



NIH National Institutes of Health
Turning Discovery Into Health

NIH Clinical Center Nursing Department **2016** **Annual Report**

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

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

clinicalcenter.nih.gov



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 CNO



Gwenyth R. Wallen RN, PhD
Chief Nurse Officer (Acting), Nursing Department
National Institutes of Health Clinical Center

In 2016 I found myself *inspired, celebratory, and reflective* as I agreed to serve as the National Institutes of Health Clinical Center Acting Chief Nurse. From the very first day as Acting Chief Nurse I decided to commit myself to being the best leader I could be for an organization in transition. Those of you who know me well know how much I value astute and caring clinicians who engage the patients and families they care for in clinical research.

Throughout 2016 my *Inspiration* came from each of you. It was reading about a pediatric nurse who brought snow in during a blizzard for one of the children in her care. It was having staff support each other through a multi-night Clinical Center sleep over during a snow storm in order to staff the hospital and still smile when they saw me. It was the behavioral health nurse who "INSPIRED" me by leading a research amendment that addressed participant attitudes and perceptions in an authorized deception placebo analgesia research study. It was a nurse who named the "Take Me There" wayfinding application that now facilitates travel throughout the Clinical Center. I was *inspired* by so many of you who completed specialty certifications, baccalaureate, masters and doctoral degrees while working fulltime as a clinical research nurse. How in the world did you persevere? Most of all, I was continually *inspired* by the warm greetings and notes that many of your patients and families sent to make sure hospital leadership knew how much your empathy and dedication towards their wellbeing meant to them.

The height of *celebratory* moments came in the form of the American Nurses Association (ANA) publication of the scopes and standards recognizing clinical research nursing as a specialty. We *celebrated* in the realization that under the leadership of committed and innovative nurse educators we would be one of the few hospitals in the country implementing a nursing competency in basic genetics and genomics. When we pulled together and strengthened our interdisciplinary collaborations we *celebrated* improvements in nursing sensitive indicators like patient falls and CLABSI rates.

It is important for us to be *reflective* of what we have done well as time goes by and what we can improve to support clinical research while providing patient safety and quality as our hallmark for care delivery. In a complex research environment practice excellence will continue to be a core value we share. Equally important as we move forward will be *reflecting* on ways to care for ourselves and each other to build a healthy work environment.

You are truly an inspiration to me,

Gwenyth R. Wallen

Nursing Department Executive Team

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 Services. The Nurse Executive Team meets regularly to plan operations, allocate resources and set policy to govern clinical practice.

Nursing Executive Team Members:

Gwenyth Wallen, PhD, RN Chief Nurse (Acting), Chief Research and Practice Development

