about Humor while Caring. As a nurse educator, she teaches that nursing is about far more than treating illness. She urges students to grasp the heart of what nursing is about: the whole person. Her focus for nurses' week was on the topic of health care with humor which was well received by the nursing staff. Following the opening ceremony presentations, the Nurses Week Team Award was presented. The 2012 Nurses Week Team Award recognized an NIH Nursing team that best exhibited a caring environment within the CRN Model of Care. The 2012 Nurse's Week Team Award was presented to 5NW for Inpatient Services & OP 4 for Ambulatory Care Services.

Immediately following the opening ceremony, a Recognition and Retention Committee hosted a reception in the 1SE Atrium.



Nurses Week Grand Rounds, May 2012

Nurses Week Grand Rounds was presented by Gwenyth Wallen, Christine Grady and Connie Ulrich and focused on **Reframing Informed Consent: Understanding How Research Participants Make Decisions.**

To view the videocast of this special Grand Rounds lecture, visit videocast.nih.gov/summary.asp?Live=11234

U.S. Public Health Service Nursing Recognition Day Conference

At the conclusion of nurses week, the 20th Annual U.S. Public Health Service Nursing Recognition Day Conference was held at the Natcher Conference Center on the NIH Campus . Many nursing department nurses attended with some presenting as speakers and as poster presenters.



Presenters and award recipients at the USPHS NRD Conference 2012.

CAMP FANTASTIC

The NIH Clinical Center and Special Love, Inc. have collaborated since 1983 to provide a week of summer camp fun for 7 to 17 year old kids with cancer. Located at the Northern Virginia 4H Center in Front Royal, VA, Camp Fantastic prides itself in providing a chance for kids attending camp to take a break from the impositions

and restrictions associated with their disease and treatment and to just be kids. Camp provides classes, recreation, and activities for these children while being supported medically by NIH medical and nursing staff members. About 100 kids participate each year at Camp Fantastic.



Camp Fantastic activities enjoyed by all, summer 2012.



AWARDS

Public Health Service Awards (PHS)

