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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 defines 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 also develop and disseminate practice documents, standards and management tools for implementing clinical research nursing across the global continuum of clinical practice settings in which human subjects research is conducted.
Message from the Chief

In 2012, we reorganized Clinical Center Nursing Department in response to national policy, fiscal and technological changes that have speeded the pace of clinical research discovery, exploded diagnostic, imaging and information processing requirements and technology, and opened entire new fields of investigation with human subjects. Our organization is now designed to facilitate full collaboration between nursing and the investigators from one or more Institutes and Centers as they conduct research that spans the continuum from ambulatory care to critical care and back to the community. We have to be more responsive than ever, learning new ways to support large cohorts of subjects being studied in short term trials, such as vaccine development, as well as the intensive characterization and long term acute care often needed to support the well-established portfolio of natural history studies. Our staff must be prepared for varying levels of complexity and flexibility and supremely high performance. We have spent 2013 implementing the roles and recruiting experts and leaders to support this new level of high demand.

In 2013 we filled all of our newly defined nurse manager positions, defined and filled new roles for unit level Clinical Managers, with formally defined functions as Team Leaders, and almost completed filling positions that were established in Research and Practice Development and Clinical Operations to support a new level of responsiveness, flexibility and expert clinical research nursing performance by our staff. And because we are in a fiscal climate of flat or reducing budgets, this all required that there be no impact to our budget.

As 2014 begins, we can anticipate an intensive period of orientation, new learning and new team establishment. But there is consensus among nursing leaders at the Clinical Center that this is what we came here to do, and that we are rapidly setting the stage to truly make the Clinical Center able to fulfil its role as “America’s Research Hospital.”

Clare Hastings, PhD, RN, FAAN
Chief, Nursing Department
National Institutes of Health Clinical Center
The Executive Team includes 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 Oncology and Critical Care, the Service Chief for Neuroscience, Behavioral Health and Pediatrics, and the Service Chief for Medical Surgical Specialties. 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.
Nursing Department Organizational Structure

Office of the Chief Nurse
Chief Nurse Officer
Clare Hastings, PhD, RN, FAAN

Deputy Chief Nurse for Research and Practice Development (Nursing Research & Transitional Science, Nursing Education, Outcomes Management)
Gwenyth R. Wallen, PhD, RN

Deputy Chief Nurse for Clinical Operations (Staffing and Workforce Planning, Recruitment, Outreach and Workforce Management)
Tannia Cartledge, MS, RN

Service Chief for Oncology and Critical Care
Deborah Kolakowski, DNP, RN

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

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

For more detail on the nursing department organizational structure visit http://cc.nih.gov/nursing/about/orgchart.html.
NIH Clinical Center Accomplishments Supported by Nursing

In 2013, The Clinical Center celebrated its 60-year anniversary since admitting the first patient in 1953. Since that time, numerous achievements can be credited to our researchers, patients, and nursing staff thanks to their dedication and commitment in solving public health issues. As Franklin D. Roosevelt dedicated the NIH buildings and grounds he said, “We cannot be a strong nation unless we are a healthy nation.” As we look back at the contributions and look forward to the future, we as Clinical Research Nurses should feel proud to be recognized for our part in the NIH history. Some of the major significant accomplishments through the decades include:

- **1950s**: Chemotherapy proves successful in treating cancer
- **1960s**: Blood lipids are established as biomarkers for heart disease
- **1970s**: Blood supplies become safer with the identification of Hepatitis B test
- **1980s**: HIV diagnostics and treatments developed
- **1990s**: Human diseases begin to be cured with Gene therapy
- **2000s**: Metastatic cancer treated with adoptive immunotherapy

For more on the 60th anniversary of the Clinical Center go to [http://clinicalcenter.nih.gov/about/news/annivers60.shtml](http://clinicalcenter.nih.gov/about/news/annivers60.shtml).
Clinical Research Nursing Past, Present and Future

In January, 2007, the Clinical Center Nursing Department at the National Institutes of Health launched a four-year strategic plan to lead an international effort to define the specialty practice of Clinical Research Nursing. Our goal was to take this definition to the level of detail and consensus required to create a certification process for nurses practicing in clinical research. This initiative was called Clinical Research Nursing 2010, or CRN2010. The timeline below depicts highlights and significant milestones that occurred during this developmental process.