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

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

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

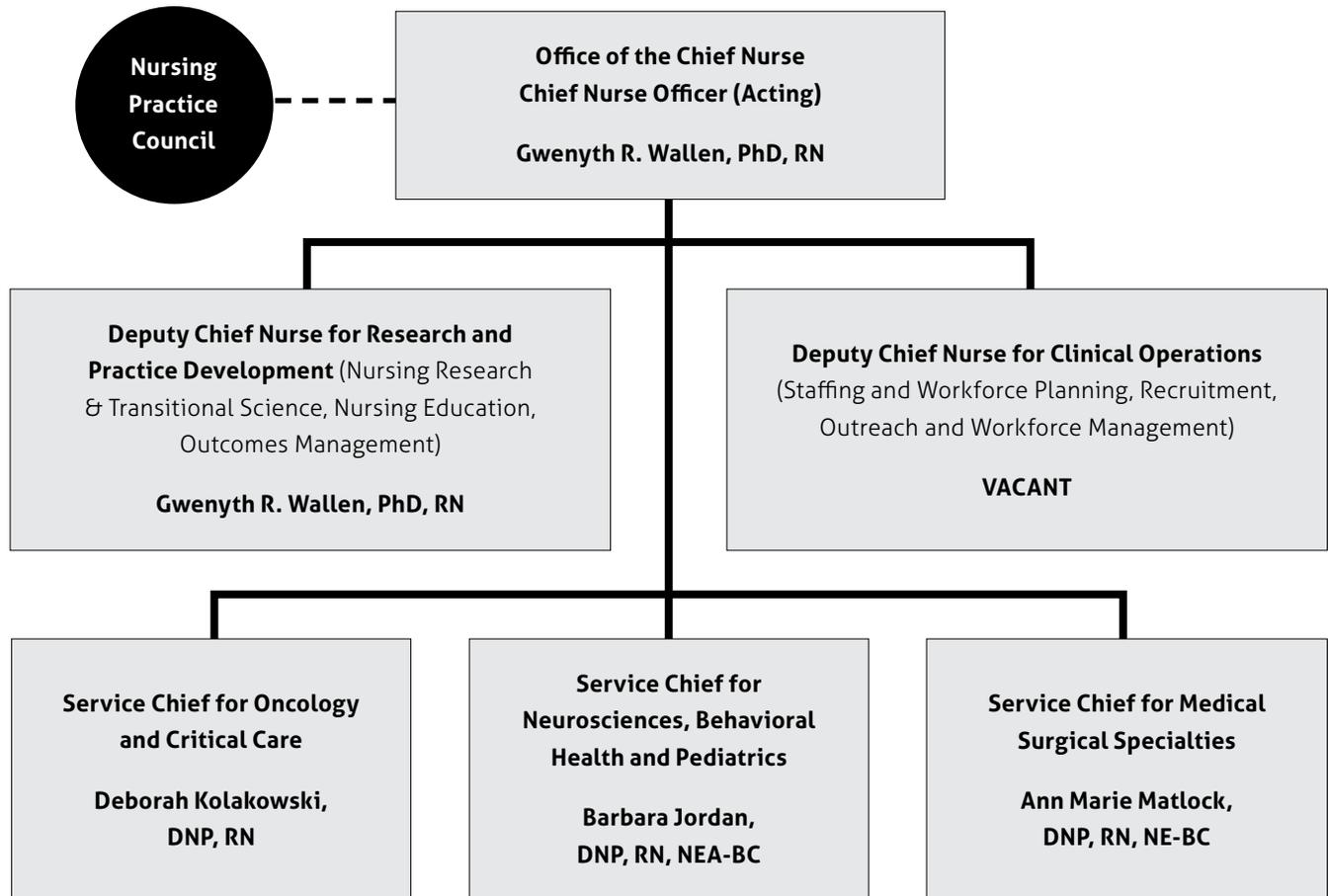
Cheryl Fisher, EdD, RN, Senior Nurse Consultant for Extramural Collaborations

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



From left to right: Cheryl Fisher, Ed, RN; Deborah Kolakowski, DPN, RN; Gwenyth Wallen, PhD, RN; Ann Marie Matlock, DNP, RN, NE-BC; Barbara Jordan, DNP, RN NEA BC. Not pictured: Diane Walsh MS, RN

Nursing Department Organizational Structure



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

Highlights in 2016

The NIH patients come from all over 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 2016, all 50 states as well as DC and Puerto Rico had patients participating in clinical research and 719 (3%) were international patients.

Clinical Research Nursing is recognized by the American Nurses Association as a Specialty Practice

In August, after years of hard work by the NIH Clinical Center Nursing Department, in collaboration with the International Association of Clinical Research Nurses (IACRN), the American Nurses Association announced that they are now officially recognizing the profession of clinical research nursing as a specialty practice. In hospitals across the country, registered nurses are often certified for their advance knowledge in medical specialties such as oncology, critical care, behavioral health or pediatrics. But for the nearly 1,000 clinical research nurses (CRN), and research nurse coordinators, working in the NIH Clinical Center, the opportunity never existed to receive a certification, or recognition, of their unique skillset as an integral part of the research team throughout the clinical research trial process.

"There's nowhere in the world, beyond the Clinical Center, that has a thousand CRNs in one location. The Nursing Department and our nursing colleagues throughout the NIH have truly pioneered the way for defining and creating a better understanding of the newly recognized specialty of clinical research nursing," said Dr. Gwenyth R. Wallen, acting chief nurse officer in the NIH Clinical Center Nursing Department. "What we, and all CRNs do is critically important in advancing science and medicine across the globe."

"We hope our patients, doctors and others in the healthcare community will feel very proud and confident with the expertise and specialty knowledge that our nurses possess," said Cheryl A. Fisher, senior nurse consultant in the NIH Clinical Center Nursing Department.

For nearly 10 years, the Nursing Department has been taking steps to develop the conceptual model for CRN and increase the understanding and recognition of it as a profession. Staff have been actively involved in IACRN committees on research, education, marketing, and most importantly, scopes and standards.



