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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.
2014 was an astonishing year for the Nursing Department and the Clinical Center (CC) as a whole. We faced challenges which provided opportunities to demonstrate flexibility, unity and resiliency as world wide headlines frequently mentioned the National Institutes of Health. As Ebola Virus Disease (EVD) burst into a global crisis, the nursing department forged forward implementing new care standards and practices that resulted in positive patient outcomes and tested our resilience in the face of uncertainty. The need for rapid training and development of new processes demonstrated how quickly we are able to respond to groundbreaking requirements for care of a critical nature. We experienced the use of the Clinical Center as it was intended to be used – as a facility for the rapid translation of innovative therapies into clinical trials, including resource intensive studies that could not be done anywhere else.

2014 also presented us with the challenge to adapt to a continuing reduction in patient activity, as research funding and resources across the country have steadily diminished, including here on the NIH campus. We have used creative and strategic approaches for staffing including adapting to the closure of 3SE-N more than a year ago, with resulting increases in patient activity and acuity on the oncology and hematology units (3NE and 3NW). These census challenges have required us to balance the clinical and operational work that we do while maintaining accountability and flexibility on a daily basis.

We also launched the second generation of our effort to extend and document the specialty of Clinical Research Nursing: CRN 2.0, as teams began reaching out to interdisciplinary colleagues to see what the specialty of Clinical Research Nursing offers them. The focus of this initiative is to bring clinical research nursing to the next level with targeted attention to further define the roles of clinical research nurses, identify metrics to measure the contributions of the CRN, further describe leadership within the Domain of Practice and prepare the CRN Fundamentals Course for online delivery.

Through all this, the true work of YOU, the Clinical Research Nurse, continues to shine through and highlight amazing accomplishments that make us all proud. Congratulations on a wonderful year!
Nursing Department Executive Team

The Nurse Executive Team 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. 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 Critical Care and Oncology, the Service Chief for Neuroscience, Behavioral Health and Pediatrics, and the Service Chief for Medical Surgical Specialties.

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

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

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

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

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

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

Cheryl Fisher, EdD, RN, Senior Nurse Consultant for Extramural Collaborations
Nursing Department Organizational Structure

For more detail on the nursing department organizational structure visit http://cc.nih.gov/nursing/about/orgchart.html.
Highlights in 2014

Protocols and Patient Activity in 2013 and 2014

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<tr>
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<td>Active Protocols</td>
<td>1,570</td>
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<td>New Protocols</td>
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Support for New Protocols

First EBOLA Patient

The first patient diagnosed with Ebola to be treated at the NIH Clinical Center was admitted on October 16th and was discharged 2 weeks later disease free. Nurse Nina Pham stated, “I feel fortunate and blessed to be standing here today,” “As a nurse, I have a special appreciation for the care I have received from so many people. Not just doctors and nurses, but the entire support team.”

Pham contracted the virus at Texas Health Presbyterian Hospital while providing care to a patient who died of Ebola. She was admitted to the Special Clinical Studies Unit (SCSU) within the Clinical Center where a specially trained team of nurses and doctors provided care under high-levels of isolation. The SCSU Developed guidelines for management of Ebola patients and collaborated with the Intensive Care Unit (ICU) interdisciplinary team and the National Institute for Allergy and Infectious Diseases to prepare for the care of patients infected with the Ebola Virus. Through this collaboration the teams worked closely in the development and plan for critical care support in the SCSU defining training, staffing requirements, and the development of ICU standards of practice to provide medical care for ventilator management, CVVH, invasive lines, code blue procedures, supplies and emergency medication requirements. This team also collaborated with Children’s National Medical Center and completed training for pediatric intensive care nurses in the event of the admission of a pediatric Ebola Virus patient. The SCSU has now initiated vaccine trials for the Ebola virus taking place in OP8 and the vaccine research center.
Other New Protocols and Clinical Highlights

In response to increased protocol activity with the National Center for Complementary and Integrative Health (NCCAM), in 2014 the OP4 Behavioral Health clinic completed integrating the Institute into their clinic space. OP4 clinic staff worked with administrative and facilities staff to plan for and coordinate all renovations. Three treatment rooms were added to the clinic by dividing up a former lab space and changing group consult rooms into a mock scanner and procedure room. The clinic also added soundproofing to two other treatment rooms in order to improve study conditions and confidentiality. The clinic staff then worked to orient NCCAM staff to the clinic and assisted them with obtaining supplies. Since the renovations, several OP4 nurses have been trained to work with the NCCAM studies and are currently managing patients in three of their protocols.

7SW-N leadership and clinical staff collaborated with the National Institute of Neurological Disorders and Stroke (NINDS) and the National Human Genome Research Institute (NHGRI) to provide clinical research nursing support to an extended family from Northern Uganda. Extensive planning with multiple Institutes, departments and stakeholders ensured the success of this highly complex study effort. In addition to providing superb patient care, 7SW-N also:

- Partnered with the Nutrition Department and coordinated the care and provision of the dietary needs of the extended family that was respectful of their tradition;
- Coordinated translator services to ensure the timely completion of clinical care using multiple translators throughout the day and evening;
- Consulted the Social Work Department for assistance and advice on the provision of social support of infants, teenagers and elderly adult members of this extended family.

HCV and HIV Trials were completed leading to the development of new medication therapies for both diseases. Medical Surgical Specialties ambulatory and inpatient units supported these trials at the Clinical Center.

Malaria Trials continue to be supported by the MSS. Clinical coordination of these trials is particularly challenging for nursing due to the necessity for patient cohorting. Early work with the protocol team in the planning stages included all impacted areas including OP8, SSEDH and S5E. This is facilitating a smooth process with optimal nursing resource management.