Starting on March 14th of 2007 a series of leadership retreats were held to begin Team Leader Preparation for the CRN workgroups. A subsequent leadership retreat on March 19th with the Nursing Department leadership launched the workgroups.

Early in 2008 the CRN workgroups continued with work they started in 2007. From this previous work, a new MODEL OF CARE was implemented.

2007

A series of workshops and retreats followed throughout the year ending in December with an end of year retreat to present progress and workgroup outcomes.

2008

CRN Workgroups

- Model of Care
- Evidence Based Practice
- Clinical Documentation
- Patient Education
- Continuity Management
- Creating Consistency
- Staffing by intensity
- CRN Roles

Two primary roles identified for the CRN

- Clinical Research Nurse
- Research Nurse Coordinator

2009

CRN Milestones

The first draft of 5 CRN competencies were developed by the CRN Education workgroup.

2009 began with a retreat to clarify charge of the workgroups for the year. This year extended to include institute colleagues and colleagues from other disciplines for their input.

2010

CRN Milestones

- Clinical Research Nurse role descriptions documented
- Study for CRN domain of practice developed

Vision Statement

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 accurate, 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.
First CRN Fundamentals course piloted
Role delineation study described the frequency and perceived importance of activities performed by nurses in a clinical research setting
Branding campaign launched to establish awareness and image for Clinical Research Nursing

CRN competency validation implemented
New Nursing Research Participant Education committee (NRPEC) launched
IACRN Research Committee established with key priorities to further expand the Domain of Practice and to identify metrics that validate the importance of the CRN.

CRN Fundamentals course offered monthly to all Clinical Research Nurses
New website up with CRN branding http://cc.nih.gov/nursing
Validating the Clinical Research Nursing Domains of Practice published
Clinical Research Nursing begins to look at the Domain of Practice to include Leadership dimension

The new model of care for Clinical Research Nursing was validated through our nursing shared governance process
CRN education moves beyond US boarders to include courses for China and collaborations with the UK

The NIH Clinical Center Nursing Department Annual Report 2013
Clinical Research Nurse Residency Program

The new nurse residency program was developed in 2013 with the first cohort of 9 residents hired in the fall. The focus of this program is to ease new nurses with the transition into practice since evidence suggests that new graduates are at their highest risk for leaving the profession during their first year in practice. This program is different from the former internship program which focused on specialty areas of practice. This program is the first ever to be designed for a research setting and provides support, education, networking opportunities and the opportunity to build positive relationships with each other as well as the research team. The program is offered over the course of one full year with a focus in three major areas: clinical care, leadership and professional role development as a clinical research nurse.

Highlights in 2013

Protocols and Patient Activity in 2013

<table>
<thead>
<tr>
<th></th>
<th>FY 2012</th>
<th>FY 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Protocols</td>
<td>1,530</td>
<td><strong>1,570</strong></td>
</tr>
<tr>
<td>New Protocols</td>
<td>167</td>
<td><strong>162</strong></td>
</tr>
<tr>
<td>New Patients</td>
<td>10,694</td>
<td><strong>10,196</strong></td>
</tr>
<tr>
<td>Inpatient Days</td>
<td>54,971</td>
<td><strong>51,418</strong></td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>5,916</td>
<td><strong>5,887</strong></td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>102,169</td>
<td><strong>102,115</strong></td>
</tr>
</tbody>
</table>

Nurse Residents and Program Coordinators, 2013
Veterans Incentive Program

The Nursing Department developed and piloted the Veterans Incentive Program (VIP) in 2013. The program offers prior and transitioning corpsmen and medics the opportunity to apply the training they received while serving in the military to the unique setting of the NIH Clinical Center. The program's goal is to employ individuals as patient care technicians for 13 month appointments with federal benefits while simultaneously supporting them in completing their education and becoming licensed RNs. Out of over 80 applicants, four veterans were selected and have been participating in the program since July. One of the program goals for the upcoming year is to develop a curriculum of enrichment opportunities with emphasis on clinical research that will bolster their nursing education as well as their clinical acumen.