Achievement Medal

CDR Beverly Smith

Commendation Medal

LCDR Kimberly Scott

PHS Citation

CDR Rosa Clark

LCDR Lin-hua Tzeng

LCDR Katherine Maye

LT Anne Jejka

LTJG Raven McGlotten

LTJG Frances Andrada

LTJG Kimberly Adao

LTJG Tonya Jenkins

Unit Commendation

CDR Ann Marie Matlock

LCDR Yolawanda McKinney

LCDR Lin-hua Tzeng

LTJG Anthony Valloric

LTJG Kimberly Adao

NIH Clinical Center Director's Awards 2012

Administration

Ruth Walters

Deborah Gutierrez

Pam Horwitz

CDR Ann Marie Matlock

LCDR Kimberly Scott

Jesse Ferguson- Customer Service

LCDR Kimberly Scott

Mentoring

Mary Myers

Patient Care

Kathryn Feigenbaum

Patient Safety Champion

Amy Callahan-Lesher

Science

CDR Rosa Clark

CDR Michael Krumlauf

Barbara Peter Whiting

Alyssa Todaro Brooks

Gwenyth Wallen

Strategic Initiatives

CDR Allison Adams-McClean

Susan Johnson

Helen Mayberry

Barbara Quinn

Teaching/Training

LT Anne Fejka

Celine Gogoua



2012 Publications

- Ames, N., Sulima, P., Ngo, T., Barb, J., Munson, P., Paster, B., Hart, T. A characterization of the oral microbiome in allogeneic stem cell transplant patients. *PLoS ONE*. 2012;7(10):e47628-e47628.
- Bevans, M., Sternberg, E.M. Caregiving burden, stress, and health effects among family caregivers of adult cancer patients. *Journal of the American Medical Association*. 2012;307(4):398-403.
- Bevans, M., Sternberg, E.M. Measuring Stress and Its Impact on Health in Family Caregivers. *JAMA*, 2012, 307: 398-403.
- Calzone, K.A., Jenkins, J., Yates, J., Cusack, G., Wallen, G., Liewehr, D., Steinberg, S., McBride, C. Survey of nursing integration of genomics into nursing practice. *Journal of Nursing Scholarship*. 2012, 44(4):428-36.
- Debrouse, L., Hurd, B., Kiselycznyk, C., Plitt, A., Todaro, A., Camp, M., et al. Probing the modulation of acute ethanol intoxication by pharmacological manipulation of the NMDAR glycine coagonist site. *Alcoholism: Clinical and Experimental Research*. 2012, 37(2): 223-233.
- Demner-Fushman, D., Seckman, C., Fisher, C., Thoma, G. Continual development of a personalized decision support system. *MedInfo*, December, 2012.
- Elliott, D., Geyer, C., Lionetti, T., Doty, L. Managing alcohol withdrawal in hospitalized patients. *Nursing*. 2012.42 (4): 22-30.
- Feigenbaum, K., Brooks, P., Chamberlain, C., Cochran, E., Adams McLean, A., Malek, R., Harlan, D. The Clinical Center's blood glucose management service: a story in quality integrated care. *The Diabetes educator*. 2012, 38 (2):194-206.
- Fisher, C., *Training Essentials*. In: Health Information Technology Exam Guide. 2012. McGraw-Hill. New York, N.Y. 2012.
- Frye, R., Myers, M. Axelrod, K.C., Ness, E.A., Piekarz, R.L., Bates, S.E., & Booher, S. Romidepsin: A New Drug for the Treatment of Cutaneous T-cell Lymphoma. *Clinical Journal of Oncology Nursing*, 2012,16(2), 195-204.
- Haas, S. & Hastings, C. Chapter 2: The Ambulatory Care Nursing Practice Arena. *Ambulatory Nursing Core Curriculum, 3rd Edition* Pitman, NJ: AACN. 2012.
- Hastings, C.E., Fisher, C.A., McCabe, M.A. Clinical research nursing: A critical resource in the national enterprise. *Nursing Outlook*.: 60(3): 149-159,e3. 2012.
- Hastings, C. Clinical Research Nursing: A New Domain of Practice. In: Gallin JI, Ognibene FP. *Principles and Practice of Clinical Research, 3rd Ed.* Elsevier Inc.: Academic Press; 2012,pp. 649-663.
- Mooney-Doyle, K., Wallen, G., Ulrich, C. Research Advocacy. In C. Ulrich, *Nursing Ethics in Everyday Practice*. Indianapolis, IN: Sigma Theta Tau International. 2012.
- Myers, M., Eckes, E. A novel approach to pain management in persons with sickle cell disease. *MedSurg Nursing*. 2012; 21(5):293-298.
- O'Grady, N., Murray, P.R., Ames, N.J. Preventing ventilator-associated pneumonia: does the evidence support the practice? *Journal of the American Medical Association*. 2012;307(23):2534-9.
- Ross, A., Sundaramurthi, P., Bevans, M. A labor of love: the influence of cancer caregiving on health behaviors. *Cancer Nursing*. 2012. Epub. Nov 5.
- Ross, A., Friedmann, E., Bevans, M., Thomas, S. Frequency of yoga practice predicts health: results of a national survey of yoga practitioners. *Evidence-based Complementary and Alternative Medicine* 2012:983258.Epub. 2012 Aug 14.
- Todaro, A., Krumlauf, M., Whiting B., Clark, R., and Wallen, G. Are you sleeping? Pilot comparison of self-reported and objective measures of sleep quality and duration in an inpatient alcoholism treatment program. *Substance Abuse: Research and Treatment*, 2012 6: 135-139.
- Ulrich, C., Knaf, K.A., Grady, C., Ratcliffe, S., Miller-Davis, C., Wallen, G. Developing a model of the benefits and burdens of research participation in cancer clinical trials. *American Journal of Bioethics Primary Research*. 2012;3(2):10-23.