CADME Study – A Phase II randomized study was implemented to compare Anti-VEGF Agents in the Treatment of Diabetic Macular Edema. The CADME study is the first randomized double blind study to be performed by the National Eye Institute in conjunction with the Clinical Center nurses. The OP 10 clinic nurses served as the unblinded members of the research study team and there have been no violations of the blinding or randomization process and no reported adverse events.

Sickle Cell – Care coordination has increased communication and collaboration between the clinical research nursing team and the National Heart Lung and Blood Institute (NHLBI) research team. Patient and physician satisfaction has increased and the model of care delivery is patient centered. Prior to changes the SCD research team used “block” scheduling instead of individualized patient clinic appointments. Clinic pre-planning meetings did not include the CRNs and the patients were seen in five separate areas to complete clinical/research requirements during one clinic visit. Multiple meetings with the Sickle Cell Disease (SCD) team, education for the CRN staff and expansion of the scope of services improved delivery of nursing care and care coordination for the patients.
Transparent Classification

The Clinical Center Nursing Department went live with an automated patient acuity classification system that formulates acuity and complexity scores based on nursing assessment documentation. The program, known as Transparent Classification, was implemented in February of 2014 and eliminated manual patient acuity classification by nursing staff. This seamless electronic process required creating an interface between over 1000 nursing documentation elements and two acuity classification methodologies for inpatient and mental health classification indicators.

Development and Implementation of the Electronic Appointment Request (EAR) for the Procedures Unit

In the spring of 2014, an electronic appointment request (EAR) was implemented on the 3SWN procedure unit. This patient care unit provides central venous catheter placement, hemodynamic monitoring, conscious sedation, endoscopy and bronchoscopy support services, exercise stress testing and cardiac catheterization services to all institutes within the Clinical Center. Implementation of the EAR streamlined the process for scheduling procedural appointments on 3SWN utilizing and e-mail confirmation system to confirm dates and times for scheduled procedures. Implementation of the EAR has improved scheduling and work flow, decreasing delays in procedures, and enhancing communication between health care providers.

Ommaya Reservoir Training and Implementation

In response to a Phase 1 study of Immuno-Chemotherapy in Primary CNS Lymphoma nursing leadership developed and implemented a course targeted at training Clinical Research Nurses (CRN’s) from the 3SE Day Hospital and 3NE Hematology, Oncology Transplant inpatient unit to infuse chemotherapy and withdraw cerebral spinal fluid samples from an Ommaya reservoir. The course utilized a competency based practicum validation tool and 2 hour simulation training for CRN’s with experience in accessing Ommaya drains in addition to training CRN’s new to this competency.
Clinical Research Nursing Accomplishments in 2014

Recruitment, Outreach and Workforce Management

The Recruitment, Outreach, and Workforce Management (ROWM) office worked hard in 2014 toward acquiring first rate staff and strengthening the CCND workforce through best practices in recruiting, educational offerings and outreach activities.

Through marketing, social media and outreach activities Clinical Research Nursing Careers were showcased to thousands of nursing professionals. This effort resulted in screening 1,594 applicants, conducting 358 interviews and filling 218 hard to fill nursing vacancies. We also successfully facilitated the transition of 18 CCND staff from Title 42 to Title 5 employees.

First cohort of Nurse Residents
To strengthen and retain the current CCND workforce, ROWM facilitated the launch of the New Clinical Manager/Team Leader program and conducted leadership training workshops especially tailored to meet the needs of the leadership staff. The office collaborated with The Advisory Board Company Nursing Executive Center to stay abreast of current health trends and best practices for leadership development. Highlights from our collaboration include participation at national leadership summits by our Senior Nurse Executives and onsite presentations: The Prescription on Nurse Engagement, was attended by 70 CCND leadership members and Emerging Health Care Leaders Workshop, was attended by 25 CCND leadership members.

In an effort to extend our reach out to the community and promote the role of Clinical Research Nursing the ROWM office:

- Coordinated clinical placements for over 20 students from local universities such as the University of Maryland, George Mason University and Howard University
- Processed approximately 30 shadow day requests from licensed registered nurses and nursing students
- Approximately 32% of shadow day requestors were hired for the New Grad Clinical Center Nurse Residency Program or vacant positions
- Facilitated the placement of 5 interns from the Summer Intern Program for Biomedical Research in collaboration with the Office of Intramural Research and Education

As a growing extension of our outreach network and continued partnerships, the office collaborated and participated in projects led by the NIH Office of Human Resources and the Office of Communications & Public Liaison, Office of the Director. ROWM was instrumental in the development and implementation of programs geared to expose local high school and university students to the field of Nursing and the unique specialty of Clinical Research Nursing at the Clinical Center.
Outcomes Management

The new Outcomes Management (OM) team had many accomplishments in 2014. The first Performance Metrics Retreat was held on 2/28/2014 for all of CCND leadership with a focus on quality improvement (QI) and patient safety. Donabedian’s Structure-Process-Outcome Theory, why data is important for improvement, an overview of Performance Measurement Panel (PMP) and National Database of Nursing Quality Indicators (NDNQI) data were all addressed. Small group work focused on questions about data and opportunities for using data for improvement. A second retreat followed on 10/1/2014 with a focus on a repeat of content from the previous retreat with application for the clinical managers and shared governance chairs. The afternoon session focused on kicking off the Institute for Healthcare Improvement QI Education training, a review of accountability for data and benchmarks, break-out discussions about follow-up on opportunities for improvement from the previous retreat, and break-out groups assessing patient satisfaction data from the “Picker” Patient Satisfaction Survey.

Additional accomplishments included changes to the Performance Improvement Leadership (PIL) meeting, incorporating a 7-step meeting process, writing and formally adopting meeting objectives. Collaborations have also been established with the Office of Staffing and Workforce Planning (OSWP) to streamline processes for data collection for the monthly performance management report and NDNQI surveys. This new team has worked hard to increase visibility through active participation with the Performance Improvement Committee (PIC), increased collaborations with the Department of Clinical research Informatics (DCRI), visiting nursing units to discuss concerns and mentoring staff in abstract development for QI projects.

