



NIH National Institutes of Health
Turning Discovery Into Health

NIH Clinical Center Nursing Department

2015

Annual Report

U.S. Department of Health and Human Services
National Institutes of Health
NIH Clinical Center

clinicalcenter.nih.gov



Discover more about nursing. Discover America's research hospital.

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.



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Message from the Acting Chief



Gwennyth R. Wallen RN, PhD

Chief Nurse Officer (Acting), Nursing Department
National Institutes of Health Clinical Center

We live in an unprecedented time of scientific and technologic advances. The acceleration of discovery, the dawn of precision medicine and the call for translation of discoveries to new cures and strategies for prevention have brought us to what physician-author David Agus (2016) describes as the “Lucky Years”. Clinical research nurses at the National Institutes of Health Clinical Center will continue to play an enormous role in the lucky years to come.

We continually challenge ourselves to provide patient-centered care to the research participants we care for which has been the hallmark of our role as clinical research nurses. This commitment to our patients and our country was recognized during our successful triennial Joint Commission accreditation survey in September 2015 when the surveyors conveyed their gratitude for the clinical research being conducted at the Clinical Center on behalf of the American people.

This annual report chronicles a year of transition for the Clinical Center Nursing Department. In December we celebrated the retirement of Dr. Clare Hastings, our Chief Nurse for 15 years, who has been a national and international leader in the development of the specialty practice of clinical research nursing. We also welcomed new nursing leadership and staff to our department who will advance the specialty of clinical research nursing even further as we move into the lucky years.

It is my hope that as you read this annual review you not only note our many accomplishments, but that you reflect on the strength of your/our commitment to human subjects protection in clinical research and our pivotal role in promoting patient safety and clinical quality to each research participant in our care. With this annual report I celebrate you and your accomplishments and wish you a Happy New Year!

Nursing Department Executive Team

The Executive Team includes the Chief Nurse Officer (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 Nurse Executive Team meets regularly to plan operations, allocate resources and set policy to govern clinical practice.



Clare Hastings
PhD, RN, FAAN
Chief, Nursing Department
National Institutes of
Health Clinical Center



Gwenyth Wallen
PhD, RN
Deputy Chief
Research and Practice
Development



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



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



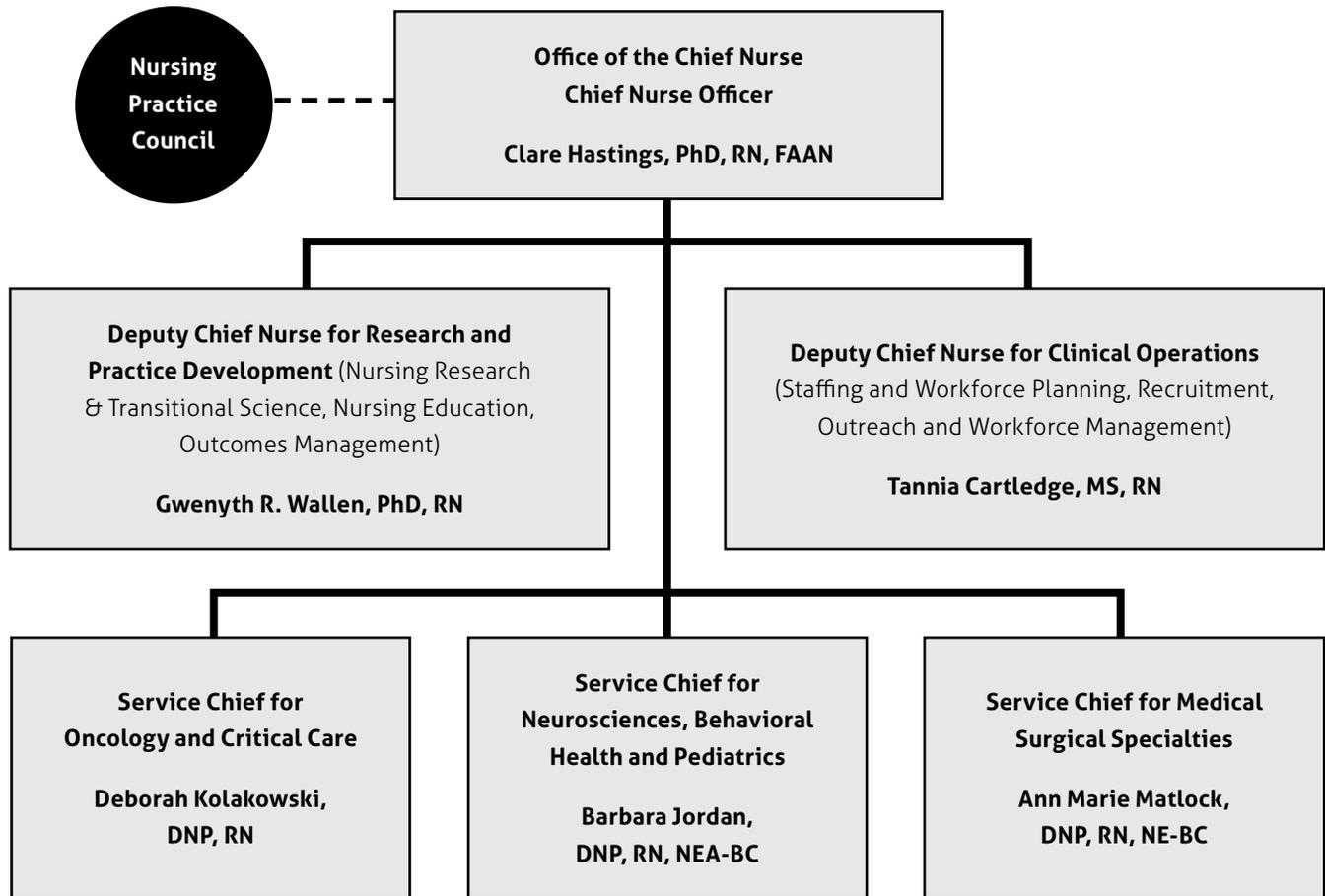
Diane Walsh
MS, RN
Special Assistant
to the Chief Nurse



Cheryl Fisher
EdD, RN
Senior Nurse
Consultant for
Extramural
Collaborations

**Celebrating 40 Years of Service at the Clinical Center*

Nursing Department Organizational Structure



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

Highlights in 2015

Patients come to the NIH from the United States and abroad to participate in clinical research.

Together with their nurses, physicians and allied health professionals, patients are partners in the search for scientific and medical discoveries. The Clinical Center patients represent a diverse mix of ages, races, cultures, and socio-economic groups. In 2015, all 50 states as well as DC, and Puerto Rico had patients participating in clinical research and 726 (3%) were international patients.

In addition to the departmental highlights and successful practice initiatives, the Clinical Center Nursing Department (CCND) bid farewell to the Chief Nurse Officer, Dr. Clare Hastings and thanked her for leaving her legacy of defining clinical research nursing as a specialty practice. During her tenure as Chief Nurse, Clare worked to develop an understanding of the contribution nurses make to the clinical research process. "Nurses are an integral part of the research team and are sometimes invisible". Clare wrapped up her 15th year in the position and headed off to new horizons and ventures in retirement. Some of Clare's most notable accomplishments include:

- Moving the nursing department to the new Clinical Research Center in 2005, which required a major reconfiguration of all research teams and unit locations.
- Developing metrics to measure the impact of nursing on clinical quality, which have allowed the Nursing Department to benchmark where it compares to other hospital facilities.
- Strengthening a shared governance environment within nursing that encourages staff participation and decision making, which has become a pipeline for emerging leaders in the nursing discipline.
- Creating a hospital-based nursing research program.