Wallen, G., Middleton, K., Miller Davis, C., Tataw Ayuketah, G., Todaro, A., Rivera-Goba, M., Mittleman, B. Patients' and community leaders' perceptions regarding conducting health behavior research in a diverse, urban clinic specializing in rheumatic diseases. *Progress in Community Health Partnerships: Research, Education, and Action*. 2012;6(4):405-415.

Wallen, G., Baker, K., Stolar, M., Miller-Davis, C., Ames, N., Yates, J., Bolle, J., Pereira, D., St Germain, D., Handel, D., Berger, A. Palliative care outcomes in surgical oncology patients with advanced malignancies: a mixed methods approach. *Quality of Life Research: an International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation*. 2012;21(3):405-15.

Wallen, G., Todaro, A.T. To tell or not to tell: shared decision making, CAM use and disclosure among underserved patients with rheumatic diseases. *Integrative Medicine Insights*. 2012;7:15–22.

Wallen, G., Baker, K. Ethical Challenges in Transitioning to End-of-Life Care: Exploring the meaning of a "Good Death". In C. Ulrich, *Nursing Ethics in Everyday Practice*. Indianapolis, IN: Sigma Theta Tau International. 2012.

Woolery, M. & McGuire, D. Content validity and pre-testing of the pediatric constipation assessment scale. *Journal of Supportive Care in Cancer*, 2012,20, Supplement 1, S-41.

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Presentations

Adao, K. *Nursing Considerations for Loa Loa*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Andrada, F. *Neurofibromatosis Type 2 (NF2): Nursing Implications*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Bevans, M. The Impact of Allogeneic HSCT on Caregivers: What have we learned? *Oncology Nursing Society Congress*, New Orleans, May 2012.

Brenholtz, R., Geraci, M., Myers, M., Johnson, S., Miller-Davis, C., Mayberry, H., & Kolakowski, D. Implementing a New Model of Care in a Clinical Research Setting: Evaluating Change. Presented by Brenholtz at IACRN, Houston, TX; October 2012.

Brockie, T., Dana-Sacco, G., Charette, K., Runs Above, W., Meyers, B, & Wallen, G., *Essentials of research engagement with Native American Tribes: Data collection reflections of a tribal research team* 140th American Public Health Association (APHA) Annual Meeting San Francisco, CA (October 29 – October 31, 2012).

Brockie, T., Dana-Saco, G., *Increasing Research Capacity in a Reservation Community: A Mentoring Session*, Guest Lecturer at Fort Peck Community College, Environmental Science SCI 271, Poplar, MT September 2012.

Brockie, T., Dana-Saco, G., Charette, K., Runs Above, W., Meyers, B, *Historical and Contemporary Factors Influencing the Lives of Reservation Based Native American Youth: Non-Lethal Suicidal Behavior*, Fort Peck Tribal Executive Board, Poplar, Montana, September 2012.

Brockie, T., *Overview of Social and Behavioral Health and Social Determinants of Health*, Faculty at the Center for American Indian Health Winter Institute 2012, An Interdisciplinary Approach to Understanding the Health of American Indians (221.667), Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, January 2012.

Clark, R., Whiting, B., Krumlauf, M., Todaro, A., Misra, L., Gwathmey, M., Wallen, G.R. (2012, May). *Prevalence of Sleep Disturbances in Early Alcohol Recovery in an Inpatient Setting*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Cox, K., & Masdeo, E. Innovation in Programs. Capacity-based Care: A Framework for Preventing Aggressive Behavior. George Mason University Study Group on Behavioral and Health Interventions Showcase of Interdisciplinary Approaches, Fairfax, VA: February 2012.