Highlights for data collection and data management in 2014 for the OM team included:

- Automation of restraint data collection and daily restraint monitoring documentation
- Automation of blood culture labeling
- Daily printed reports available on patient care units for critical value notification
- Outpatient isolation procedures & education
- Development of QI Toolkit
- Improved processes for pressure ulcer prevalence data collection & prevention
Nursing Education

Central Nurse Educators, in collaboration with service-line Nurse Educators, are responsible for assuring workforce readiness and competence through ongoing education and training in leadership and professional development, Clinical Research Nursing and clinical practice. In 2014, the Central Nurse Educators provided oversight for new graduate trainings such as the award winning and novel, Clinical Research Nursing Residency Program, a new preceptor program for resident preceptors, and a new “learner-centered” nursing orientation curriculum. Increased collaborations with an inter-institute workgroup was also convened to develop a new Genetics and Genomics Competency Based Nursing Education Program.

Major enhancements were also made to the Nursing Education and Training Room including a new simulation lab. The acquisition of state-of-the-art simulation equipment provides a more life-like simulation environment and experience for the nurses. Additionally, multiple central and service-line Nurse Educators completed the internationally renowned WISER iSIM program for simulation educators at the University of Pittsburgh in order to provide nurses with more realistic training opportunities. A focus on increasing contact hours was also coordinated by the Nursing Department Contact Hour Program yielding eight approved applications in 2014, totaling 76.8 contact hours now available.

Based on the need for increased competency in genetics, this past year an inter-institute workgroup was convened to develop a new Genetics and Genomics Competency Based Nursing Education Program. A one day introductory course and two day intermediate course were implemented incorporating an interdisciplinary and inter IC group of instructors.
Nursing Research at the Clinical Center

The NIH CC Nursing Department Research Portfolio

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

Clinical Nurse Scientists

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 contributions to diversity in research with a National Heart Lung and Blood 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 this year as a Fellow in the American Academy of Nursing (FAAN).

New Nurse Researchers in 2014

Dr. Nancy Ames has 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.

Dr. Alyson Ross is exploring the relationship between stress and health behaviors, and the impact of mind-body techniques such as yoga to reduce stress and change health behaviors.

Dr. Teresa Brockie is conducting community based participatory research in tribal communities specifically examining the consequences of violence and trauma and the prevention of suicide in high-risk youth.
Research and Training Highlights

The research highlights include seven studies actively enrolling new subjects, four new in 2014, and eight studies undergoing analysis and dissemination. In 2014, the research staff produced 20 peer-reviewed publications.

Studies actively enrolling new subjects include populations that range from in-patient subjects with severe aplastic anemia (A Description of the Oral Microbiome of Patients With Severe Aplastic Anemia PI: Dr. Nancy Ames) and those receiving treatment for alcoholism (Sleep Disturbance and Relapse in Individuals with Alcohol Dependence: An Exploratory Mixed Methods Study PI: Dr. Gwenyth Wallen, Lead AI: Alyssa Brooks) to community based studies in minorities 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 randomized controlled trial to determine the effectiveness of a stress reduction intervention in caregivers of allogeneic hematopoietic stem cell transplant (HSCT) recipients, PI: Dr. Margaret Bevans, Lead AI Dr. Alyson Ross) or caregivers of cancer patients (Web-Based Patient Reported Outcome Measurement Information System to Explore Burden, and Stress in Cancer Caregivers (BaSiC2), PI: Margaret Bevans, AI: Leslie Wehrlen). More information about Nursing Research and Translational Science staff and research can be found at http://cc.nih.gov/nursing/research/index.html.

The training aspect of the research group included hosting Dr. Chunping Ni, Associate Professor from the School of Nursing at the Fourth Military Medical University, China, five new Intramural Research Training Award (IRTA) fellows, and six U.S. Uniformed Services University of the Health Sciences nursing doctoral students. The research fellows in 2014 include post-baccalaureate intramural research training award recipients Miriam Magana-Lopez, Alexandra Ranucci, Elyssa (Ellie) Stoops, and Kristen Regini. Alyssa Brooks currently holds a pre-doctoral fellowship and Dr. Deana Around Him is conducting tribal research as a post-doctoral fellow.

Kimberly Middleton, RN, MPH and Dr. Wallen continue to build on their community based participatory work in chronic care management and integrative self-care approaches in minority patients with rheumatic diseases. Mrs. Middleton was recognized with a NIH CC Director’s award in Science in 2014.

Dr. Christina Slota, a pre-doctoral fellow with National Institutes of Nursing Research, National Institute on Aging and CCND, successfully defended her dissertation at the University of Pennsylvania, School of Nursing in December under the mentorship of Dr. Bevans. Her dissertation titled, The effects of chronic stress on CD8 t cells in human adults: an examination from bench to bedside, was designed to examine the effect of stress released hormones and the stress of caregiving on immune cell subsets, specifically CD8 T cells. During her time as a pre-doctoral fellow, Dr. Slota extended her training with Dr. Wallen to include qualitative methods in palliative care. This collaborative work resulted in a BMC Palliative Care publication entitled Qualitative Inquiry: A Method for Validating Patient Perceptions of Palliative Care While Enrolled on a Cancer Clinical Trial.