For more on Clare's retirement visit:

<http://www.cc.nih.gov/about/news/newsletter/2016/janfeb2016/newsletter.html>



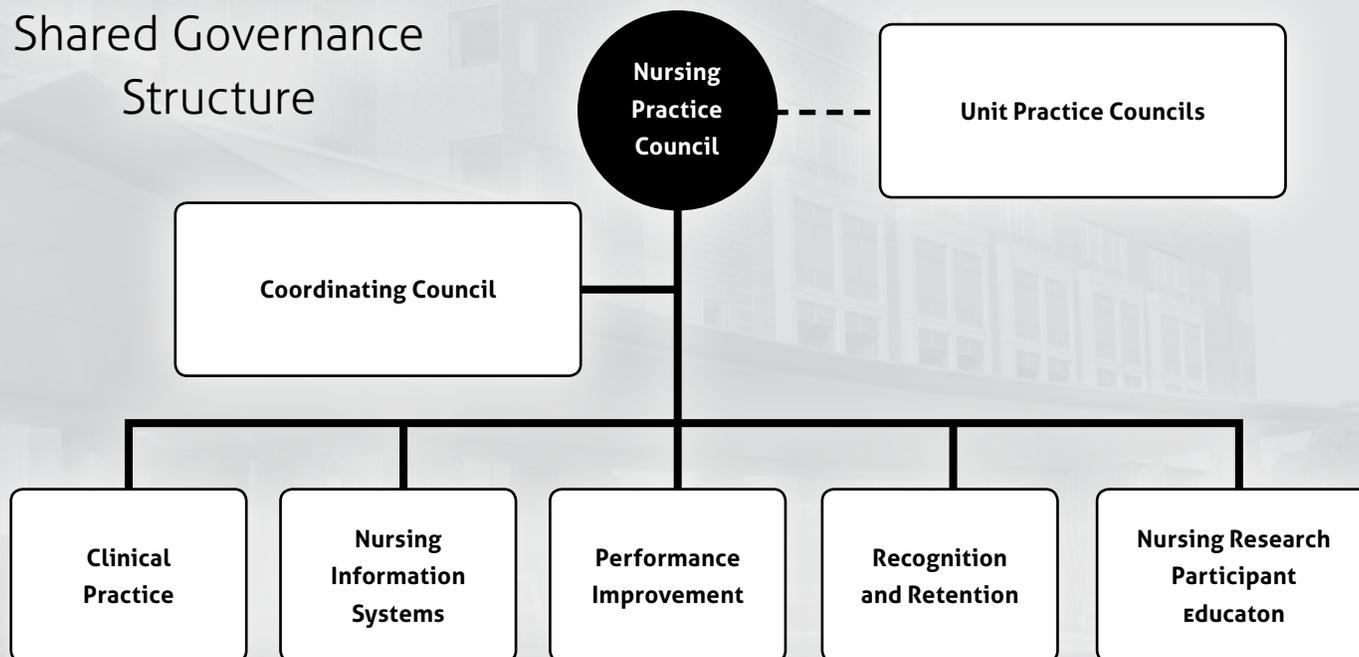


Clinical Practice and Shared Governance

The CCND has a very strong and active Shared Governance structure which has been in place for over 30 years. The Coordinating Council (CC) 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 (NPC) 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. Through collective decision-making, the Nursing Practice Council and clinical research 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 their leadership path.

Shared Governance Structure



Designing a Unit Practice Structure

New to the Shared Governance structure in 2015, was the design and development of Unit Practice Councils (UPC). In this highly competitive healthcare environment, it's essential to retain experienced and talented nurses. Nurse engagement in the clinical practice environment can lead to increased job satisfaction and retention. One method of nurse engagement is through the use of a shared governance model that promotes shared decision making.

In 2015, a small team of nurse leaders who represented the different services in the nursing department was formed to design the UPC model. Several of the planning team members also had personal experience with the design and implementation of UPCs, which enriched the process. A literature review was conducted to identify best practices in the formation of UPCs. It was evident in the literature that careful planning, creation of guidelines, development of clinical nurses and nurse managers, and executive leadership support were essential to successful and sustained UPCs. It was also noted that many organizations that are seeking or have achieved Magnet® recognition have UPCs in their shared governance model.

In the fall of 2015, the nursing units selected their UPC chairs and chair-elects. In November 2015, an educational workshop was held for the chairs to prepare them for their new leadership roles. Education topics included leadership, quality improvement techniques, leading meetings, communication, and project management. The UPC's will begin their work in 2016.



New Unit Practice Council Members attend Fall training workshop

Committee Highlights and Updates

2015 Coordinating Council Members



Left to right: Ralph Tuason, Laura Kannaian, Jennifer Jabara, Melissa Hubbard, Stephanie Wildridge, Mary Bowes

2015 Chair and Chair Elect for NPC



Melissa Hubbard and Evette Barranta

Clinical Practice Committee

The Clinical Practice Committee (CPC) was very busy in 2015 using evidence and experts to update 10 procedures and standards of practice. 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. In 2015, the committee focused on evidence related to catheter infection prevention, and coordination of practice documents with policies. In 2016, the committee plans to continue its work revising the practice documents using evidence and teaching staff the process of evidence utilization along the way.

2015 Chair and Chair-elect for the CPC Committee



Meghan Schlosser and Stephanie Wildridge

Performance Improvement Committee

Members of the Performance Improvement Committee (PIC) collaborated with the Nursing Outcomes Management Team and the Clinical Center Nursing Department (CCND) to meet committee goals that focused on providing quality improvement (QI) education to the nursing staff and data collection to improve patient safety. PIC members participated in the Institute for Healthcare Improvement online learning modules to expand their understanding of quality improvement and their ability to resource the nursing staff at the unit level. To educate the PIC members and nursing staff on the performance measurement panel (PMP), a PIC subgroup developed a PMP frequently asked question (FAQ) sheet. PIC members also collected data by conducting manual audits for the INSPIRE Committee request led by Kathy Feigenbaum, Med/Surg CNS to increase nursing staff use of the Alaris Gaurdrails. Data from the PMP, and National Database of Nursing Quality Indicators (NDNQI) were reviewed by the Nursing Outcomes Management Team during PIC meetings throughout the year to identify trends and QI strategies.

2015 Chair and Chair-elect of PIC Committee



Laura Kannaian and Aundrea McNeil

Nursing Information Systems Committee

The NIS Committee had a productive year in 2015. The committee wrapped up a long term project, updating the Chemotherapy/Biotherapy Flowsheet to reflect practice changes from the updated Standard of Practice. The flowsheet changes were implemented in CRIS early in 2016.

The Nursing Department partnered with the Department of Clinical Research Informatics (DCRI) as they rolled out the Plan of Care Flowsheet, which helps nurses address patient needs while they are inpatient, such as education needs and pain management. Another major project focused on Pediatric Blood Pressure Alert which is a new function in CRIS that auto-calculates patient's level of risk for pediatric hypertension. The NIS Committee and DCRI worked with nurse educators to educate pediatric and ICU staffmember. Finally, the new Ommaya Reservoir Structured Note was developed and went LIVE in CRIS which allows nurses to document all stages of Ommaya Reservoir access pre, during and post procedure.

2015 Chair and Chair-Elect of NIS Committee



Kelly Bilenki and Beth Lee

Department of Clinical Research Informatics nursing colleague



Minnie Raju and Michele Lardner

Nursing Research Participant Education Committee

The Nursing Research Participant Education Committee (NRPEC) will celebrate its second year since its launch. 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/nursing/npc/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 other existing online resources or by other existing NRPEC or 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. 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.

2015 Chair-elect and Chair for the NRPEC Committee



Ralph Tuason and Mary Bowes

Recognition and Retention Committee

The Recognition and Retention Committee (R&R) continued with ongoing efforts to review evidenced based recognition practices for future implementation. In 2015, the committee participated in the staff survey for The National Database of Nursing Quality Indicators (NDNQI) 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 recognition, length of service awards and the annual NDNQI survey results. One of the two subcommittees focused on communications of the varied activities and events that the R&R committee sponsored. The committee also conducted a vast literature review to begin creating a table of evidence to support proposed recommendations for implementing a meaningful recognition program for the CCND nurses.

The committee continued working to shift its focus towards targeted activities to promote recognition and retention. Creative ideas from outside sources and innovative new approaches were implemented to recognize the many wonderful accomplishments of the CCND nurses.