Highlights in 2016

CCND Nurses Attend Training to Deliver Crucial Conversation Classes

Based on identified needs from our NDNQI data to improve communication skills, a group of nurses have become trained in teaching Crucial Conversations skills. In September of 2016 the group attended the REACH Experience Annual Conference in Washington, DC to further develop their training skills and to become trainers in Crucial Conversations. The conference training is offered by the renowned Joseph Grenny and offers trainers additional tools and tips for "talking when the stakes are high." The nursing department rolled out the training to leadership and staff with six classes offered in 2016. The plan is to continue training all staff and the Shared Governance leaders to facilitate communication skills within our complex environment.



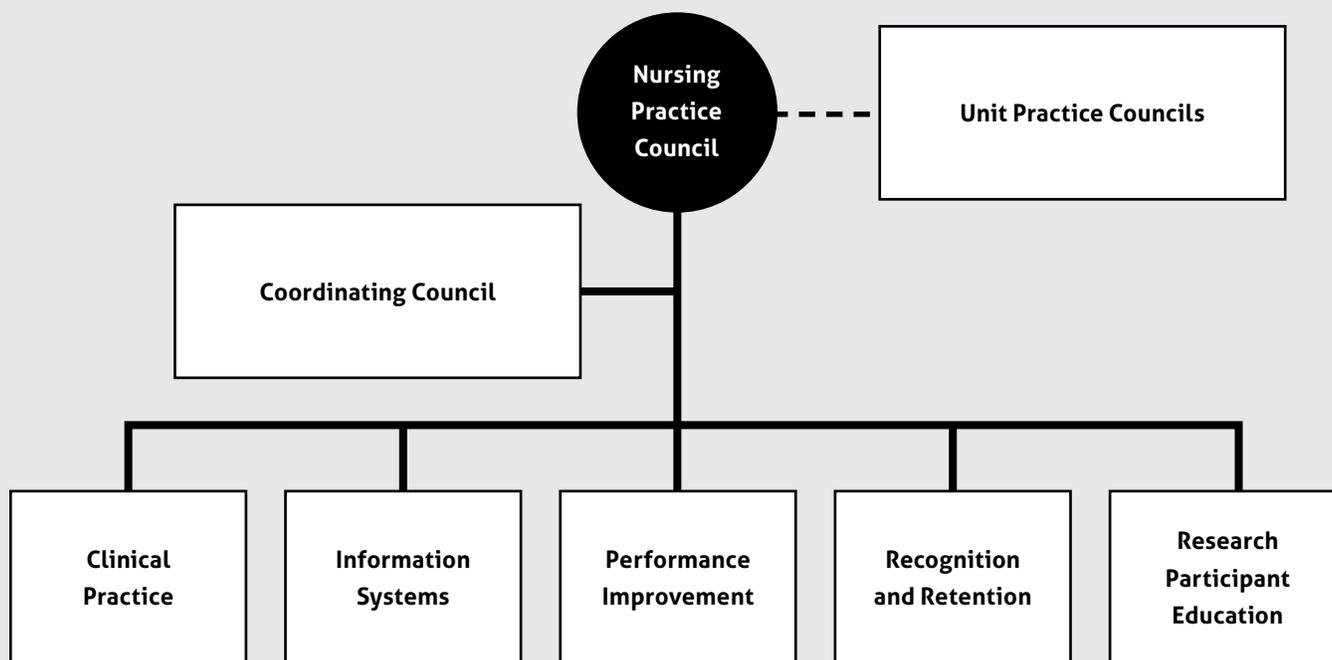
Left to right: Melissa Hubbard, Leslie Poudrier, Diane Lawrence, Joseph Grenny, Pam Horwitz, Diane Walsh and Rosemary Payne. Not in photo: Jennifer Jo Kyte, Paul Wong and Betsy Wendell

Clinical Practice and Shared Governance

Nurses at the Clinical Center are active participants in the development and management of clinical practice through a vibrant nursing shared governance structure. "Shared Governance" is a well-known organizational structure 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 (NPC) 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 skills to help prepare them for the challenges that arise as they step up and out onto their leadership path. Over the course of 2016, the chair and chair-elect of the shared governance committees learned about goal setting, emotional intelligence, their Myers-Briggs personality type, the Institute for Health Care Improvement Open School and other topics relevant to their leadership development.