Transparent Classification

In 2013, a major initiative was in development to create an interface between CRIS nursing documentation and Acuity Plus to calculate acuity and patient complexity scores based on nursing documentation, thus eliminating manual patient acuity classification by nursing staff. Intensive work went into the development of CRIS screen changes and the development of mapping tables to link structured notes, flow sheet and medical orders to the acuity system. Parallel testing and educational sessions were conducted with plans for “go-live” to take place on the inpatient and behavioral health units in early 2014.

Knowledge Based Medication Administration

As the Clinical Center expands barcoding technology targeted at patient safety, a major accomplishment in 2013 was the long awaited training and preparation of Knowledge Based Medication Administration fondly known as KBMA. Clinical Nurse Specialists, Nurse Consultants and Nurse Educators worked hand in hand with the pharmacy and the Department of Clinical Research Informatics (DCRI) to develop policy, the implementation plan and the critical education needed to train 700 nurses and respiratory therapists. Additional focus was on the complexities around the necessary hardware and equipment needed for the implementation. This group worked tirelessly to ensure that all staff was able to work with this new technology that connects the patient via their wristband with their medication orders in the electronic medical record (or CRIS). Practice exercises, training materials and multiple staff from multiple departments worked together to deliver training and to answer questions regarding KBMA as they prepared for go-live in early 2014.
Nursing Research at the Clinical Center

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 connected areas of focus in their work with staff members and clinical research questions to closely link staff with the investigators 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
An important highlight for the nursing research program in 2013 was an outstanding Board of Scientific Counselors (BSC) review. The objective of the review was to evaluate the quality of the nursing department’s research program and the contributions of the program’s clinical nurse scientists. Under review were the studies led by the nurse scientists and contributions made by the research fellows and staff. Research fellows in 2013 include post-baccalaureate intramural research training award recipients Claudia Peng, BS, Regina Andrade, BS and Rebecca Shuford, BS, pre-doctoral fellow Alyssa Brooks, BS and post-doctoral fellows Nancy Ames RN, PhD, Teresa Brockie RN, PhD and Alyson Ross RN, PhD.

Studies in the nursing research portfolio include populations that range from in-patient subjects with Aplastic Anemia (A Description of the Oral Microbiome of Patients With Severe Aplastic Anemia, PI: Dr. Nancy Ames) and those receiving treatment for alcoholism (Assessment of Sleep Dysfunction During an Inpatient Alcohol Treatment Program PI: Dr. Gwen Wallen) to minorities in the community with chronic illness (Pilot Study of Yoga as Self-Care for Arthritis in Minority Communities, PI: Kimberly Middleton) and caregivers of patients receiving allogeneic transplantation (A Pilot Study to Examine Physiological and Clinical Markers of Chronic Stress in Caregivers of Allogeneic Hematopoietic Stem Cell Transplant (HSCT) Recipients, PI: Dr. Margaret Bevans). In addition to the active studies, 18 peer reviewed manuscripts were published highlighting scientific contributions and investigator expertise. More information about Nursing Research and Translational Science staff and research can be found at http://cc.nih.gov/nursing/research/index.html.

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

Dr. Gwenyth Wallen, Deputy Chief Nurse for Research and Practice Development, Chief for Nursing Research and Translational Science, and Clinical Nurse Scientist is a well-established bilingual clinician and investigator in the field of health behavior and chronic disease management. Dr. Wallen was recognized this year for her excellence in science with a NIH Clinical Center Directors award.

Dr. Margaret Bevans, Program Director for Scientific Resources and Clinical Nurse Scientist is an expert in hematopoietic stem cell transplantation nursing and investigator in the area of health-related quality of life and the effects of stress in caregivers of cancer patients. Dr. Bevans was recognized with the RADM Julia R. Plotnick Award for Health/Nursing Policy award for her publication in the Journal of the American Medical Association on the stress of cancer caregivers.
Mentorship

Clinical Nurse Scientists, Gwenyth Wallen, RN, PhD and Margaret Bevans, RN, PhD, mentor junior investigators and fellows to expand the research priorities of the department. Dr. Wallen 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 2013 in the journals of Yoga and Physical Therapy and Health and Quality of Life Outcomes.