2015 Chair and Chair elect of the Recruitment and Retention Committee



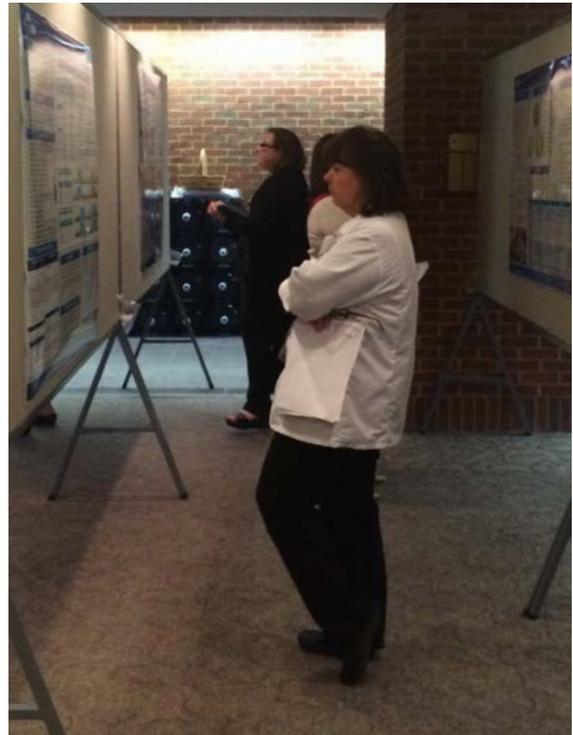
Jennifer Jabara and Tami Williams

Recognition and Retention Committee Sponsored Events

Nurse Recognition Event:

A sampling of the poster presentation titles included:

- Clinical Research Nursing: Creating a Brand for Successful Recruiting into a Specialty Practice. (C. Fisher, T. Cartledge, and L. Purdie)
- Understanding Rare Neuro-Endocrine Disorders. (K. Pozo)
- Nursing Management of an Infusion Reaction During Administration of Monoclonal Antibodies. (K. Murray)
- Evidence-Based Practices for Maintaining the Patency of Central Access Devices. (C. Lockett)
- Educating Informal Caregivers of Stem Cell Transplant Patients. (M. Grecco)
- Sleep Disturbance in Individuals with Alcohol Dependence: Findings from an Exploratory Mixed Methods Study. (A. Brooks, M. Krumlauf, L. Yang, V. Ramchandani, M. Schwandt, & G. Wallen)
- Nursing Care of Severe Acute Respiratory Syndrome & Middle East Respiratory Syndrome (MERS) (M. Schlosser, K. Jeffries, & M. Hubbard)
- Nursing Care of Occupational Exposure to Lassa Virus. (M. Hubbard, K. Adao, & H. Delfino)
- Nursing Care of Ebola Zaire Exposure (K. Barrett, M. Hubbard, A. Matlock, H. Delfino, S. Hauffe, C. Igbinosun, & G. Iwang)



Poster judging at Nurse Recognition Event

Nurses Week:

Nursing Department executive leadership provide their dedicated colleagues a warm breakfast after night shift during Nurses' Week.





Clinical Research Nursing Accomplishments in 2015: Showcasing the Year that Was

Clinical Research Nursing 2.0 Accomplishments

In 2015, the Clinical Research Nursing 2010 initiative was “taken to the next level” with a passionate group of six workgroups charged to focus on:

- Clinical Research Nurse and Research Nurse Role Clarity
- Professional Identity of the Clinical Research Nurse
- Describing the Leadership Dimension within the Domain of Practice
- Clinical Research Nurse Outcomes
- Research Intensity
- Online Education for the Clinical Research Nurse

A number of the workgroups had the opportunity to present their findings at the International Association of Clinical Research Nurses (IACRN) Conference held in Baltimore in October 2015. The workgroup outputs included interviews of research nurses describing their unique experiences at work, a proposed model for the leadership dimension within the domain of practice and a prototype sample of what one module of the CRN course might look like if available completely online.



CRN Workgroups identify priorities for CRN 2.0 initiative in a retreat with Shared Governance leaders

Clinical Research Nursing Accomplishments in 2015



Professional Identity Workgroup from left to right, Jennifer Leary, Diane Walsh, Rachel Perkins, Debbie Parchen, Donna Owolabi, Mary Bowes, Leslie Poudrier, Bruce Steakley



Staff Interviewed by Workgroup to describe Clinical Research Nursing Experiences. From left to right, Angeline Thomas, Pavi Sundaramu and Roger Brenholtz

Implementation of the Pediatric Protocol Coordinator and Pediatric Primary Nurse

In addition to the CRN 2.0 work, the clinical areas were also focusing on creative approaches to support the patients and the research while addressing the need for efficiency. For example, The Pediatric Program of Care serves a high number of Institutes and has a very large volume of protocols. In 2015, Pediatrics implemented the Protocol Coordinator role and the Pediatric Primary Nurse role is an attempt to increase knowledge and expertise for Clinical Research Nurses caring for pediatric research participants. As protocol coordinators, CRNs assumed responsibility for creating presentations, binders and partnering with the institutes to create a system to educate nurses as new protocols opened and when they were updated. This required collaboration with principle investigators, research protocol coordinators, and various members of the care team within the Institutes. Since the inception of this role, over 20 nurses have come forward to lead in this role. Post implementation feedback indicates an increase in protocol knowledge when caring for research participants on protocols that have a designated protocol coordinator.

A Generalist CRN in an Ambulatory Clinic

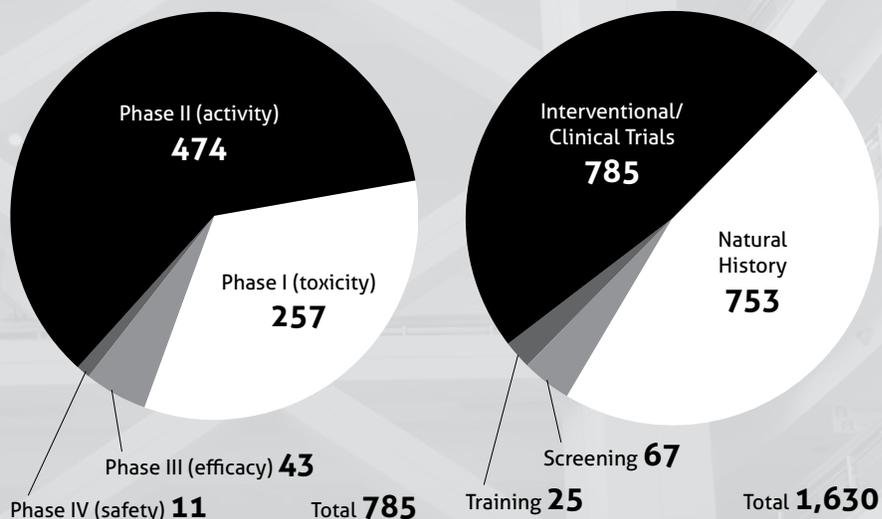
Another example of a creative approach used to meet patient and research needs by the CRN took place in one of the outpatient clinics ***Adopting a Generalist CRN Role in an Ambulatory Setting.***

A new unit structure was implemented for CRN coverage in the Behavioral Health Clinic (OP4) to include a shared assignment of a generalist role in order to offer coverage for groups that are not assigned a specific nurse. Each nurse assumes the role of generalist at least one afternoon or one morning each week. To maximize effectiveness and efficiency of its CRN staff, OP4 has been cross-training its staff to be able to cover various studies conducted in the clinic. The clinic uses protocol launch meetings to educate staff about the range of studies. The clinic then conducts 1:1 training to make sure the staff understands the assessment needs and procedures as they follow a patient in the generalist role. In addition, the clinic offers staff training to use specific assessment tools in order to broaden its ability to cross-cover each other. This new role has been well accepted by the nurses and researchers and has led to smooth cross coverage in the clinic.