Shared Governance Structure





Committee Highlights and Updates

2016 Coordinating Council Members



*Left to right:
Stephanie Wildridge,
Anja Little, Mary Scott,
Camille Grigg, Aundrea McNeil,
Leighann Ebinezer,
Evette Barranta, Nora Quade,
Marjorie Cudworth
and Jennifer Jabara*

2016 Chair and Chair Elect for NPC, Leighann Ebinezer and Evette Barranta



Committee Highlights and Updates

Clinical Practice Committee

In 2016, The Clinical Practice Committee (CPC) was able to collaborate directly with interdisciplinary partners to update Clinical Center Nursing Department (CCND) procedures and standards of practice. An ongoing goal for the committee is to improve communication with our extra departmental stakeholders and solicit feedback that will benefit all departments while using the most current evidence based practice. This extra-departmental collaboration was seen in the development and implementation of the blood culture collection procedure and the updating of our central vascular access device documents. Approaches as such have improved adherence with an ultimate goal of improving patient safety and outcomes. In 2017, the committee plans to strengthen these partnerships while keeping patient safety at the center of CCND nursing practice.

2016 Chair and Chair-elect for the CPC Committee, Stephanie Wildridge and Mary Scott



Committee Highlights and Updates

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 the committee goals for 2016. These goals broadly focused on providing quality Improvement (QI) initiatives, outreach activities and data collection. PIC formed a subcommittee to educate nursing staff on the information available to them in the Performance Measurement Panel (PMP). The PIC subgroup developed a PMP frequently asked questions (FAQ) sheet and PIC members engaged in walking rounds to educate nursing staff on the PMP FAQ sheet and the data available to them. PIC members also collected data by conducting manual audits for the Innovation for Nursing Sensitive Practice in a Research Environment (INSPIRE) Committee request led by Kathy Feigenbaum, Med/Surg CNS to increase nursing staff use of the Alaris Guardrails. PIC members participated in the Institute for Healthcare Improvement online learning modules to expand their understanding of quality improvement and their ability to resource nursing staff at the unit level. Further PIC members engaged in continued learning with additional presentations and discussions on areas that peak committee member interest such as Patient Safety Goals, Just Culture and Root Cause Analysis. Consistent with our patient safety focus, PIC identified one strategy to improve handoff communications between inpatient and outpatient clinical areas and began drafting the QI project plan for Inpatient to Outpatient Handoff Communications. PIC members continue to collaborate with the Nursing Outcomes Management Team and the Clinical Center Nursing Department (CCND) to identify trends and QI strategies for potential committee efforts and dissemination to nursing staff.

2016 Chair and Chair-elect of PIC Committee, Anja Little and Aundrea McNeil



Committee Highlights and Updates

Nursing Information Systems Committee

In 2016 Nurses identified multiple areas for improvement in clinical documentation and submitted requests for changes in CRIS to the Nurse Practice Council (NPC). The NIS Committee reviewed 47 of these NPC Requests; some were modified and many were forwarded to DCRI for implementation. Through the process of Shared Governance, clinical documentation evolves continuously, becoming more comprehensive and user friendly every year.

The NIS committee representatives received advanced training in targeted areas of clinical documentation. This knowledge, as well as regular monthly NIS Committee information, was then brought back to every Research Participant care area and shared with nurse colleagues. Malware became a focus in 2016 and representatives emphasized the need for constant vigilance with their peers. With the national focus on suicide prevention, the National Suicide Hotline phone number was added to the discharge information given to every research participant. Nursing Care Plans were added to the Clinical Summary Tab in CRIS to improve visibility and access. Carefusion was replaced with SoftID and NIS Committee members worked hard to represent their areas and facilitate resolution of concerns. NIS Committee members are an accessible resource for clinical documentation questions and they provided education and assistance to their colleagues throughout the year.

The NIS Committee also recognized a trend in requests for a method to assist nurses with tracking time delayed tasks and various secondary tasks where an LIP order had two or more parts. This trend had been building for several years and in 2016 the NIS Committee aggressively pursued a resolution by forming a Nursing Worklist Manager Subcommittee to investigate a CRIS Worklist solution. This Subcommittee and the NIS Committee will continue their efforts into 2017.