Scientific Partnerships

Dr. Wallen and Dr. Bevans continue to provide expert consultation to multiple institutes serving as research experts on sleep quality, Community Based Participatory Research (CBPR), health-related quality of life and the inclusion of patient-reported outcome data in clinical trials. These trials include populations such as those with Sickle Cell Anemia, Alcoholism, Cancer, and those undergoing Allogeneic Hematopoietic stem cell transplantation (HSCT).
Translational Nursing Science

A systematic and integrated process for translating nursing practice innovation into practice was successfully implemented in 2014 via the INSPIRE model, or Innovation for Nursing Sensitive Practice in a Research Environment. The INSPIRE Committee was established to provide consultation to Clinical Research Nurses and other interprofessional team members interested in conducting formal initiatives to improve care at the bedside through three approaches: evidence-based practice, quality improvement, or research.

CDR Leslie Wehrlen was instrumental in translating best evidence into practice by leading the 5th annual NIH CC Family Caregiver Day and hosting the Oncology Nursing Society (ONS) for the filming of a Putting Evidence into Practice (PEP) video. The NIH CC Family Caregiver Day was recognized with an NIH CC Director’s award in Clinical Practice and provides an annual resource for both professional and informal caregivers at the NIH CC. The ONS PEP Caregiver Burden and Strain videos will be supporting the dissemination of best evidence to oncology nurses across the nation.

Research and Translational Science Team

Back Row:
CDR Leslie Wehrlen, RN, MSN, OCN®; Alexandra Ranucci, BS; Elyssa Stoops, BS; CDR Mike Krumlauf, RN, OCN®; CAPT; Chad Koratich, RN, MS, ACRN; Katharine Touchton-Leonard, MA; Alyssa Brooks, BS; Li Yang, MS; Stephen Klagholz, BS.

Front Row:
Alyson Ross, RN, PhD; Gwenyth Wallen, RN, PhD; CDR Margaret Bevans, PhD, RN, AOCN®, FAAN; Nancy Ames, RN, PhD.

Not pictured:
Teresa Brockie, RN, PhD; Kimberly Middleton, RN, MPH, MS; Deana Around Him, ScM; Kristen Regini, BS; Miriam Magana-Lopez
1st place winner of the Annual Gingerbread House Contest: Frozen Mountain, 3NE Hematology, Oncology Transplant
Clinical Practice and Shared Governance

The CCND has a very strong and active Shared Governance structure which has been in place for over 30 years. The Coordinating Council is comprised of all shared governance committee Chairs and Chair-elects and the Chief Nurse of the nursing department. The Coordinating Council 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.

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. This was the second 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 Nursing Practice Council (NPC) and clinical nurses who participate on the committees support professional nursing practice and engage in professional development.

In support of the Coordinating Council member’s professional development, the members 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 2014 these educational sessions included topics focused on goal planning, developing abstracts, professional writing, speaking to power and others in support of their emerging leadership roles.
Clinical Practice Committee

With a total of 28 requests from staff via the Nursing Practice Council, The Clinical Practice Committee (CPC) was very busy in 2014 using evidence and experts to update 9 procedures and 6 standards of practice in 2014. The new process of document review, now on a 5 year rotation, has afforded the committee the opportunity to focus on communication of the practice changes as they emerge from the committee. One strategy used has been to build on the nursing intranet highlights page that lists document changes each month with specific summaries of changes since the last review of the document. For 2015 the committee plans to continue its work revising the practice documents using evidence and teaching staff the process of evidence utilization along the way.

Performance Improvement Committee

The Performance Improvement Committee (PIC) continued with their focus for 2014 looking at data and ongoing committee education, as an opportunity to improve clinical practice. The committee’s primary project was on prevention of catheter acquired urinary infections (CAUTI). The standard operating procedure (SOP) on care of the urinary catheter was approved and posted to the nursing intranet in May. The Committee had the opportunity to expand their knowledge base by participating in a library session on researching the various research databases to locate scholarly articles. Outcomes management shared information on the Picker Survey (a patient satisfaction survey), basic principles and steps in performance improvement. Dr. Caitlin Brennan presented on the topic of Human Factors Engineering and Shaping Systems for Better Behavioral Choices: lessons learned from a fatal medication error. Additionally, a presentation on “How to get over the Hump while working on a performance improvement project” was provided and was well received by the group.
Nursing Information Systems Committee

The Nursing Information System (NIS) Committee had a productive year in 2014 with a major focus on merging flow sheets within the electronic medical record system to combine the current nursing assessment flow sheet with the nursing treatment and care flow sheet. This project was completed in December 2014 when the new flow sheet went live in the medical documentation system. Another focus in 2014 was on the Chemotherapy/Biotherapy flow sheet which was updated to reflect a new process and to incorporate updates and modifications. Other highlights from the committee included a new flow sheet for documenting pharmokinetic specimen collection, a new patient controlled analgesia (PCA) and point of care flow sheet and a new structured note for documenting patient education.

Additional accomplishments included a partnership with Hospital Epidemiology to create an Ebola screening tool. And finally, new screening tools were added for Carbapenamase Surveillance and for abuse and neglect screening which was added to the admission note.

Nursing Research Participant Education Committee

The Nursing Research Participant Education Committee (NRPEC) celebrated its first year in the shared governance structure in 2014. The need to develop an orientation tool was met by outlining the stakeholder steps and the chairs response in the “Stakeholder Expectations” document. This document is available on the NRPEC website http://intranet.cc.nih.gov/nursingnpc/nrpec.html with other current resources and monthly meeting minutes. A five year document review process is tracked on a database including 123 research participant education documents. The committee scrutinizes the need for revision versus retirement of each document, considering if the need is met by existing resources such as CareNotes or by other existing NRPEC or CC Research Participant Education Committee (RPEC) documents. The need for 16 new research participant education documents has been identified and will be the future work of the committee. Fifty documents have been assigned to stakeholders, 61 documents have been reviewed by stakeholders and are in process with CADMUS, the “plain language” contractor. The 61 documents will be reviewed by the committee after CADMUS has made their suggestions, before being sent for branding and 508 compliance before being posted to the web. The need to revise the Patient Handbook will be addressed and completed in collaboration with the Clinical Center Research Participant Education Committee. The process of posting educational videos to the Patient Portal is also being discussed for future work.
Recognition and Retention Committee