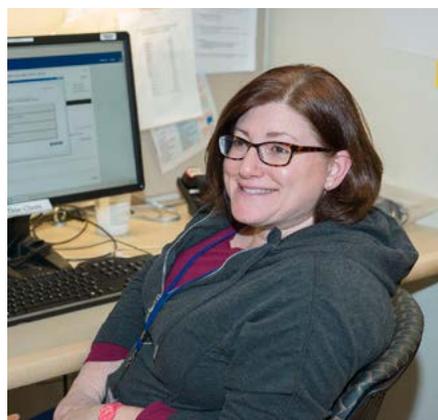
New Protocols and Clinical Highlights

2015 Protocols



Protocols and Patient Activity in 2014 and 2015

	FY 2014	FY 2015
Active Protocols	1,611	1,630
New Protocols	168	171
New Patients	10,053	10,761
Inpatient Days	48,182	47,757
Inpatient Admissions	5,615	5,448
Outpatient Visits	99,402	100,508



EBOLA Work Continues both Inside the Clinical Center and Around the World

Highlights:

- In February 2015 all healthcare providers in the Special Clinical Studies Unit (SCSU) completed updated special isolation training in the SCSU
- In spring of 2015 the SCSU admitted 4th American Health Care worker with Ebola Virus Disease in critical condition and the patient was discharged in good health.
- Early summer the SCSU had new high definition camera system installed with new speakers and microphones to improve healthcare provider communication and patient monitoring. Increased healthcare safety by providing medical consult the ability to view and communicate with the patient without having to enter the patient room.
- September 2015 all healthcare providers in SCSU completed updated special isolation training in the SCSU
- Winter 2015/2016 staff locker room was remodel to include the installation of a second shower to facilitate healthcare providers changing at end of shift or consults.



A focus on Ebola as a public health issue continued to keep the Clinical Center (CC) nurses busy in 2015 both inside the hospital and around the world. The Critical Care nursing team participated in the development of competencies, procedures and staff training to support the CC mission in the care of critical care Ebola patients. Nursing staff worked closely with the Interdisciplinary team to define training, staffing requirements, and the development of ICU standards of practice for ventilator management, Invasive lines, code blue procedures, supplies and emergency medication requirements. The Special Clinical Studies Unit (SCSU) within the Medical Surgical Services focused their efforts on training, equipment and maintaining preparedness.

Meanwhile, Clinical Center Nurses were also busy around the world caring for Ebola patients and testing a new vaccine. Throughout the year CC nurses worked in partnership with The National Institutes for Allergy and Infectious Disease (NIAID) on a vaccine trial "PREVAIL" (Partnership for Research on Ebola Vaccines in Liberia) at Redemption Hospital, located in New Kru Town, Monteserrado County, Liberia. Each day the team would prepare supplies, deliver them to the PREVAIL clinic located at Redemption Hospital, assist with participant flow through the clinic, ensure accuracy on the case report forms, and address any research related issues that arose. The PREVAIL trial was a randomized, double-blinded, controlled study for healthy adults without exposure to Ebola virus of 2 candidate vaccines and placebo to evaluate the vaccines safety and participant's immune response.

Typical Workday (Mon-Fri)

5:00–5:30 a.m.	Wake up
5:55 a.m.	Breakfast at Cape Hotel Restaurant
6:20 a.m.	Walk to the Old Embassy Compound
6:45 a.m.	Prepare clinic/site supplies and materials for loading into van
7:00 a.m.	Load truck, drive to Redemption
7:30 a.m.	Arrive at Redemption, unload supplies and materials
8:00 a.m.–Noon	Assist with clinic
Noon–2:00 p.m.	QA
2:00–3:30 p.m.	Post-clinic meeting
3:00–3:30 p.m.	Remove supplies and materials, van back to Old Embassy Compound
4:00–4:30 p.m.	Arrive at Old Embassy Compound
4:30–5:30 p.m.	Prepare supplies and materials for next clinic day
6:00 p.m.	Teleconference call with U.S. team and logistics
7:00 p.m.	Walk back to Cape Hotel
7:30 p.m.	Dinner

New Vitamin E Study

A new study was started in 2015 to describe the absorption and metabolism of Vitamin E in women. This was the first time that Vitamin E was given intravenously followed by simultaneous blood, urine and stool collection. Initial implementation proved challenging and improved with the support of the Unit Protocol Coordinator (PC) through the Model of Care (MOC) structure. Multiple meetings between the research team and the PC improved communication, staff education, guidelines and worksheet development. Role clarity was defined and overall data collection was improved. This protocol had high nursing demands due to intense clinical care coordination. Active engagement of the Clinical Research Nurses on the Metabolic Clinical Research Unit (MCRU), with the PC taking the lead, made this clinically intense study run smoothly at the MCRU. Results from the data provided an unanticipated possible explanation for how vitamin E can prevent and treat Non-Alcoholic Steato-Hepatitis (NASH).

The Mechanisms of Human Non-Shivering Thermogenesis and Basal Metabolic Rate

Clinical Research Nurses (CRN) played a major role in a new study seeking to understand the mechanism of brown adipose tissue activated with cold exposure. These subjects are healthy volunteers required to wear a cold body suit at a temperature of 18 degrees °C while in the metabolic suite, in addition to a holter monitor, ibuttons, tympanic temperatures every 30 minutes, automatic vs every 15 minutes, wireless EMG, accelerometers and ipad questionnaires. Nursing activities included collection of frequent blood samples, administration of beta blockers, anti-seizure medication, appetite suppressants and caffeine. The multiple and simultaneous activities proved to be overwhelming to patients. Through collaboration of the research team and CRNs, safety guidelines with reportable parameters were developed, redundant activities were eliminated, and role clarity for both research coordinators and clinical research nurse's was established.



Nurse in metabolic unit

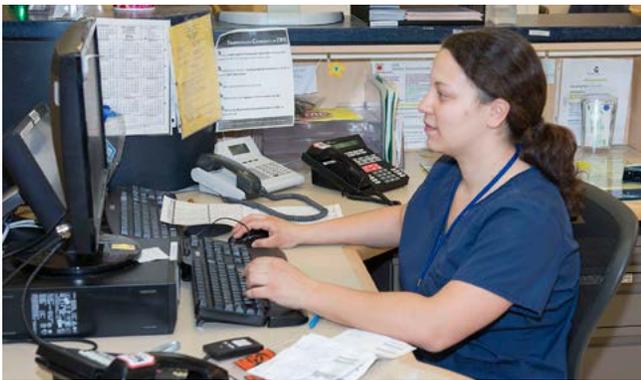
Planning for Research Involving Actively Suicidal Participants

The inpatient behavioral Health CRNs have been preparing for the implementation of the Research in Suicidal Crisis (RISC) protocol which includes actively suicidal research participants. The protocol is expected to dramatically increase the complexity and acuity of the research population on the inpatient unit. The research population enrolled into the RISC protocol will require ongoing and continuous safety monitoring. The protocol has required additional specialized training and competencies related to suicide assessments and care planning. The nursing staff participated in a Failure Modes and Effects Analysis (FMEA) in collaboration with NIMH investigators and the Clinical Center Quality staff. The FMEA identified and stratified multiple levels of risk associated with this protocol so that the team could plan to implement patient safety measures. In addition, multiple enhancements have been made by instituting regular environmental unit safety checks. Additionally, new behavioral health designed patient beds have been purchased to enhance patient safety. These beds were installed in all of the behavioral health inpatient units.

The Laboratory of Malaria Immunology and Vaccinology

The Laboratory of Malaria Immunology and Vaccinology (LMIV) started a Phase 1 Clinical Trial of a novel malaria vaccine at the NIH Clinical Center in 2015. In the study, healthy volunteers are injected with live malaria parasites every four weeks for a total of 3 vaccinations while being treated with antimalarial medications (chemoprophylaxis vaccination) to determine if the combination is safe and if the volunteers will develop immunity to malaria.

Approximately 20 subjects have received at least two vaccinations so far, and a 3rd vaccination is planned for the end of March 2016. With more than 400 scheduled visits over the course of 8 months for close monitoring, this study could not have been possible without the remarkable work of the ambulatory care CRN case managers and the Day Hospital Team. We are eagerly awaiting the controlled human malaria infection phase of the study to begin in June 2016, which involves daily visits for ~1 month, to determine if the volunteers have developed immunity to malaria.





Accomplishments in 2015

Seeking Qualified Clinical Research Nurses

The CCND Office of Recruitment, Outreach and Workforce Management (ROWM) serves as an entryway for individuals and groups ranging from students to career professionals from local and international communities interested in learning about the specialty of Clinical Research Nursing. ROWM's achievements in 2015 addressed this unique responsibility.

ROWM's involvement has been instrumental in the onboarding of a selected candidate through the transition to a new employee of the Clinical Center Nursing Department (CCND).