Teresa Brockie, RN, PhD completed her doctoral studies in 2013 from Johns Hopkins School of Nursing and is a post-doctoral fellow with Dr. Wallen. She has extended the 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. In 2013 her expertise generated a publication on health disparities in Native American in Nursing Research and Practice.

Nancy Ames, RN, PhD continues to develop a clinically focused research portfolio examining the oral microbiome in immunocompromised patients in addition to her research to identify the signs and symptoms of fever. In 2013 this work has resulted in a clinically focused paper in the Journal of Pain and Symptom Management.

Alyson Ross RN, PhD is a post-doctoral fellow with Dr. Bevans’. As an experienced Iyengar yoga practitioner and instructor, Dr. Ross is extending the caregiver intervention research to include specific techniques to lower stress and improve health behaviors. In 2013 papers on the influence of cancer caregiving on health behaviors was published in Cancer Nursing along with research on the health benefits of yoga practice in Complementary Therapies in Medicine and Holistic Nursing.

Evidence-Based Practice/Translational Nursing Science

Evidence suggests that insomnia and alcoholism are significantly associated however causal explanations for the relationships remain unclear. 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. A partnership between the nursing department and the National Institutes on Alcohol Abuse and Alcoholism led to a collaborative study to establish the prevalence of sleep disturbances in patients with alcoholism. This research will provide a significant step towards addressing practice changes to improve sleep in this population.
Clinical Practice and Shared Governance

The Coordinating Council supports the work of Shared Governance by setting the agenda for the Nursing Practice Council (NPC) 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 the nursing department.

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 provide clinical staff with a strong voice in decisions affecting nursing practice. 2013 was the first full year for the two new committees added to the shared governance structure; the Recognition and Retention Committee and the Nursing Research Participant Education Committee.

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

The Coordinating Council members have the opportunity to participate in monthly education sessions that focus on their leadership development to help prepare them for the challenges that arise as they step up and out onto the leadership path. In 2013 these educational sessions included topics focused on emotional intelligence, strategies for resilience leadership, effective meeting management and others.
Committee Highlights and Updates

Nursing Practice Council

Clinical Practice Committee

The Clinical Practice Committee (CPC) was very busy in 2013 using evidence and experts to update 5 Procedures and 16 Standards of Practice. Another major accomplishment for the year included a change in the schedule in which the documents are now reviewed. In order to increase the quality, the committee now reviews all documents on a 3-5 year schedule which allows more time for stakeholder input. Additionally, the committee changed the review process for documents with a specific focus (ie. Eye Clinic) so that each unit or program of care could focus on their personal practice documents without committee input but instead with final approval from the nurse manager and service chief. Both of these changes were approved by NPC in 2013. Finally, CPC refined the development of a communication binder for the committee processes which will now serve as a model for the other committees and they increased communications to all nursing staff via the summary of changes posted with each document on the nursing intranet. Additionally, the Quick Updates newsletter that is sent to all nursing staff added a section outlining which documents are posted to notify staff they are available.
Performance Improvement Committee

The Performance Improvement Committee (PIC) continued with their new focus for 2013 looking at data as an opportunity to improve clinical practice. The committee projects focused on urinary catheter infection or (CAUTI) and established a sub-group including 3 physicians to look at decreasing infection rates and development of an SOP. An additional sub-group was formed at the request of the procedure service (PVCS) to audit documentation of central lines in CRIS with the ultimate goal of sending back recommendations for improving consistency of data entry and improved reports on central lines. The committee also had the opportunity to expand their knowledge base thanks to presentations on the Picker Survey (a patient satisfaction survey), basic principles and steps in performance improvement, the NDNQI survey and scoring guide. In addition to gaining new knowledge, the committee gave back through the process of unit presentations on discharge planning, healthy work environments, autonomy and decision making.