As one of the newest additions to the CCND Shared Governance structure, the Recognition and Retention Committee (R&R) continued with ongoing efforts to review evidenced based recognition practices for future implementation. In 2014, the committee participated in the 2014 annual RN staff survey and continued to sponsor recognition and celebratory activities. The R&R committee took a three pronged approach to their work with subcommittees focusing on special programs for nurse’s week, length of service awards, the annual NDNQI survey results, and holiday celebrations. A second subcommittee focused on communications of the varied activities and events that the R&R committee sponsored and a third subcommittee conducted a vast literature review to began creating a table of evidence to support proposed recommendations for implementing a meaningful recognition program for the CCND nurses.

The committee is working to shift its focus towards targeted activities that will promote recognition and retention with consultation and creative ideas from outside sources to bring in new approaches and fresh perspectives to recognize the many wonderful accomplishments of the CCND nurses.

Recognition and Retention Committee

Sponsored Events

Staff enjoy night shift breakfast as a part of the holiday celebration.

Chair and Chair-elect of the Retention and Recognition Committee

A surprise visitor attends the afternoon holiday celebration.
Professional Development and Outreach

Summer Internship in Biomedical Research

A total of 6 undergraduate and high school students participated in the 2014 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 students ended their summer experience with a professional poster presentation on their project at the NIH Summer Poster Day. Projects that the students presented included:

- Neurobiological Effects of Vitamin D in the Brain
- Virtual Training Can Improve Staffing, Retention, and Job Satisfaction
- Facilitating Self-Healing through Complementary Methods for Pain Management
- The insidious spread of Clostridium difficile associated diarrhea: Symptoms gone...spores forgotten?
- Of Mice and Men: Translational Science in Anxiety and Alcohol Abuse
- Understanding the Syndrome: Chédiak Higashi
Nursing in the United States Public Health Service

A legacy of protecting, promoting, and advancing the health and safety of the nation.

Origins:
Nursing attendants have served in the Public Health Service (PHS) since its creation in 1798. As the practice of public health expanded and improved during the late nineteenth century, more and more professionally trained nurses entered the Public Health Service. The U.S. Public Health Service was established in 1889.

Caring for Patients:
Throughout their history, Public Health Service nurses have prioritized patient care in both the Public Health Service hospitals and in local communities. They have seized the opportunity to go beyond the traditional settings and serve people conserved, historically isolated, and or vulnerable populations.

Disease Prevention and Education:
In the late nineteenth century, the development of germ theory enabled health professionals to prevent and fight diseases more effectively. Following this development, Public Health Service nurses began instructing Americans on health promotion.
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 2014, the Commissioned Corps nurses from the Clinical Center participated in deployments in support of the inter-agency response to a large influx of unaccompanied children across the southwestern border of the United States and the Ebola epidemic in Liberia.

Other activities that the nurses 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](http://www.usphs.gov/profession/nurse).
Nurses Week 2014

Nurses Week 2014 was celebrated with a series of events organized to recognize the Nursing Department’s achievements and successes. Grand Rounds was presented by CAPT Ann Marie Matlock on Understanding Protective Immunity by an Attenuated Malaria Vaccine: A Collaborative Effort in Science and Clinical Care to Achieve Successful Protocol Implementation.

The presentation described the importance of finding an effective malaria vaccine, the process of using large cohorts of healthy volunteers in clinical trials at the NIH Clinical Center and shared effective strategies for collaboration between nursing and the institute with protocol implementation.

Nurses Week Closing ceremony included a panel discussion on how CRNs lead the way in clinical research, treatment and the care of NIH patients and families.
Camp Fantastic

Camp Fantastic is a week-long summer camp for children 7-17 years old, who are in treatment for cancer or have received cancer-specific treatment within the past three years or transplantation within the past 5 years. The children come from hospitals in the Washington D.C., Maryland, and Virginia areas to have a week filled with activities such as sports, swimming, horseback riding, crafts and other adventures. Camp provides the unique experience of integrating normal activities, while at the same time associating with peers who have shared the trauma of the cancer experience.

The Pediatric Oncology Branch (POB) of the National Cancer Institute (NCI) organizes, coordinates and implements the medical aspects of camp. Camp is part of an NIH protocol and as such each camper becomes an NIH patient.

Between 95 to 110 children come to camp each year, and their medical needs vary from minimal to extensive. A majority of children will be getting some chemotherapy and several will require close monitoring. The Clinical Center Nursing Department supports the camp each year by sending nurses to work at the camp for 3 day to one week periods of time. In 2014, Neurosciences, Behavioral Health and Pediatrics sent 9 nurses from pediatrics to support the clinical operations of the camp.
Awards

Helen Mayberry receives the "NIH Mission First, Safety Always" award for her demonstrated leadership and dedication towards promoting a positive safety culture at the National Institutes of Health.

LT Janel Parham receives publication award at USPHS Nurse Recognition Conference

Deborah A. Kolakowski receives NIH Directors award for her exceptional leadership and initiative in directing design and implementation of an industry standard and nursing acuity measurement system for use in a clinical research environment.

Lori Purdie receives best mentor award for Clinical Center Summer Internship Program

Dr. Margaret Bevans is inducted as a fellow into the American Academy of Nursing. Margaret was chosen based on her leadership in education, management and policy and her work to improve the health and well-being of the nation.