A Float Pool Open House was utilized to maximize the potential of hiring top talent. Several media outlets including Facebook, LinkedIn and Twitter were utilized to advertise the event to attract a large group of candidates. During this time, the candidates had the chance to present their resumes and meet with the service representatives to discuss open positions. For ongoing announcements of professional opportunities within the nursing department go to www.cc.nih.gov/nursing/profopp/index.html.



Chamberlain College of Nursing Career Fair

Outreach to a Diverse and International Audience

Since the specialty practice of Clinical Research Nursing and the Clinical Center's unique environment is unfamiliar to many, the CCND Outreach activities focused on building a pipeline offering participant's exposure to Clinical Research and Clinical Research Nursing. Through the growth of current collaborations and new partnerships, the activities provided education promoting the understanding of the NIH, CCND and the specialty practice of Clinical Research Nursing while encouraging engagement in opportunities potentially culminating in a career within the organization.

Outreach activities focused on extending partnerships and collaborations in support of the NIH diversity agenda, with key objectives included expanding outreach activities directed toward historically underrepresented students and professionals. The goal was to develop and provide a wide range of opportunities to expose and disseminate information on the Clinical Center and the specialty of Clinical Research Nursing. CCND continued to foster the current intradepartmental relationships and forge new partnerships within the community.

Leslie Poudrier (right) with visiting nurse from South Korea.



TOMODACHI Initiative and Johnson & Johnson provide a learning experience focused on Clinical Research and the nurse's role in Emergency and Disaster Preparedness.

Other international outreach activities included tours and observership experiences for students and nurses from South Korea and China. In total, CCND collaborated with intradepartmental leadership from the Office of Human Resources, Social Work and the NIH Visitor's Center VIP Special Tours to participate in a total of 12 presentations and tours for international and national groups.

Locally, The Office of Recruitment, Outreach and Workforce Management continued to expand their presence in the community through attending 3 conferences and career fairs hosted by nearby universities and colleges. ROWM strategically selected to participate in the identified outreach activities to address the diversity expansion initiative of the NIH. ROWM participated in:

- ONE NIH, NIH Human Resources recruitment campaign at the 2015 Society of the Advancement of Chicanos and Native Americans in Science (SACNAS): The Diversity in STEM Conference.
- Howard University Nursing and Allied Health Career Fair by the NIH Human Resources Client Services Division.

ROWM also hosted 5 summer interns from the Clinical Center Summer Internship Program throughout all three clinical services.



*2015 Summer
Interns*

New Nurse Residents Join the Nursing Department

The Clinical Center Nursing Department joined in celebrating the accomplishments and hard work of the 2nd Cohort of the Clinical Research Nursing Residency Program on Oct. 1, 2015. The 12 month program, which commenced its 3rd class in November, is designed to assist new nurse graduates as they transition from novice nurses into clinical research nurses, providing high quality care to research participants in a clinical research environment. The residency program assists new nurses from a variety of clinical specialty areas develop clinical and research skills and knowledge through a diverse educational curriculum. Residents are also provided with transition support from coordinators, peers and stakeholders as they grow professionally and personally. Successful residents graduate from the program with the skills, experience and knowledge required to provide high quality care to research participants in the clinical research setting. For opportunities on the new Nurse Residency program when available watch the Nursing Home page under careers at <http://www.cc.nih.gov/nursing/index.html>



*3rd cohort of Nurse Residents
Welcomed in the fall of 2015*



2nd cohort of Nurse Residents Graduate

Highlights from Nursing Education

In 2015, Nursing Orientation transitioned from an in-person traditional classroom format to a hybrid design, offering online as well as in-person classes, including the well-known online Collaborative Institutional Training Initiative (CITI) Human Subjects Research Biomedical Modules. Central Education also offers courses to enhance the knowledge and skill set of current CCND nursing staff such as the Genetics and Genomics Competency Based Education Program, Neuroscience Nursing Review Course and new Abstract and Poster Development Workshop. In addition, the team continued to manage contact hour applications resulting in a record high number of CCND courses awarding contact hours, in all yielding over 240 contact hours.

Major enhancements continued to be made to the CCND Simulation Program. The department acquired additional state-of-the-art simulation equipment for practice related to: CVADs and ports, subQ and IM injections, pediatric, adult and geriatric IV skills, and high fidelity acute clinical scenarios. In 2015, the Education Program also implemented a new course registration system for the department called Class Track and began developing online courses for the Learning Management System (LMS) using an online content authoring tool.

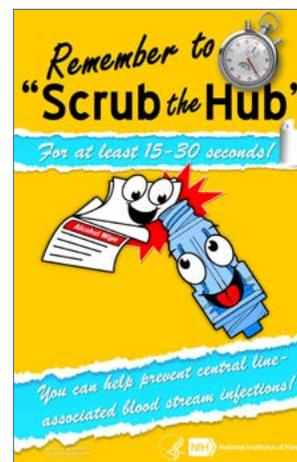


*Orientation Nurse Consultants,
Chad Koratich and
Debbie Parchen*

Managing Nursing Sensitive Outcomes within a Clinical and Research Setting

The Outcomes Management Team (OMT) within the Office of Research and Practice Development seeks to provide expert consultation & support to the CCND & CC as a whole by:

- Collecting & managing quality, patient safety, and outcome data.
- Linking data to the bedside.
- Collaborating with the Office of Patient Safety and Clinical Quality.
- Disseminating our work internally & externally.



In 2015, the OMT had many accomplishments focused on quality, safety and automation.

Data automation, including reduction in reliance on human data entry, minimization of human error, and promoting the use of electronic health record data for quality improvement (QI) efforts, was a big focus for 2015 in addition to the outcomes data that supported the 2015 operational review. The OMT, along with the collaborators in the CCND Office of Staffing and Workforce Planning, were recognized with a 2015 Clinical Center Director's Award for their collaborative efforts to improve patient safety and the quality of patient care by automating processes and improving efficiency and communication specific to nurse-sensitive outcome data.

In the Fall of 2015, the OMT initiated an interprofessional working group, including experts from direct care nursing, nursing leadership, Hospital Epidemiology Service, Infectious Disease, and quality and patient safety, focused on Central Line-Associated Blood Stream Infection (CLABSI) Prevention. Currently, the main focus of this work, in collaboration with the Clinical Practice Committee and Nursing Education, is to update Central Venous Access Device (CVAD) guidelines and procedures, standardize CVAD supplies, and train nurses in all areas of the Clinical Center.

The OMT and the Office of Patient Safety and Clinical Quality (OPSCQ) expanded the CCND monthly Performance Improvement Leadership meeting to include regular review of Occurrence Reporting System data, trends, and discussions about opportunities for improvement based on event reports.

Lastly, the OMT and OPSCQ completed full roll-out of the Institute for Healthcare Improvement QI Education training, including monthly cross-departmental discussions about content and how to apply it in our clinical research setting.



Nursing Colleagues from the Clinical Center Office of Patient Safety and Clinical Quality, From left to right, Theresa Jerussi, Gina Ford, Laura Lee, Mary Sparks, Durward Rackleff, and Jennifer Pohl (Intern)

Let's Get INSPIRED!

Have you ever identified an opportunity for improvement and were not sure about how to turn your idea into a clinical practice change? The INSPIRE committee is here to help! In 2015, the new Innovation for Nursing Sensitive Practice in a Research Environment (INSPIRE) Committee completed its first full year with many accomplishments. The committee provides an infrastructure to discuss improvement ideas and link those ideas to resources and tools to successfully implement QI, EBP and nursing research initiatives, with support from research and outcomes experts. In 2015, the committee focused on advertising and marketing about the committee itself with visits to nurse residents, shared governance and other committees and some nursing units. INSPIRE committee members highlighted the new INSPIRE website, available resources and the process for submitting requests. To date, a total of 9 "INSPIRE-ation" requests have been received and are in various stages of completion. The projects have focused on a variety of topics including hand-off communication, falls prevention, discharge planning, and nurse satisfaction.