- Elliott, D. *Healthcare reform: Reducing alcohol and substance abuse in the Latino and Hispanic community*. 37th Annual National Association of Hispanic Nurses. Puerto Rico, July 2012.
- Fisher, C. *Developing courses for online learning*. Uniformed Services University. Bethesda, MD: April 2012.
- Fisher, C. & Novakovich, E. *Implementing EBP into clinical practice*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.
- Fisher, C., Demner-Fushman, D., & Seckman, C. *EBP InfoBot: Evaluation of an Evidenced Based Practice System*. NIH Research Festival. Bethesda, MD: October 2012.
- Fisher, C., McCabe, M., From Abstract to Publication. 4th International Association of Clinical Research Nurses. Houston, TX: October 2012.
- Fisher, C., Wallen, G. *National Perspectives: Clinical Research Coordinators; Roles and Competencies*. UMHS-PUHSC 2nd Annual Joint Institute Symposium. Ann Arbor, MI: November 2012.
- Gutari, CL. (2012) *Defining the Role of International Social Work in International Disaster Response. Case Study: The Haitian Earthquake of 2010*. Washington, DC; November 2012.
- Hastings, C. *Developing an IACRN Research Agenda*. 4th Annual IACRN Conference Houston, TX: October 2012.
- Hastings, C. Making Research Real: A Perspective from the National Institutes of Health. Keynote Address for First Annual UCSF Medical Center Clinical InQuERI Nursing Research Conference, San Francisco, CA. 2012
- Hastings, C. *The Evolving Role of Nurses in Early Phase Research*. Association of Clinical Pharmacology Units Annual Conference, Bethesda, MD: April 2012.
- Hastings, C. *Defining the Impact of Clinical Research Nursing: An Evaluation Framework*. Poster Presentation. Society for Clinical and Translational Science, Washington, DC: April 2012.
- Hastings, C. *The Past, Present and Future of Clinical Research Nursing*. Beatrice Renfield Lecture, Rockefeller University, New York, NY: March 2012.
- Hastings, C. *Overview: Clinical Research Nursing at the NIH Clinical Center, Federal Public Health Nurse Leadership Network meeting*, Rockville, MD: February 2012.
- Johnson, S. *A Qualitative Review of End of Life Care Competency*. NIH Summer Student Poster Day, Bethesda, MD: August 2012.
- Jordan, B.A. *Relationship-Based Care: Implementation of a patient/healthcare provider caring model in an acute care unit in a rural community hospital*. Nu Sigma Chapter of Sigma Theta Tau International Meeting, Waynesburg, PA: November 2012.
- Kolakowski, D., *Research Activities that Contribute to Nursing Workload in a Clinical Research Setting*. QuadraMed User Group Meeting, San Francisco, CA: 2012
- Krumlauf, M. *Developing a poster for presentation*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.
- Matlock, A.M. Family caregiver training. Nursing Research Consortium Doctoral Student Research Conference, Washington, DC: November 2012
- McKinley, J.J. & Cantave, D. *Understanding Mastocytosis*. NIH Summer Student Poster Day, Bethesda, MD: August 2012.
- Mikula, M., Grunberg, O., Parrish, V. *Chemotherapy Check Station: Improving Safe Handling of Hazardous Drugs by Designating Space for Independent Double Checks*. University of Maryland Evidence Based Practice Conference, Bethesda, MD: April 2012.
- Mulholland, C. *Understanding Undiagnosed Diseases*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.
- Myers, M. & Widell, A. *Primary Nursing in a Clinical Research Environment*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Myers, M. & Fisher, C. Using Evidence-Based Practice to Create a Cardiology Review Course. Spotlight, Springfield, VA: October 2012.

Nelson, L. & Matlock, A.M. *Leadership roles for nurses*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Park, M. & Hale, L. *Treating Research Participants with Sickle Cell Disease in a Day Hospital Setting*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Peng, C., Ames, N.J., Callahan, A., Kline Leidy, N., Miller-Davis, C., Powers, J.H., Rosenberg, A., VanRaden, M., Wallen, G.R. Beyond Intuition: Understanding Patient Experiences of Fever. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Peng, C., Ames, N., Callahan, A., Kline Leidy, N., Miller-Davis, C., Powers, J., Rosenberg, A., VanRaden, M., Wallen, G.R. *Beyond Intuition: Understanding Patient Experiences of Fever*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Perkins, R. *Development and Implementation of Standardized Seizure Precautions in the Clinical Research Environment*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Polhida, J. & Lawrence, D. *The Effect of Blue Light on Patients in a Health Care Setting*. NIH Summer Student Poster Day, Bethesda, MD: August 2012.