Nursing Information Systems Committee

In 2013, the Nursing Information Systems Committee (NIS) formed several sub-committees to focus on several new projects that were directly related to the nursing department’s goals. Specifically, development of a new flow sheet that merged several NPC requests along with the Nursing Assessment and the Treatment and Care flow sheets. The Chemotherapy/Biotherapy subcommittee sought to improve efficiency of documentation along with clarity around requirements and the hand-off report subcommittee reviewed possibilities of creating an electronic tool for documenting hand off report.
Nursing Research Participant Education Committee

The Nursing Research Participant Education Committee (NRPEC) convened its first meeting in February of 2013 following a NPC request in the summer of 2012. In its first year, the committee focused on getting itself established by writing by-laws, soliciting a chair and chair-elect, a sponsor and representatives for the committee. This committee was highly successful in establishing new processes for developing new documents, reviewing existing documents and developing a web page to increase access to the high quality outputs from the committee. NRPEC worked closely with the Office of Communications and Media and the Clinical Center, Research Participant Education Committee (RPEC) to ensure standards for public documents. They also participated in educational sessions on developing culturally sensitive and literacy sensitive documents, working with databases and other library resources that support the committee work. Some highlights of the educational documents completed by the committee include:

- Welcome To (Your Unit)
- Falls Discharge Sheet
- Understanding your CBC
- Adenovirus
- And others

Recognition and Retention Committee

The Recognition and Retention (R&R) Committee directed their focus for 2013 towards learning about data from the NDNQI survey results for the purpose of directing improvements towards nurses at the unit level. In addition to this new focus, the committee continued to coordinate celebratory events for nurses week, length of service recognition, berevement and the holidays.
Professional Development and Outreach

Professional Development and Clinical Education

Summer Internship in Biomedical Research

Kayte Lambert, a Nursing Department participant in the NIH 2013 Summer Intern Program, placed second in the poster competition. Kayte's poster, “Clinical Holding in the Ambulatory Care Setting,” focused on the important topic of providing a safe and effective way to care for pediatric patients who require assistance for procedures. Kayte worked with the OP5 (Ear, Nose and Throat and Neurology Clinic) Nursing team, who conducted a review of the literature on the topic. She used her findings to design her winning poster. Well done Kayte!

2013 Summer IRTAs present their posters at the IRTA Poster Day in August.
In 2013, the Commissioned Corps nurses from the Clinical Center participated in the 57th Presidential Inaugural event and in the 50th anniversary of the March on Washington. Fifty years ago the inspirational, “I Have a Dream” speech by Dr. Martin Luther King, Jr occurred and more than 200,000 Americans gathered in Washington DC for a political rally, which became a key moment in the struggle for civil rights in the United States. Dr. King inspired millions across the world with the delivery of his famous speech on the steps of the Lincoln Memorial. For both events, officers staffed first aid tents to support participants of these large public gatherings.

Other activities that the officers contributed to include the annual gathering on the mall in Washington DC for the July 4th celebration, the State of the Union address, the World War II Memorial event (music and chorale ensemble), NIH USPHS Awareness Day, Annual USPHS Nursing Recognition Day and the USPHS Scientific Training Symposium.

To read more about the USPHS Nurse Commissioned Corps visit http://www.usphs.gov/profession/nurse.
Nurses Week 2013

The Nurses Week Grand Rounds presenters featured Dr. Clare Hastings, Chief Nursing Officer, and Dr. Barbara Jordan, Nursing Service Chief for Neurosciences, Behavioral Health and Pediatrics. The title of their presentation was, “Blending Clinical Care and Research: a Clinical Research Nursing Model of Care”. They spoke of the importance that nurses play in clinical research and the work that has been done to establish clinical research nursing as a specialty.

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

U.S. Public Health Service Nursing Recognition Day Conference 2013

22nd Annual U.S. Public Health Service Nursing Recognition Day
Embracing Diversity: Limitless Possibilities in Nursing

For more on this conference visit:
http://phs-nurse.org/events-sub-committee/nurse-recognition-day-2013
NIH Clinical Center Nursing Department New Doctorates

Three Nurse Executives and 3 Nursing Department Leadership earned doctorates in 2013. This adds to the growing number of nurses in the Clinical Center with doctorates in nursing practice (DNPs) and PhDs. These highly specialized nurses lead major program agendas, research agendas and contribute to patient care. Congratulations to all!