INSPIRE Exemplar – PLEAS Initiative

A small team of nurses within the pediatric unit implemented a nurse led project that focused on increasing patient safety and improving patient outcomes. The PLEAS initiative pilot project was initiated within

the pediatric unit and addressed nurse handoff at shift change. The team created and implemented a standardized bedside report with order review and safety checks to ensure closed loop communication at shift change. The PLEAS initiative was successful in creating a mechanism that allowed staff to validate and verify current orders and review old orders to ensure a shared mental model of the patient's plan and care. At the end of 2015, staff reported an increase in satisfaction for helping lead this initiative and felt that it improved communication at shift change.

A New Standard of Practice on Falls Prevention

Falls can never be completely prevented, as there are multiple reasons for a fall. However, the Clinical Center Nursing Department and the Clinical Center are committed to ensuring patient safety. Another successful project supported by the INSPIRE Committee in 2015 focused on a Falls Initiative to increase awareness of strategies and tools to prevent falls. The project focused on an evidence based update of the falls standard of practice, changes to the electronic nursing documentation, individualized interventions for the nurse to choose for the patient, updates to the SOP to reflect all updated activities and house wide education on the changes in the Falls program. Unit based bulletin boards were also implemented to increase both staff and patients awareness of the hazards of a fall.





Nursing Research at the Clinical Center

Nursing Research and Translational Science

The research portfolio in the NIH Clinical Center nursing department is a combination of studies responding to agreed upon program priorities 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 are integrated into various clinical settings collaborating with institute partners in the intramural program as well as academic faculty. Program priorities for research at the NIH Clinical Center nursing department include the following:

- Health Related Quality of Life
- Health Behaviors & Mind-Body Practices
- Health Disparities
- Chronic Pain, Sleep Quality, and Symptom Management
- Health Effects of Caregiving
- Microbiome
- Evidence-Based Practice/Translational Nursing Science
- Patient-Reported Outcomes and Mixed-Methods Methodology
- Community Based Participatory Research

Clinical Nurse Scientists



Gwenyth R. Wallen, PhD, RN Deputy Chief Nurse for Research and Practice Development, and Chief for Nursing Research and Translational Science, is a well established bilingual clinician and investigator in the field of health behavior and chronic disease management. Dr. Wallen was recognized this year with the National Institutes of Health Graduate Partnership Program Mentorship award and the National Institutes of Health Clinical Center Director's Teaching/Training award for her work in Genetics.



CDR Margaret Bevans, PhD, RN, AOCN®, FAAN 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 with a NILBI Director's Award for her work with the Eltrombopag Clinical Research Team and is currently Co-Chair for the NIH Late Effects Consensus Quality of Life and Psychosocial working group.

Nurse Investigators



Nancy Ames, PhD, RN has a research portfolio extending from the bench, examining the oral microbiome in immunocompromised patients, to the bedside, identifying the signs and symptoms of fever.



Alyson Ross, PhD, RN 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. A second area of research focus is the incorporation of patient reported outcomes in clinical practice to improve patient care.



Teresa Brockie, PhD, RN 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. Below Dr. Brockie and five other NIH scholars gather for Native American Heritage Month, and participate in a lunch gathering to discuss "Growing Native Leaders: Enhancing Seven Generations." Dr. Brockie has completed a study with tribal nation partners about suicide and youth.

Research and Training Highlights

In 2015 the Nursing Department independent research efforts included 20 protocols; two new studies in 2015, seven studies actively enrolling subjects, and twelve studies undergoing analysis and dissemination. In 2015, the research staff produced 19 peer-reviewed publications.

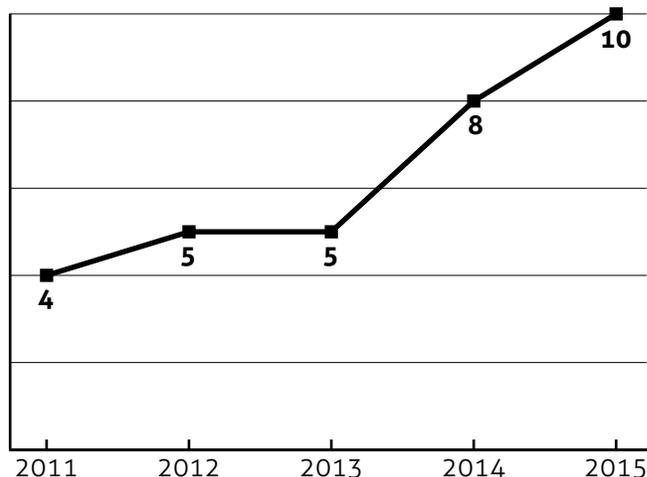
Active studies in 2015 enrolled populations that range from in-patient subjects with severe aplastic anemia (A Description of the Oral Microbiome of Patients With Severe Aplastic Anemia PI: Dr. Nancy Ames), those receiving treatment for alcohol dependence (Sleep Disturbance and Relapse in Individuals with Alcohol Dependence: An Exploratory Mixed Methods Study PI: Dr. Gwenyth Wallen, Lead AI: Dr. Alyssa Brooks) and caregivers of patients receiving allogeneic transplantation (A randomized controlled trial to determine the effectiveness of a stress reduction intervention, PI. Dr. Margaret Bevens, Lead AI: Dr. Alyson Ross) 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 yoga instructors (Yoga Therapy in the Community: A National Survey of Yoga Instructors, PI: Dr. Alyson Ross).

More information about Nursing Research and Translational Science staff and research can be found at <http://cc.nih.gov/nursing/research/index.html>.

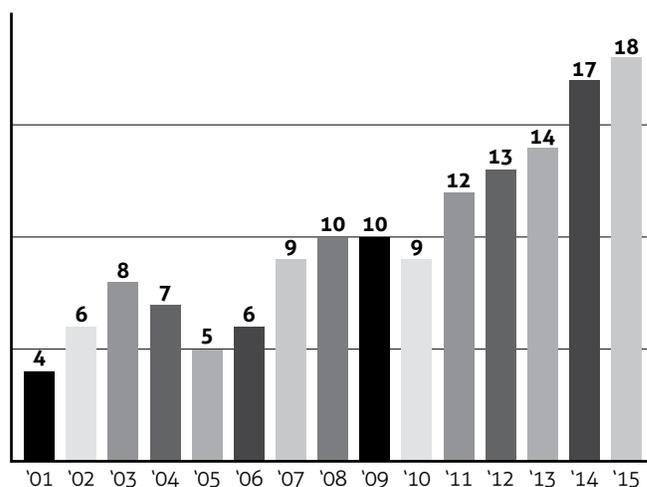


Left to Right: Dr. Margaret Bevens, Ellie Stoops, Leslie Wehrlen and Stephen Klagholz presenting poster at Post Bac Graduate Fair

Active OHSRP Studies by Year



Active Nursing Research Protocols by Year



Dr. Brockie and other NIH Native American Scholars

Scientific Partnerships

Investigators provide expert consultation to multiple institutes and have partnerships with community and academic programs. In 2015 our research partners included NIAAA, NIAMS, NINR, NHLBI, NCI and the Uniformed Services University. Studies included minority populations with chronic diseases as well as those with Sickle Cell Anemia, Alcohol Dependence, Cancer, and those undergoing Allogeneic Hematopoietic stem cell transplantation (HSCT).



Research and Translational Science Team. Back Row: CDR Leslie Wehrten, 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

Caregiver Team providing resources to caregivers in the Clinical Center



United States Public Health Service

United States Public Health Service (USPHS) Commissioned Corps

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

The U.S. Public Health Service Commissioned Corps is comprised of a diverse team of highly qualified, public health professionals around the country. Driven by a passion to serve the underserved, these men and women fill essential public health leadership and clinical service roles with the Nation's Federal Government agencies. In 2015, the NIH Clinical Center Nurse Officers:

- Volunteered to support the USPHS 72nd Year Cadet Nurse Corp Recognition Event, May 2, 2015 in Bethesda, MD.
- Participated in the planning ceremony committee for RADM Trent-Adams promotion to Deputy Surgeon General which was held on October 26, 2015, Washington, DC.
- Participated on the planning committee for the USPHS Scientific & Training Symposium in 2015.
- Supported the unaccompanied minors mission in Nogales Arizona
- Supported continued efforts of the Ebola Response Team

To read more about the USPHS Nurse Commissioned Corps visit <http://www.usphs.gov/profession/nurse>



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.