Prince, P., Wiener, L., Wehrten, L., Berger, A., Caro, M., Flynn, S., Galil, J., Hendricks, J., Margolis, R., Pollack, J., Stubbs, R., Bevans, M.F. An Interdisciplinary Approach To Providing Support for English and Spanish Speaking Patients and Caregivers. APOS 10th Annual Conference, Huntington Beach, California; 2013.

Robertson, B. *Alkaptonuria*. NIH Summer Student Poster Day, Bethesda, MD: August 2012.

Ross, Friedman, Thomas, Bevans, M. The Relationship of Yoga and Health: Home Practice May be the Key. 33rd Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, New Orleans, LA; 2012.

Rozga I & Feigenbaum K. *Clinical Research Nurses in Obesity Research*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Scott, C., Tayviah, S., Davis, J., & Parada, S. *You, Diabetes, and Your Patients*. NIH Summer Student Poster Day, Bethesda, MD: August 2012.

Scott, M.M. *The Advantages of Converting to Insulin Pen Use in an Inpatient Hospital Setting*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD: May 2012.

Shanis, Bevans, M., Kwak, Stratton, DeCherney, Shiriver. Decreased Sexual Function in HSCT woman compared to normal health volunteers. *Society of Gynecological Investigation 59th Annual Scientific Meeting*, San Diego, CA; 2012.

Todaro, A., Washington, K.S., Boekeloo, B.O., Gilchrist, B., and Wang, M.Q. Relationship of personal health experiences with potential predictors of pursuit of health careers. Round table presentation at the 2012 American Public Health Association Annual Meeting, San Francisco, CA. 2012.

Wallen, G.R. *Developing abstracts*. 21st Annual USPHS Nursing Recognition Day, Bethesda, MD.: May 2012.

Wehrten, L. *Clinical Research Nursing at the NIH Clinical Center*. Bethesda, MD August 2012.

Wehrten, L. *Hot Topic: Cancer Caregivers*. Presented at ONS DC Chapter meeting, February 2012.

Woolery, M. & McGuire, D. *Psychometric Evaluation of the Pediatric Constipation Assessment Scale (P-CAS): Evidence of Content Validity*. 36th Annual Association of Pediatric Hematology and Oncology Nurses (APHON) Conference, Pittsburgh, PA: October 2012.

Woolery, M. & McGuire, D. *Pre-Testing the Pediatric Constipation Assessment Scale (P-CAS) using Cognitive Interviewing*. 36th Annual Association of Pediatric Hematology and Oncology Nurses Association (APHON) Conference, Pittsburgh, PA: October 2012.

Woolery, M. & McGuire, D. *Content Validity and Pre-testing of the Pediatric Constipation Assessment Scale*. MASCC/ISOO 2012 International Symposium (Multinational Association of Supportive Care in Cancer), New York City, NY: June 2012.

Woolery, M. & McGuire, D. *Content Validity of the Pediatric Constipation Assessment Scale*. Oncology Nursing Society Congress, New Orleans, LA: May 2012.

Woolery, M. J., Duncan, F., Introne, W. J. & Smith, A.C.M. *Constipation in Smith-Magenis Syndrome: What Goes in Must Come Out*. ACMG conference, Charlotte, NC: March 2012. (Poster)

Zadeh, Wiener, Bevans, M., Holland. Symposium: Identifying Clinically Meaningful Distress Across the Lifespan. Bevans, Distress Screening in Transplant Family Caregivers: What have we learned? *9th Annual American Psychosocial Oncology Society Meeting*, Miami, FL; 2012.