3NE Hematology, Oncology Transplant Nurses Receive Patient Safety Award

Clinical Research Nurses are most often the last line of defense in the delivery of safe and effective medications and clinical care. Through the utilization of Clinical Center and Nursing Department Policies, Procedures, and Standards of Practice nurses on 3NE follow multiple checks ensuring research participants under their care receive the correct medications. In the fall of 2014, the 3NE nursing team on duty utilized their experience and knowledge of medication administration policies, procedures, and standards of practice to prevent medication errors from occurring. As a result of their actions and identification of issues the nursing team was able to promptly collaborate with the pharmacy department to prevent medication errors from reaching the patients. Their action, in collaboration with the pharmacy department, is an example of putting patient safety as a first priority.
3SWS Critical Care Interdisciplinary Team receives Letter of Commendation Award

During the spring of 2014 the 3SWS Intensive Care Unit received an unexpected admission; a clinical research participant was in need of full cardiopulmonary resuscitation. The interdisciplinary ICU team worked in tandem utilizing Advanced Cardiovascular Life Support algorithms and successfully resuscitated the patient. As the team worked to revive the patient her spouse observed their “heroic efforts and teamwork” unfold before him. He submitted an award nomination for a Letter of Commendation citing that the team “showed extreme poise under pressure and sound decisions which led them to saving the life of a patient, his nomination stated the team exhibited “Exceptional professionalism, personal initiative, and selfless devotion to duty.”

U.S. Public Health Service Honor Awards

Commendation Medal
CDR Felicia Andrews

PHS Citation
LCDR Reggi Parker
LCDR Michael Gwathmey
LCDR Janice Oparah
LT Leslie Poudrier
LT Cara Kenney
LT Kamah Howard
LTJG Santhana Webb
LT Melissa Amaya
LT Kristen Cole

Unit Commendation
CAPT Janice Davis
CDR Allison Adams-McLean
LT Cara Kenney
LT Kristen Cole
LT Ick Ho Kim

Achievement Medal
CDR Karen Chandler Axelrod
LCDR Andrew Keel
LCDR Michael Gwathmey
LT Leslie Poudrier
LT Kristen Cole
LT Cara Kenney
LT Tyhis Coates
LTJG Tonya Jenkins

Crisis Response Service Award (CRSA)
CDR Margaret Bevans
CDR Rosa Clark
CDR Michael Krumlauf

Gwenyth Wallen, PhD, RN and Alyssa Todaro Brooks, BS were awarded the NIH National Heart, Lung, and Blood Institute (NHLBI) Director’s Award for Diversity in recognition of exceptional work to expand the diversity of the populations recruited in NHLBI protocols.
NIH Director’s Awards

Debbie Kolakowski
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 2014

Administration
CDR Allison Adams
LT Cynda Hall
Shawna Oliver-Wilder
Helen Owens
Lori Purdie
Gladys Tataw-Ayuketah

Radiology and Procedure Order Enhancements within CRIS
Linda Tondreau

Jesse Ferguson Customer Service
Tonya Ferguson

OP11 Customer Service Team
Dirk Darnell
Deborah Rawson

Mentoring
Ekene Monyei
Tye Mullikin
Pamela Stoll

Patient Care
Mary Bowes
Kim Cox
Karyn Hawkins
Ann Peterson
Anita Stokes

3SE Day Hospital Patient Safety Team
LT Kirsten Cole
Legna Hernandez

Caregiver Day Team
CDR Margaret Bevans
CDR Leslie Wehrlen

Knowledge-Based Medication Administration
Kathy Feigenbaum

The Intravenous Solution Shortage Management Team
Ellen Eckes
Kathy Feigenbaum

Patient Safety -3NE Nursing Unit
Relia Atienza
Olayinka Awe
Colleen Buckley
Phillipa Crawford
Nicole Dayo
Ufuoma Egelebo
Chanelle Gutari
Jennifer Hunt
Florence Messi
Annastecia HNdugba
Nadine Raphael
Deborah Romero

Nursing Management Team
CDR Felicia Andrews
Deborah Gutierrez
Bruce Steakley

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

Veterans Recruitment Team
Bobby Gibson
Science
Kimberly Middleton

Strategic Initiative-Acuity Plus Transparent Classification Team
Shirley Gorospe
Pam Horwitz
Sue Johnson
CDR Mike Krumlauf

PVCS Electronic Appointment Request (EAR) Team
Steve Calamuci
LT Ick-Ho Kim
Grace Kim
Carline Samedy
Linda Tondreau

Teaching/Training
Deldelker James

Clinical Research Nursing Residency Development Team
Sharon Flynn
Julie Kohn-Godbout
Rachel Perkins

Medical Surgical Staff Education Team
Mary Myers
Paul Wong

Ebola Response Awards-Hands-on Nursing Team
Diana Alvarez
Neil Barranta
Kevin Barrett
Gillian Boldarini-Beziat
Mabel Brossa
Steven Calamuci
Lori Cunningham Leighann Ebenezer
Florence Fatungase
Anitra Fitzgerald-Monroe
Meredith Frey
Danelle Gori
Melissa Hubbard
Glory Inwang
LT Ick-Ho Kim
Deidre Levy
LCDR Yolawnda McKinney
Pia Nierman
Jerod Noe
Kimberly Pritchett
Julissa Reyes
Alexander Ross
Michelle Rowan
Pavin Safavi
LTJG Yvette Sankoh
Meghan Schlosser
David Smith
Stacy Spivey
Tami Williams
LT Jason Wood

Nursing Leadership
Debbie Gutierrez
Sue Johnson
Connie Kotefka
CAPT Ann Marie Matlock
Scholarly Activities

Publications


**Publications (continued)**


**Wallen GR**. Innovations that INSPIRE. *Nursing Management*. 2014; 45 (9): 23-25.


**In-press**

**Bishop M, Bevans M, Cooke L**. Graft versus Host Disease: Understanding & Living with the After Effects of Bone Marrow/Stem Cell Transplant. Southfield, MI: National Bone Marrow Transplantation Link; In press.