Clinical Center Staff and patients at Camp Fantastic event Summer 2015





Awards

U.S. Public Health Service Honor Awards

CAPT Janice Davis, PHS Citation

CDR Rosa Clark, Achievement Medal

CDR Robert Cox, Achievement Medal

LCDR Michael Gwathmey, Achievement Medal

LCDR Kala Rochelle, Achievement Medal

LT Leslie Poudrier, Achievement Medal

LT Anne Fejka, Achievement Medal

NIH Director's Awards

Ebola Response Team

Akosua J. Oppong

Alberta Derkyi

Alexander L. Ross

Anitra L. Fitzgerald-Monroe

Ann Matlock

Ann Peterson

Bryan P Higgins

Danelle Gori

David Smith

Deb Kolakowski

Deborah Guitierrez

Deidre Levy

Douglas A. Rojas

Elen Eckes

Elizabeth H. Quirk

Elizabeth Witter

Eva Sarbah Yalley

Florence Fatungase

Gillian Boldarini-Beziat

Ick Ho Kim

Jason H. Wood

Jerod Noe

Julissa Reyes

Kimberly Adao

Kimberly Jeffries

Leighann R. Ebenezer

Lois Kovac

Lori Cunningham

Mabel Z. Brossa

Meghan Schlosser

Melissa Hubbard

Meredith Frey

Michael Gwathmey

Michelle Rowan

Neil Barranta ICU

Shirley Gorospe ICU

Steve Calamuci

Sue Johnson

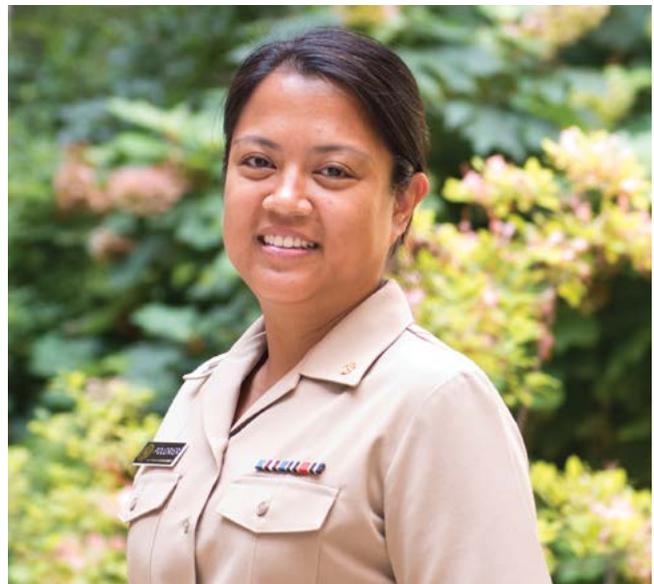
Tamara Williams

Yolawnda McKinney

Yvette Sankoh

The RADM O. Marie Henry Publication Award for Clinical Nursing Practice

Mary Myers and Ellen J. Eckes for publication:
A Novel Approach To Pain Management in Persons with Sickle Cell Disease



LT Leslie Poudrier, Public Health Service Award Achievement Medal



Angeline Thomas, Clinical Center Director's Award, Patient Care

Clinical Center Director's Awards

Administration

Aundrea McNeil
CAPT Diane Aker
Cheryl Fisher
Lisa Gonzales-Migiozzi

Pediatric Clinical Managers

Jennifer Leary
Kristina Hagan

Jesse Ferguson Customer Service

Avril Bertrand

Mentoring

Tami Williams

Patient Care

Angeline Thomas
Kathryn Prescott
Leslie Smith

Nursing Sensitive Outcomes Team

Caitlin Brennan
Cecilia Lee
Claiborne Miller-Davis
Geraldine Straber
Helen Mayberry
Kathleen Carpenter

Ommaya Reservoir Team

Anita Oko-Odoi
Anita Stokes
Ann Rutt
Brenda Martinez
Deborah Romero
LTJG Tonya Jenkins
Margaret Piwowarczyk
Olayinka Awe
Pia Nierman
Relia Atienza
Therese Intrater
Valery Rodrigue

Dialysis Group

Denise Knisely- Carrigan
Maria Navarro
Richard Gustafson

Infection Control Team

Akosua Oppong
Christine Mashek
Eva Sarbah-Yalley
Helen Lat
Letina Langley
Maureen Kennedy
Sarah Millspaugh
Yvette Viands

Morgue Opening Team

Ann Peterson
Pamela Horwitz
Rachel Perkins

Teaching/Training

Camille Grigg
Ellen Eckes

Chemo/Bio Course Team

Mary Fleury
Megan Mikula
Sharon Flynn

Genetics and Genomics Nursing Education Team

Ellen Eckes
Gwenyth Wallen
Sharon Flynn
Kathleen Calzone
Georgie Cusack
Jean Jenkins
Kathy Feigenbaum

Department of Health and Human Services Green Champion

Brenda Martinez, a clinical research nurse at the NIH Clinical Center, instituted a recycling initiative in the 3SE-S Day Hospital. As a result of her effort, she was recognized as a Department of Health and Human Services (HHS) "Green Champion."



Scholarly Activities

Publications

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- Brockie TN, Dana-Sacco G, Wallen GR, Wilcox HC, Campbell JC. *The Relationship of Adverse Childhood Experiences to PTSD, Depression, Poly-Drug Use and Suicide Attempt in Reservation-Based Native American Adolescents and Young Adults*. Am J Community Psychol. 2015; 55 (3-4): 411-421.
- Eckes EJ, Smith L. *Redesigning a falls prevention standard of practice*. Nurs Manage. 2015; 46 (11): 7-9.
- Fisher C, Feigenbaum K. *Harnessing Technology to Promote Evidence-based Practice for Patient Centered Care*. Nurs Manage. 2015; 46 (1): 14-15.
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- Gartrell K, Storr CL, Trinkoff AM, Wilson ML, Gurses AP. *Electronic personal health record use among registered nurses*. Nurs Outlook. 2015; 63 (3): 278-287.
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- Hua Y, Wang B, Wallen GR, Shao P, Ni C, Hua Q. *Health-promoting lifestyles and depression in urban elderly Chinese*. PLoS One. 2015; 10 (3): e0117998.
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- Noh JW, Kim J, Park J, Kim HJ, Kwon YD. *Gender Difference in Relationship between Health-Related Quality of Life and Work Status*. PLoS One. 2015; 10 (12): e0143579.
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Magaña López M, Wallen GR. *Accuracy of Race and Ethnicity: A Potential Barrier in Identifying Racial and Ethnic Disparities*. Society for Advancement of Chicanos/Hispanics and Native Americans in Science (SACNAS). Washington, DC; October 2015.

Presentations (continued)

Martinez K, Matlock A, May N, Start R. *Establishing Ambulatory Nursing Sensitive Indicators*. ANCC National Magnet Conference. Atlanta, GA; October 2015.

Matlock A, Hubbard M. *Fighting Ebola: Domestically and Abroad*. Johns Hopkins University School of Nursing and Public Health Global Health Awareness Week. Baltimore, MD; April 2015.

Matlock A, Hubbard M. *Nursing Management of Patients with Ebola – The NIH Experience*. Black Nurses Association Scholarship and Awards Banquet. Greenbelt, MD; March 2015.

Matlock A. *Life After Doctoral Studies – Career Options for the Doctorally Prepared Nurse*. 6th Annual Doctoral Student Research Conference. Washington, DC; November 2015.

McNeil A, Gutierrez D, Jeffries-Pritchett K, Schlosser M, Eckes E. *“My Assignment is Unfair”: A Process Change in Response to Nursing Perceptions*. 112th Maryland Nurses Association Annual Convention. Linthicum Heights, MD; October 2015.

Myers M, Fisher C. *Extending Access to Education for Clinical Research Nurses: Moving the CRN Fundamentals Course Online*. IACRN 7th Annual Conference. Baltimore, MD; October 2015.

Parham JC, Wood JH. *Leadership among NIH Nurses*. USPHS Chief Nurse Officer visit to NIH. Bethesda, MD; March 2015.

Park J, Johantgen M, Moser D. *Latent class analysis for symptom clustering: A comparison with cluster analysis*. 29th Annual Conference of the Southern Nursing Research Society. Tampa, FL; February 2015.