Research 2012

12-CC-0145

Pilot Study of Yoga as Self-Care for Arthritis in Minority Communities
Kimberly Middleton, BSN, MPH

11-CC-0265

A Pilot Study to Examine Physiological and Clinical Markers of Chronic Stress in Caregivers of Allogeneic Hematopoietic Stem Cell Transplant (HSCT) Recipients
Margaret Bevans, RN, PhD, AOCN

11-CC-0201

The Effect of Music Listening on the Amount of Opioids Used in Surgical Intensive Care Patients
Nancy Ames, RN, PhD

11-CC-0083

Beyond Intuition: Quantifying and Understanding the Signs and Symptoms of Fever
Nancy Ames, RN, PhD

10-CC-0149

Comparing Expecterated and Induced Sputum & Pharyngeal Swabs for Cultures, AFB Smears, and Cytokines in Pulmonary Nontuberculous Mycobacterial Infection
Ann Peterson, RN, MS

05-AA-0121

Assessment and Treatment of People with Alcohol Drinking Problems
* Nursing Led Amendment
Sleep Quality and Daytime Function in Patients Undergoing Inpatient Treatment for Alcohol Dependence
David T. George, MD
Gwenyth R. Wallen, RN, PhD
*Collaborative study with institute intramural research program.

Studies in Analysis/Dissemination

08-CC-0220

A Phase II clinical trial to determine the effectiveness of problem solving education in caregivers and patients during allogeneic HSCT

Margaret Bevans, RN, PhD, AOCN

07-CC-0011

Hypnosis as a Pain and Symptom Management Strategy in Patients with Sickle Cell Disease

Gwenyth R. Wallen, RN, PhD

07-CC-0153

Effects of Peripheral Blood Stem Cell Transplantation on the Microbial Flora of the Oral Cavity (doctoral dissertation)

Nancy Ames, RN, PhD

05-CC-0216

Prospective Assessment of Functional Status, Psychosocial Adjustment, Health Related Quality of Life and the Symptom Experience in Patients Treated with Allogeneic Hematopoietic Stem Cell Transplantation

Margaret Bevans, RN, PhD, AOCN

Non-Clinical Evaluation Studies:

2012 OHSRP #11724

The Factors Influencing the Use of Hazardous Drug Safe Handling Precautions Among Nurses Working in an Acute Care Oncology Research

Principal Investigator: Nancy Ames, PhD, RN

2011 OHSRP #5849

The Delphi Process: Naturopathic management of females with HPV

Principal Investigator: Gwenyth Wallen, PhD, RN

2010 OSHRP#5246 – Clinical Research Nurse (CRN) Role Delineation Survey Study

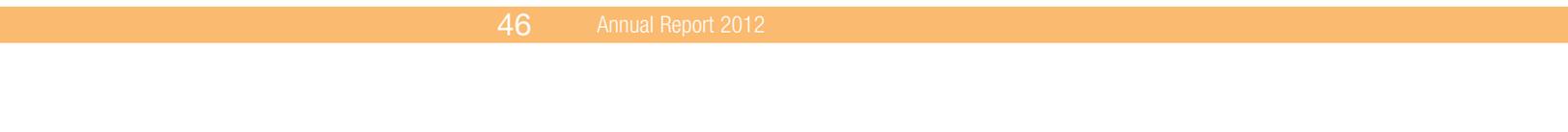
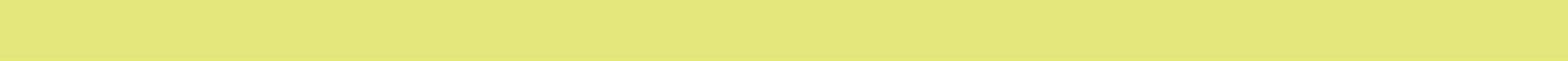
Principal Investigator: Margaret Bevans, PhD, RN

2009 OHSR #3956 - NLM InfoBot Integration

Principal Investigator: Cheryl Fisher, EdD, RN-BC

2009 OHSR #4979 - Effectiveness of a Hybrid Learning Approach for Pre-transplant Stem Cell Patients and Caregivers

Principal Investigator: Cheryl Fisher, EdD, RN-BC







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