2016 Chair and Chair-Elect of NIS Committee, Beth Lee and Camille Grigg



Department of Clinical Research Informatics nursing colleagues, Minnie Raju and Michelle Lardner



Committee Highlights and Updates

Nursing Research Participant Education Committee

The Nursing Research Participant Education Committee (NRPEC) has had a successful year in 2016 utilizing technology as a tool for document review and version control. NRPEC also created its own patient education website to organize and make educational materials more accessible. NRPEC implemented its vision of efficiency of systems and quality review by approving and posting over thirty educational documents to the NRPEC website. NRPEC continues its relationship with the broader, NIH Clinical Center Committee, the Research Participant Committee, (RPEC) and looks to bring it and the Nursing Clinical Practice Committee (CPC) in closer alignment.

2016 Chair-elect and Chair for the NRPEC Committee, Nora Quade and Marjory Cudworth



Committee Highlights and Updates

Recognition and Retention Committee

The Recognition and Retention Committee (R&R) had a very productive year focusing on the evidence to develop a new model for the committee, ideas for a new recognition program and efforts to promote participation in the NDNQI survey. For the first time the committee put together a new program to recognize nurses who have achieved specialty certification. The spring event provided certificates of accomplishment, materials to share back on the unit to promote certification. In the fall of 2016, the committee held its second annual Length of Service and Professional Recognition ceremony to honor those nurses who have participated in scholarly activities including, publications, and podium or poster presentations.

Based on a vast review of the literature the prior year, the committee continued working to shift its focus towards targeted activities to promote recognition and retention. Creative ideas for a new awards program and a nursing department newsletter were developed for implementation in 2017 in collaboration with nursing department leadership.

2016 Chair and Chair Elect of the Recognition and Retention Committee, Jennifer Jabara and Tami Williams



Unit Practice Councils

Unit Practice Councils



Unit Practice Councils Continue in Full Swing

Now in its second year, the new Unit Practice Councils continue to thrive. One method of nurse engagement of nurses at the unit level is through the use of a shared governance model that promotes shared decision making. In this highly competitive healthcare environment, it's essential to retain experienced and talented nurses through engagement in the clinical practice environment which has been shown to support increased job satisfaction and retention.



New Unit Practice Council Members and Shared Governance Chairs and Chair-Elects attend Fall training workshop

Unit Practice Councils

Notable UPC Projects

UPC project Intensive Care Unit (3SWS): Dressing changes – Let's get it done!

The 3SW-S 2016 project was designed to address a need on our unit of 100% compliance in dressing changes. A baseline monitoring tool was created to measure compliance. This indicated that we were only at 70%. A project plan was formulated. Literature search, review of SOP's, and policies & procedures were completed. Findings of the baseline compliance was placed in the nursing lounge to demonstrate need for this project, and invigorate staff for this UPC initiative. Ideas were then developed to re-educate staff on SOP's. An educational brochure was devised, as well as a dressing change table to be used as a recorded education for staff. Laminated cards with the dressing change table were placed at each WOW. We are now reusing the monitoring tool to measure compliance. The next goal for this project is sustainability.

Ambulatory Care Projects

- **1HPEDs:** Environment of care checklist supplement; float resource guide; updated patient intake sheet
- **1NWDH:** Resource tool for floats; assignments for stocking and cleaning environment
- **3SEDH:** Patient flow; rolling patient assignments; equipment inventory; scheduling committee, protocol coordinator role
- **5SWDH:** Staff recognition; inclement weather coverage
- **OP1/5/9:** Staff recognition; inclement weather coverage; staff newsletter
- **OP3/12/13/Rad Onc:** Quality of life screening; contact isolation and exposure; journal club
- **OP4:** PCT pilot focused on supervision, tasks, worklists, and orientation
- **OP7:** Staff schedule; cardiovascular reassessment before and after transplant
- **OP8:** Protocol flow sheets/CRIS order entry
- **OP10:** Patient flow focused on patient satisfaction; charge nurse triage
- **OP11:** Patient safety bulletin board; CHS pyxis; hand-off sheet for case managers; physical set up and supply concerns on the unit
- **SWP:** Newsletter; virtual meetings