Park J. *Using latent transition analysis (LTA) in symptom cluster research*. National Institute of Nursing Research's (NINR) 30th Anniversary Scientific Symposium. Bethesda, MD; October 2015.

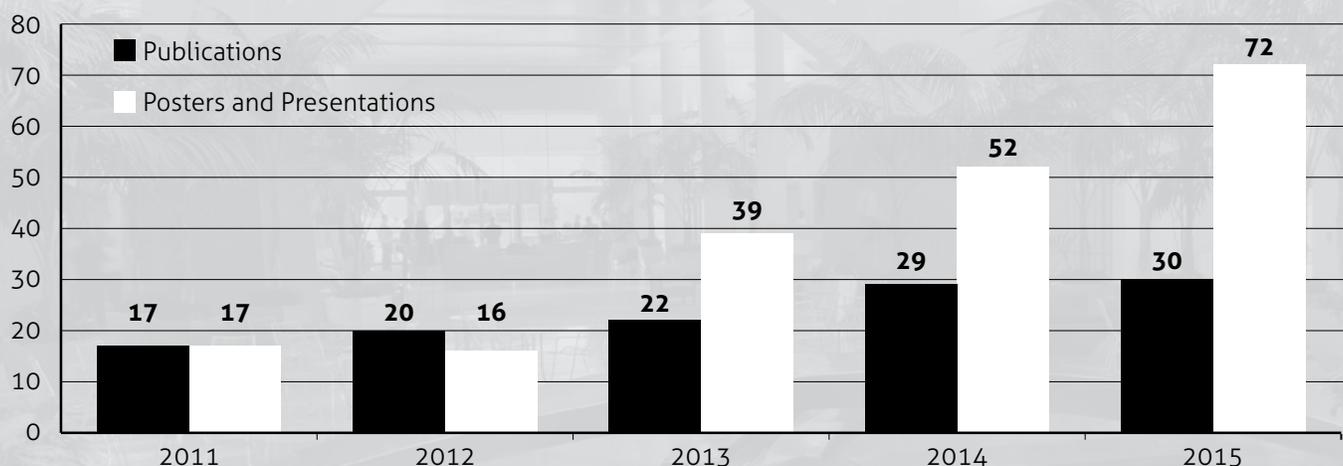
Peterson A. *Research in Respiratory Care*. 25th Annual Meeting of the Respiratory Nursing Society. Rochester, MN; September 2015.

Price S, Rawson D, Myers M, Wong P. *Nursing considerations of XMEN Syndrome: Current treatment options and implications*. 28th Annual International Society of Nurses in Genetics Conference. Pittsburgh, PA; November 2015.

Prince P, Wehrlen L, Bevans M. *“Outside the ring of fire”: Distress screening for cancer caregivers during survivorship*. IPOS-APOS World Congress of Psycho-Oncology. Washington, DC; July 2015.

Ranucci A, Barb J, Kim H, Oler A, Chalmers N, Ames N. *The Oral Microbiome in Severe Aplastic Anemia: Deciphering the 16S Gene*. NIH Post-baccalaureate Poster Day. National Institutes of Health, Bethesda, MD; April 2015.

Scholarly Activities Since 2011



Presentations (continued)

Ranucci A, Kim H, Barb J, Oler A, Chalmers N, Cashion A, Wallen G, Ames N. *Analyzing the oral microbiome: Does utilization of multiple 16S rRNA regions allow for additional bacterial identification?* NIH Research Festival. Bethesda, MD; September 2015.

Ritazau N, Aker D. *Eliminating Cross Contamination from Intravenous Cyclosporine and Tacrolimus and Accurate Blood Sampling.* BMT Tandem Meeting. New Orleans, LA; February 2015.

Ross A. *PROMIS Outcome Measures for Yoga Research.* Symposium of Yoga Research. Stockbridge, MA; September 2015.

Ross A. *The Relationship of Yoga to Health: Results of a National Survey of Yoga Practitioners.* Symposium of Yoga Research. Stockbridge, MA; September 2015.

Ross A. *Yoga and the Physiology of Stress: Ancient Lessons from the Yoga Sutras and their Application to Neurobiology and Holistic Nursing Science.* American Holistic Nursing Association Annual Conference. Branson, MO; June 2015.

Smith H, Fisher C, Piringer P, Simmons J, Banks J, Orlando J, Ognibene F, Gallin J. *Two Unique Programs, One Mission! Partnering for Success.* SciTS. Bethesda, MD; June 2015.

Steakley B, Parchen D, Leary J, Poudrier L. *Tell Your Story: Capturing the Specialty of Clinical Research Nursing.* International Association of Clinical Research Nursing Annual Conference. Baltimore, MD; October 2015.

Stoops E, Klagholz S, Yang L, Wehrle L, Ross A, Shamburek R, Bevans M. *Nuclear Magnetic Resonance (NMR) Measurement of Lipoproteins in a Sample of Stressed Caregivers.* NIH Post-baccalaureate Poster Day. National Institutes of Health, Bethesda, MD; April 2015.

Wehrle L, Bevans M. *The Ethics of Caregiving: Provider Challenges and Balancing Obligations.* NIH Clinical Center Grand Rounds. National Institutes of Health, Bethesda, MD; May 2015.

Wehrle L. *Ethical Principles in Clinical Research.* Redemption Clinic, Prevail Vaccine Trial. New Kru Town, Liberia, Africa; April 2015.

Wehrle L. *Guidelines for Collecting Patient-Reported Outcomes Data in Clinical Trials.* NHLBI Research Nurses. NIH Clinical Center. Bethesda, MD; January 2015.

Wehrle L. *Volunteering in Liberia.* NIH Clinical Center Research & Practice Development Staff Meeting. Bethesda, MD; June 2015.

Wendell B, Blake J, Elliott D. *The intersection of research protocol implementation and the role of the Clinical Research Nurse.* Presentation for nursing professors from Peking University, China. Bethesda, MD; January 2015.

Wilson F, Frey M, Sundaramurthi P, Gori D, Navaleza G, Johnsons S, Ames N. *Participation in the Design and Implementation of Research Studies Promotes Leadership Development and Empowers Nurses to Change Practice Standards.* AACN's National Teaching Institute. Boston, MA; May 2015.

Wong P, Myers M. *Blended review course: Improving specialty nursing certification.* Spotlight on Critical Care 2015: Greater Washington Area Chapter of American Association of Critical-Care Nurses. Silver Spring, MD; November 2015.



Research Studies 2015

The NIH Clinical Center Nursing Department Research Portfolio

Studies Currently Accruing Participants

Title: 15-CC-N206: Family Caregiving Role Adjustment and Dyadic Mutuality: A Mixed Methods Study
Principal Investigator: Margaret Bevans, PhD, RN, AOCN, FAAN

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: Gwenth R. Wallen, RN, PhD

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

Studies in Analysis/Dissemination

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

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: Gwenth 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

Studies in Analysis/Dissemination (continued)

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: 2015 OHSRP #12989: Yoga Therapy in the Community: A National Survey of Yoga Instructors

Principal Investigator:
Alyson Ross, RN, PhD

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

Title: 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 Bevens, 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: 16-C-0047: A Phase 1 Trial of Pomalidomide in Combination With Liposomal Doxorubicin in Patients With Advanced or Refractory Kaposi Sarcoma

Institute: NCI

Principal Investigator:

Thomas S. Uldrick, MD

Associate Investigator: Margaret Bevens, PhD, RN, AOCN, FAAN

Title: 14-H-0180: Ultra Low dose IL-2 Therapy as GVHD Prophylaxis in Haploidentical Allogeneic Stem Cell Transplantation

Institute: NHLBI

Principal Investigator: Sawa Ito, MD

Associate Investigator: Margaret Bevens, PhD, RN, AOCN, FAAN

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

Bevens, 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

Bevens, 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

Bevens, 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

Bevens, 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

Bevens, 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

Bevens, 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

Bevens, 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

Bevens, PhD, RN, AOCN, FAAN

Collaborative Studies with Intramural Research Program(s) (continued)

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 Bevens, 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 Bevens, 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:

Gwenyth R. Wallen, RN, PhD





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