### Dissertation Title

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Barbara Jordan DNP</td>
<td>Relationship-Based Care: Implementation of a Patient/Healthcare Provider Caring Model in an Acute Care Unit in a Rural Community Hospital</td>
</tr>
<tr>
<td>Debbie Kolakowski DNP</td>
<td>Research Activities that Contribute to Nursing Workload in a Clinical Research Setting</td>
</tr>
<tr>
<td>Ann Marie Matlock DNP</td>
<td>Family Caregiver Training – An Evidenced Based Practice Initiative</td>
</tr>
<tr>
<td>Teresa Brockie PhD.</td>
<td>Historical And Contemporary Factors Influencing Non-Lethal Suicidal Behavior Among Reservation-Based Native American Youth</td>
</tr>
<tr>
<td>Ann Peterson PhD.</td>
<td>Comparing Expectorated and Induced Sputum &amp; Pharyngeal Swabs for Cultures, AFB Smears, and Cytokines in Pulmonary Nontuberculous Mycobacterial Infection</td>
</tr>
<tr>
<td>Myra Woolery PhD.</td>
<td>Psychometric Evaluation of the Pediatric Constipation Assessment Scale (P-CAS) in Children with Cancer or Hematologic Disorders</td>
</tr>
</tbody>
</table>

### Dissertation Award

Dr. Myra Woolery received the *Karen Soken Award for Excellence in Doctoral Research* from the University of Maryland for her study entitled, “Psychometric Evaluation of the Pediatric Constipation Assessment Scale (P-CAS) in Children with Cancer or Hematologic Disorders.” This was a three-phase study aimed at: 1) conceptualizing and implementing strategies to effectively estimate content validity of this measure; 2) using cognitive de-briefing to authentically verify conceptualizations contained within the measure with pediatric subjects; and 3) administering the measure to children with cancer or hematologic disorders at risk for developing constipation to estimate psychometric properties of the measure. Dr. Woolery’s work entailed a number of challenges, particularly in working with a vulnerable group of subjects and her work has been of consistently high quality and demonstrative of continued high standards and relevance to the target population.
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.
Awards

The Retention and Recognition Committee honored three nurses at the biannual length of service award ceremony for 35 years of service and their commitment to nursing and care of research participants. The nurses recognized are (left to right): Delores Medina, CRN Outpatient Clinic 9; Senora Mitchell, Nursing Program Support Staff; and Lori McIntyre, CRN Inpatient Unit 3NW.

Public Health Service Awards (PHS)

- **Commendation Medal**
  - CDR Leslie Wehrlen
  - CDR Allison Adams-McLean

- **PHS Citation**
  - LTJG Anthony Valloric
  - LT Leslie Poudrier
  - LT Frances Andrada
  - LT Cynda Hall
  - LCDR Micahel Gwathmey

- **Unit Commendation**
  - LCDR Michael Gwathmey
  - LCDR Leslie Poudrier
  - CDR Michael Krumlauf
  - CDR Allison Adams-McLean
  - CDR Rosa Clark

NIH Director’s Awards

- **Tannia P. Cartledge**

  For transformational leadership of clinical nursing operations at the Clinical Center during a period of reorganization, intensive patient care needs and major changes.
NIH Clinical Center Director’s Awards 2013

Administration
› Sandra Brown
› Shirley Gorospe
› Brenda Justement
› Pam Orzechowski

Nursing Management Team
› CDR Felicia Andrews
› Deborah Gutierrez
› Bruce Steakley

3NW Clinical Research Nurse Leadership Team
› Caitlin Carlock
› Lori McIntyre
› Tye Mullikin
› Barbara Rawlings

Jesse Ferguson – Customer Service
› Jose Maldonado
› Cecil Gitome
› Phyllis Vincent
› Bobby Gibson

Patient Care
› Relia Atienza
› Maureen Kennedy
› Lois Kovac
› Tony Santucci

Mentoring
› Diane Lawrence
› Katharina Ganapathi

Quality of Work Life/Diversity
› CDR Allison Adams-McLean
› CDR Leslie Wehrlen

Science
› Gwen Wallen

Strategic Initiatives
› Melissa Hubbard

Teaching/Training
› Daly Cantave
› Amy Chai
Scholarly Activities

2013 Nursing Department Scholarly Activities

Publications


2013 Nursing Department Scholarly Activities


2013 Nursing Department Scholarly Activities


Presentations


2013 Nursing Department Scholarly Activities


Brockie, T. (2013b). Historical Trauma, Suicide and Cultural Protective Factors among a Sample of Reservation-Based Native American Adolescents and Young Adults, *Maternal Child Health Careers: Research Initiatives for Student Enhancement-Undergraduate Program*. Johns Hopkins School of Medicine Kennedy Krieger Institute, Baltimore, MD.