**Fisher C, Feigenbaum K**. Harnessing Technology to Promote Evidence-based Practice for Patient Centered Care. *Nurs Manage*. In press.

**Fisher C, Sheeron J**. Creating a Culture of Evidence Based Practice: What’s a Manager to do? *Nurs Manage*. In press.

**Matlock AM, Gutierrez D, Wallen GR**. Ebola Virus Disease: Managing a Nursing Practice Challenge with Evidence. *Nursing Management*. In press.


Scholarly Activities

Presentations/Abstracts


Bevans M. Coping with the Stresses of Caregiving When Your Loved One Has Multiple Myeloma. CancerCare Teleconference. June 2014.


Brockie T. How Native American Culture Influenced My Career Path. Society for Advancement of Chicanos and Native Americans in Science (SACNAS), NIH Chapter. Bethesda, MD; February 2014.

Brockie T. The Impact of Cultural and Health Disparities in Clinical Research. Research Rotation. NIH Clinical Center, Bethesda, MD; July 2014.


Presentations/Abstracts (continued)


Elliott D. Management of Acute Alcohol Withdrawal. 41st Annual Convention Infusion Nurses Society. Phoenix, AZ; May 2014.


Hubbard M, Adao K, Delfino H. Nursing Care of Occupational Exposure to Lassa Fever United States Public Health Service 23rd Annual Nursing Recognition Day National Institutes of Health, Bethesda, MD; May 2014.


Parham J. Path to Green: Practice Improvement in the OR. United States Public Health Service 23rd Annual Nursing Recognition Day National Institutes of Health, Bethesda, MD; May 2014.

Scholarly Activities

Presentations/Abstracts (continued)


Prince P, Wehrlen L, Bevans MF. *Outside the ring of fire: Distress screening for cancer caregivers during the survivorship phase.* APOS 11th Annual Conference. Tampa, FL; February 2014.


Schlosser M, Jeffries K, Hubbard M. *Nursing Care of Severe Acute Respiratory Syndrome and Middle Eastern Respiratory Syndrome.* United States Public Health Service 23rd Annual Nursing Recognition Day National Institutes of Health, Bethesda, MD; May 2014.


Wehrlen L. *Quality of Life and Caregiver Support for Clinical Research Participants.* Presentation to NIH Clinical Center Nursing Department Nurse Residents. National Institutes of Health, Bethesda, MD; October 2014.


Woolery M. *Constipation: Concept, Model and Measurement.* Oncology Nursing Grand Rounds. National Institutes of Health, Bethesda, MD; April 2014.

Studies Currently Accruing Participants

Title: 14-CC-0201: A randomized controlled trial to determine the effectiveness of a stress reduction intervention in caregivers of allogeneic hematopoietic stem cell transplant (HSCT) recipients
Principal Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

Title: 14-CC-0143: Sleep Disturbance and Relapse in Individuals with Alcohol Dependence: An Exploratory Mixed Methods Study
Principal Investigator: Gwenyth R. Wallen, RN, PhD

Title: 14-CC-N006: Web-Based Patient Reported Outcome Measurement Information System to Explore Burden, and Stress in Cancer Caregivers (BaSiC2)
Principal Investigator: Margaret Bevans, RN, PhD, AOCN, FAAN

Title: 13-CC-0161: A Description of the Oral Microbiome of Patients With Severe Aplastic Anemia
Principal Investigator: Nancy Ames, RN, PhD

Title: 12-CC-0145: Pilot Study of Yoga as Self-Care for Arthritis in Minority Communities
Principal Investigator: Kimberly Middleton, BSN, MPH, MS

Title: 11-CC-0083: Beyond Intuition: Quantifying and Understanding the Signs and Symptoms of Fever
Principal Investigator: Nancy Ames, RN, PhD

Studies in Analysis/Dissemination

Title: 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
Principal Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

Title: 11-CC-0201: The Effect of Music Listening on the Amount of Opioids Used in Surgical Intensive Care Patients
Principal Investigator: Nancy Ames, RN, PhD

Title: 10-CC-0149: Comparing Expectorated and Induced Sputum & Pharyngeal Swabs for Cultures, AFB Smears, and Cytokines in Pulmonary Nontuberculous Mycobacterial Infection (doctoral dissertation)
Principal Investigator: Ann Peterson, RN, PhD, MS

Title: 08-CC-0220: A Phase II clinical trial to determine the effectiveness of problem solving education in caregivers and patients during allogeneic HSCT
Principal Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

Title: 07-CC-0011: Hypnosis as a Pain and Symptom Management Strategy in Patients with Sickle Cell Disease
Principal Investigator: Gwenyth R. Wallen, RN, PhD

Title: 07-CC-0153: Effects of Peripheral Blood Stem Cell Transplantation on the Microbial Flora of the Oral Cavity (doctoral dissertation)
Principal Investigator: Nancy Ames, RN, PhD

Title: 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
Principal Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

Title: 04-CC-0070: Exploring Patient-Provider Trust Among Individuals with End-Stage Renal Disease
Principal Investigator: Lori Purdie MS, RN

Title: 04-CC-0130: The Effect of a Systemic Oral Care Program on Reducing Exposure to Oropharyngeal Pathogens in Critically Ill Patients
Principal Investigator: Nancy Ames, RN, PhD

Title: 03-CC-0301: Health Beliefs and Health Behavior Practices among Minorities with Rheumatic Disease
Principal Investigator: Gwenyth R. Wallen, RN, PhD

Title: 02-CC-0053 (OHSRP 5443): A Randomized Study Evaluating the Process and Outcomes of the Pain and Palliative Care Team Intervention
Principal Investigator: Gwenyth R. Wallen, RN, PhD
IRB Exempt Research Projects