Inpatient Projects

- **1NW:** Holiday schedules; streamlining NPC requests; CVAD cap changes, patient/parent customer satisfaction survey
- **1SE:** Patient property management; aftercare patient letter; resource manual for float nurses; specimen collection; patient comment box
- **1SW:** Modified program of care for patients transitioning to classroom; improved small day activity room; evening therapeutic group
- **3NE:** Transfer of care communication
- **3NW:** Electronic I/O documentation; replace patient cup holder; personal cell phone policy; respite room for nurses; new signage in patient rooms
- **3SEN:** Falls prevention program; cleanliness of the unit, protocol 'cheat sheets' for float nurses; more accurately capturing acuity in documentation
- **3SWN/Procedure Services:** iCohere communication tool; improved communication at unit level
- **3SWS/ICU:** Patient satisfaction and patient safety
- **5NW:** Nurse job satisfaction; weekly kudos; patients going on pass with peripheral IVs
- **5SE/SCSU:** Rehab appointments; nurse attendance on rounds; QI project with OR on patient preparedness; food trays in hallways; specimen collection errors; addressing pain; patient isolation education
- **5SWN:** Healthy work environment; recognition/rewards program; preferred scheduling
- **7SE:** Set work schedules; pain reassessments; huddle board for current projects
- **7SWN:** Environmental – bathroom door locks; electronic I&O; overnight visitors in semiprivate rooms; staff scheduling



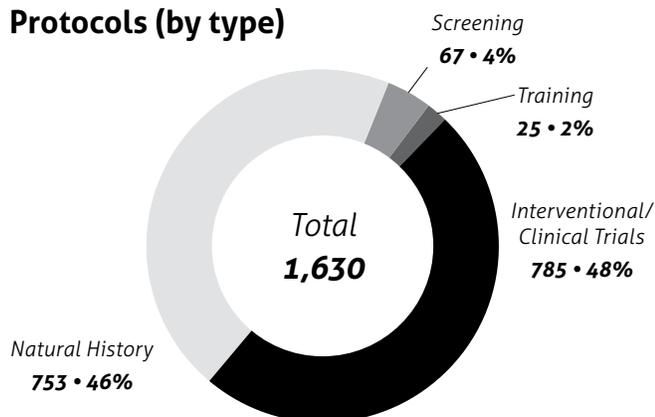
*3SWS UPC Chair and
UPC member, Tami Williams
and Flo Wilson work
on unit projects*

New Protocols and Clinical Highlights

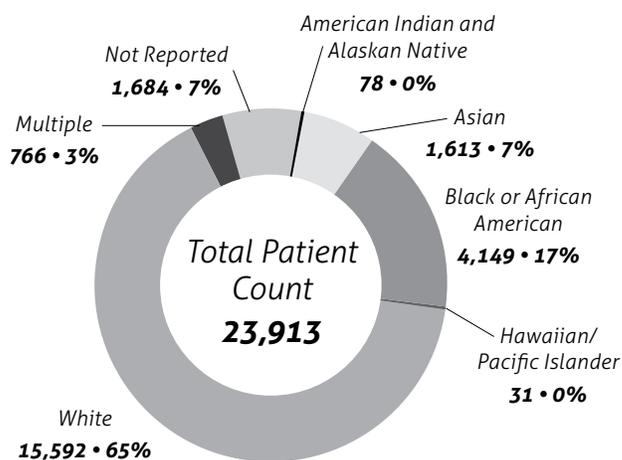
Clinical Research Activity 2012-2016

| | 2012 | 2013 | 2014 | 2015 | 2016 |
|-------------------------|-------|-------|-------|-------|-------|
| Active Onsite Protocols | 1,530 | 1,570 | 1,611 | 1,633 | 1,636 |
| New Onsite Protocols | 167 | 162 | 168 | 171 | 136 |
| Principal Investigators | 482 | 499 | 499 | 495 | 495 |

2016 Active Onsite Protocols (by type)



Clinical Center Patient Population FY2016



Clinical Trial Phases

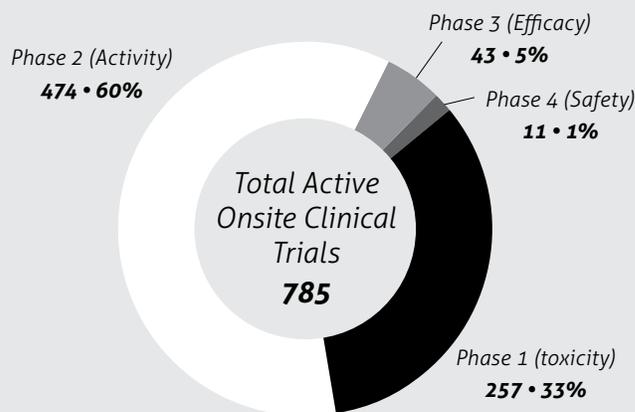
Phase 1: Researchers test a new drug or treatment for the first time in a small group of people (20-80) to evaluate its safety, determine a safe dosage range, and identify side effects.