2013 Nursing Department Scholarly Activities


# Nursing Research 2013

## Studies Currently Accruing Participants

<table>
<thead>
<tr>
<th>Title</th>
<th>Principal Investigator</th>
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<tbody>
<tr>
<td>14-CC-N006 Web-Based Patient Reported Outcome Measurement Information System to Explore Burden, and Stress in Cancer Caregivers (BaSiC2)</td>
<td>Margaret Bevans, RN, PhD, AOCN</td>
</tr>
<tr>
<td>13-CC-0161 A Description of the Oral Microbiome of Patients With Severe Aplastic Anemia</td>
<td>Nancy Ames, RN, PhD</td>
</tr>
<tr>
<td>12-CC-0145 Pilot Study of Yoga as Self-Care for Arthritis in Minority Communities</td>
<td>Kimberly Middleton, BSN, MPH</td>
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<tr>
<td>11-CC-0083 Beyond Intuition: Quantifying and Understanding the Signs and Symptoms of Fever</td>
<td>Nancy Ames, RN, PhD</td>
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<td>10-CC-0149 Comparing Expectorated and Induced Sputum &amp; Pharyngeal Swabs for Cultures, AFB Smears, and Cytokines in Pulmonary Nontuberculous Mycobacterial Infection (doctoral dissertation)</td>
<td>Ann Peterson, RN, MS</td>
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## Studies in Analysis/Dissemination

<table>
<thead>
<tr>
<th>Title</th>
<th>Principal Investigator</th>
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<tbody>
<tr>
<td>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</td>
<td>Margaret Bevans, RN, PhD, AOCN</td>
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<tr>
<td>11-CC-0201 The Effect of Music Listening on the Amount of Opioids Used in Surgical Intensive Care Patients</td>
<td>Nancy Ames, RN, PhD</td>
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<tr>
<td>08-CC-0220 A Phase II clinical trial to determine the effectiveness of problem solving education in caregivers and patients during allogeneic HSCT</td>
<td>Margaret Bevans, RN, PhD, AOCN</td>
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<td>07-CC-0011 Hypnosis as a Pain and Symptom Management Strategy in Patients with Sickle Cell Disease</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
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<tr>
<td>07-CC-0153 Effects of Peripheral Blood Stem Cell Transplantation on the Microbial Flora of the Oral Cavity (doctoral dissertation)</td>
<td>Nancy Ames, RN, PhD</td>
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<tr>
<td>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</td>
<td>Margaret Bevans, RN, PhD</td>
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### Studies in Analysis/Dissemination

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<tr>
<td>04-CC-0070 Exploring Patient-Provider Trust Among Individuals with End-Stage Renal Disease</td>
<td>Lori Purdie MS, RN</td>
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<tr>
<td>04-CC-0130 The Effect of a Systemic Oral Care Program on Reducing Exposure to Oropharyngeal Pathogens in Critically Ill Patients</td>
<td>Nancy Ames, RN, PhD</td>
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<tr>
<td>03-CC-0301 Health Beliefs and Health Behavior Practices among Minorities with Rheumatic Disease</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
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<tr>
<td>02-CC-0053 (OHSRP 5443) A Randomized Study Evaluating the Process and Outcomes of the Pain and Palliative Care Team Intervention</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
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### IRB Exempt Research Projects

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<tr>
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<tr>
<td>2012 OHSRP #11724 The Factors Influencing the Use of Hazardous Drug Safe Handling Precautions Among Nurses Working in an Acute Care Oncology Research Setting</td>
<td>Nancy Ames, RN, PhD</td>
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<tr>
<td>2011 OHSRP #5849 The Delphi Process: Naturopathic management of females with HPV</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
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<tr>
<td>2010 OHSRP #5246 Clinical Research Nurse (CRN) Role Delineation Survey Study</td>
<td>Margaret Bevans, PhD, RN</td>
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<tr>
<td>2009 OHSRP #3956 NLM InfoBot Integration</td>
<td>Cheryl Fisher, EdD, RN</td>
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<tr>
<td>2009 OHSRP #4979 Effectiveness of a Hybrid Learning Approach for Pre-transplant Stem Cell Patients and Caregivers</td>
<td>Cheryl Fisher, EdD, RN</td>
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### Collaborative Studies with Intramural Research Program(s)