**Title:** 2014 OHSRP #12623: Assessing the Knowledge of Nurses Regarding Adult Immunization  
**Principal Investigator:** Jessica Caidor RN, BSN

**Title:** 2014 OHSRP #12583: Yoga and Weight Loss: A Qualitative Study  
**Principal Investigator:** Alyson Ross, RN, PhD  
2014 OHSRP #12330 (Non-Research): Single Institution Analysis of Incidence of Posterior Reversible Encephalopathy Syndrome (PRES)  
**Principal Investigator:** Lea Mayer, MSN, CNP, CNS

**Title:** 2013 IRB Amendment to 08-CC-0220: Caregiver Characteristics Predicting Length of Stay & Readmission of Allogeneic Hematopoietic Stem Cell Transplant (HSCT) Recipients  
**Principal Investigator:** Thiruppavai Sundaramurthi, MSN, RN, CCRN

**Title:** 2012 OHSRP #11724: The Factors Influencing the Use of Hazardous Drug Safe Handling Precautions Among Nurses Working in an Acute Care Oncology Research Setting  
**Principal Investigator:** Nancy Ames, RN, PhD

**Title:** 2011 OHSRP #5849: The Delphi Process: Naturopathic management of females with HPV  
**Principal Investigator:** Gwenyth R. Wallen, RN, PhD

**Title:** 2010 OHSRP #5246: Clinical Research Nurse (CRN) Role Delineation Survey Study  
**Principal Investigator:** Margaret Bevans, PhD, RN, AOCN, FAAN

**Title:** 2009 OHSRP #3956: NLM InfoBot Integration  
**Principal Investigator:** Cheryl Fisher, EdD, RN

**Title:** 2009 OHSRP #4979: Effectiveness of a Hybrid Learning Approach for Pre-transplant Stem Cell Patients and Caregivers  
**Principal Investigator:** Cheryl Fisher, EdD, RN

Collaborative Studies with Intramural Research Program(s)

**Title:** 13-H-0183: Cardiovascular Health and Needs Assessment in Washington D.C. - Development of a Community-Based Behavioral Weight Loss Intervention  
**Institute:** NHLBI  
**Principal Investigator:** Tiffany M. Powell-Wiley, MD  
**Associate Investigator:** Gwenyth R. Wallen, RN, PhD

**Title:** 13-H-0144: Peripheral blood stem cell allotransplantation for hematological malignancies using ex vivo CD34 selection – a platform for adoptive cellular therapies  
**Institute:** NHLBI  
**Principal Investigator:** Minocher M. Battiwalla, MD  
**Associate Investigator:** Margaret Bevans, PhD, RN, AOCN, FAAN

**Title:** 13-H-0133: Extended Dosing with Eltrombopag in Refractory Severe Aplastic Anemia  
**Institute:** NHLBI  
**Principal Investigator:** Thomas Winkler, MD  
**Associate Investigator:** Margaret Bevans, PhD, RN, AOCN, FAAN

**Title:** 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  
**Institute:** NIH CC, NCI  
**Principal Investigator:** Robert Yarchoan, MD  
**Associate Investigator:** Margaret Bevans, PhD, RN, AOCN, FAAN

**Title:** 12-CH-0083: The Effectiveness of Botulinum Toxin on Persistent Pelvic Pain in Women With Endometriosis  
**Institute:** NICHD  
**Principal Investigator:** Pam Stratton, MD  
**Associate Investigator:** Margaret Bevans, PhD, RN, AOCN, FAAN
Title: 12-H-0242: Eltrombopag added to standard immunosuppression in treatment-naïve severe aplastic anemia  
Institute: NHLBI  
Principal Investigator: Danielle Townsley, MD  
Associate Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

Title: 11-H-0134: A Pilot Study of a Thrombopoietin-receptor Agonist (TPO-R agonist), Eltrombopag, in Moderate Aplastic Anemia Patients  
Institute: NHLBI  
Principal Investigator: Ronan Desmond, MD  
Associate Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

Title: 11-HG-0218: A Natural History Study of Patients with Hereditary Inclusion Body Myopathy (HIBM)  
Institute: NHGRI  
Principal Investigator: Nuria Carrillo-Carrasco, MD  
Associate Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

Title: 11-H-0252: Exploratory Studies of Psychophysical Pain Phenotyping and Genetic Variability in Sickle Cell Disease  
Institute: NHLBI  
Principal Investigator: James Taylor, VI, MD  
Associate Investigator: Gwenyth R. Wallen, RN, PhD

Title: 10-CH-0083: A Phase I trial of safety and immunogenicity of Gardasil® vaccination post stem cell transplantation in patients with and without immunosuppression  
Institute: NICHD  
Principal Investigator: Pam Stratton, MD  
Associate Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

Title: 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  
Institute: NHLBI  
Principal Investigator: Richard Childs, MD  
Associate Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

Title: 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  
Institute: NHLBI  
Principal Investigator: Richard Childs, MD  
Associate Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

Title: 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  
Institute: NIAAA  
Principal Investigator: David T. George, MD  
Associate Investigator: Gwenyth R. Wallen, RN, PhD

Title: 01-H-0088: Determining the Prevalence and Prognosis of Secondary Pulmonary Hypertension in Adult Patients with Sickle Cell Anemia  
Nursing Led Amendment  
Sleep Quality, Depression and Pain in Patient with Sickle Cell Disease  
Institute: NHLBI  
Principal Investigator: James G. Taylor, VI, MD  
Associate Investigator: Gwenyth Wallen, RN, PhD

Title: 91-CH-0127: Ovarian Follicle Function in Patients with Premature Ovarian Failure  
Institute: NICHD  
Principal Investigator: Lawrence Nelson, MD  
Associate Investigator: Gwennith R. Wallen, RN, PhD