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<tr>
<th>Title</th>
<th>Institute</th>
<th>Principal Investigator/Associate Investigator</th>
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<tbody>
<tr>
<td>12-C-0047 A Phase I/II Study of the Safety, Pharmacokinetics and Efficacy of Pomalidomide (CC-4047) in the Treatment of Kaposi Sarcoma in Individuals With or Without HIV</td>
<td>NIH CC, NCI</td>
<td>Robert Yarchoan MD Margaret Bevans RN, PhD</td>
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<tr>
<td>12-CH-0083 The Effectiveness of Botulinum Toxin on Persistent Pelvic Pain in Women With Endometriosis</td>
<td>NICHD</td>
<td>Pam Stratton, MD Margaret Bevans RN, PhD</td>
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<tr>
<td>12-H-0242 Eltrombopag added to standard immunosuppression in</td>
<td>NHLBI</td>
<td>Danielle Townsley, MD Margaret Bevans RN, PhD</td>
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<td>treatment-naïve severe aplastic anemia</td>
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<td>11-H-0134 A Pilot Study of a Thrombopoietin-receptor Agonist (TPO-R</td>
<td>NHLBI</td>
<td>Ronan Desmond, MD Margaret Bevans RN, PhD</td>
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<tr>
<td>agonist), Eltrombopag, in Moderate Aplastic Anemia Patients</td>
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<tr>
<td>11-HG-0218 A Natural History Study of Patients with Hereditary Inclusion Body Myopathy (HIBM)</td>
<td>NHGRI</td>
<td>Nuria Carrillo-Carrasco, MD Margaret Bevans RN, PhD</td>
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<tr>
<td>11-H-0252 Exploratory Studies of Psychophysical Pain Phenotyping and Genetic Variability in Sickle Cell Disease</td>
<td>NHLBI</td>
<td>James Taylor, VI, MD Gwenyth R. Wallen, RN, PhD</td>
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<tr>
<td>10-CH-0083 A Phase I trial of safety and immunogenicity of Gardasil® vaccination post stem cell transplantation in patients with and without immunosuppression</td>
<td>NICHD</td>
<td>Pam Stratton, MD Margaret Bevans RN, PhD</td>
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<td>10-H-0154 Allogeneic hematopoietic stem cell transplantation for severe aplastic anemia and other bone marrow failure syndromes using G-CSF mobilized CD34+ selected hematopoietic precursor cells co-infused with a reduced dose of non-mobilized donor T-cells</td>
<td>NHLBI</td>
<td>Richard Childs, MD Margaret Bevans RN, PhD</td>
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<td>08-H-0046 Co-Infusion of umbilical cord blood and haploidentical CD34+ cells following nonmyeloablative conditioning as treatment for severe aplastic anemia and MDS associated with severe neutropenia refractory to immunosuppressive therapy</td>
<td>NHLBI</td>
<td>Richard Childs, MD Margaret Bevans RN, PhD</td>
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<tr>
<td>05-AA-0121 Assessment and Treatment of People with Alcohol Drinking Problems</td>
<td>NIAAA</td>
<td>David T. George, MD Gwenyth R. Wallen, RN, PhD</td>
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<tr>
<td>Nursing Led Amendment Sleep Quality and Daytime Function in Patients Undergoing Inpatient Treatment for Alcohol Dependence</td>
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<td>01-H-0088 Determining the Prevalence and Prognosis of Secondary Pulmonary Hypertension in Adult Patients with Sickle Cell Anemia</td>
<td>NHLBI</td>
<td>James G. Taylor, VI, MD Gwenyth Wallen, RN, PhD</td>
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<td>Nursing Led Amendment Sleep Quality, Depression and Pain in Patient with Sickle Cell Disease</td>
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<td>91-CH-0127 Ovarian Follicle Function in Patients with Premature Ovarian Failure</td>
<td>NICHD</td>
<td>Lawrence Nelson, MD Gwenyth R. Wallen, RN, PhD</td>
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