Phase 2: The study drug or treatment is given to a larger group of people (100-300) to see if it is effective and to further evaluate its safety.

Phase 3: The study drug or treatment is given to large groups of people (3,000 or more) to confirm its effectiveness, monitor side effects, compare it with commonly used treatments and collect information that will ensure safe usage.

Phase 4: These studies are undertaken after the drug or treatment has been marketed. Researchers continue to collect information about the effect of the drug or treatment in various populations and to determine any side effects from long term use.

Clinical Trials by Research Type 800 Onsite Intramural Protocols





Clinical Center Studies on the New Frontier

Chronocort Phase 3

A phase III study is underway on 5SW-N looking at the efficacy, safety and tolerability of Chronocort (a synthetic corticosteroid) compared with standard glucocorticoid replacement therapy in the treatment of congenital adrenal hyperplasia (CAH). The goal of this multicenter study, being conducted in 5 countries, is to achieve a near physiologic cortisol replacement so as to improve the clinical outcome of patients with CAH thus controlling hyperandrogenism and hypercortisolism. The challenge for this patient population is replacing deficient hormones (aldosterone and cortisol) while balancing excess androgens and at the same time avoiding the adverse effects of excess exogenous glucocorticoid. Since this is a safety and effectiveness study of a seemingly new drug that mimics normal cortisol secretion in the human body, nurses are tasked with close monitoring for the symptoms of low cortisol or too much cortisol replacement (fatigue, weight gain, increased appetite, irritability, insomnia, swelling, nausea, hyperglycemia).



Chronocort is a newly developed formulation of hydrocortisone; slow and modified release with improved outcome of hormone profile and much better balancing act of controlling hyperandrogenism and hypercortisolism. The study builds upon on a previous phase 1 study of 22 healthy adults receiving twice a day dosing of Chronocort. Results showed cortisol levels comparable with normal endogenous release patterns. On the phase 2 pilot study, open label Chronocort was given twice daily and titrated for 16 adult male and female patients with CAH for 6 months. The CRNs are responsible for the complex care coordination of this patient population including assurance that patients keep multiple appointments, complete 24 hour serial (PK) sampling and completion of a 24 hour urine collection in three separate 8 hour time points. The effects of Chronocort treatment was assessed on bone health through DEXA scans for body composition and overall patient Quality of Life using assessment questionnaires.



Clinical Center Studies on the New Frontier

Non-Shivering Thermogenesis (NST): Cohort 3 – Mirabegron studies

This study builds on previous research indicating that acute exposure of humans to cold (19 vs. 24 degrees Centigrade) led to approximately 6% increase in energy expenditure while PET studies have shown visible brown fat activity (BAT) after overnight exposure to cold temperatures.

The protocol aims to better understand the physiology of NST and to develop improved assays for evaluating the effect of drugs that alter energy expenditure. The awareness that thermal neutrality of the U.S. society coincides with the obesity epidemic, has this protocol focusing on a specific beta adrenergic receptor agonist, Mirabegron to evaluate additional activity of BAT.

Mirabegron is currently Food and Drug Administration (FDA) approved for the treatment of overactive bladder. This study will compare the effects of the drug at 0mg, 50mg and 200mg on BAT metabolic activity as well as on basic metabolic rate (BMR). Authors hypothesize that Mirabegron at 50mg and 200mg by mouth, will increase BMR and BAT more than placebo. Healthy volunteers (84) with BMI 19-30 aged 18-35 year old males will be recruited for 4 separate study days at MCRU. Visit 1 will be cold exposure using a cooling vest; visit 2 will be mirabegron 0mg (placebo); visit 3 receives 50mg and visit 4 will be 200mg.

The participants partake in an isocaloric, caffeine free diet (55% carbs, 15% protein and 30% fat), and complete a 6 hour metabolic suite stay in a specific pre calibrated suite while wearing a specific scrub pajamas. The CRNs role includes collecting PKs of mirabegron, monitoring vital signs every 15 minutes and 6 hour urine sample while in the suite. Patients are not allowed to have physical activity, additional blankets or clothes while in the suite. After the suite visit is complete, patients are transported via wheelchair to PET/CT and MRI to assess for BAT activity. If none is observed after initial cold exposure, the patient returns for one last study visit with an increased dose of mirabegron 200mg.



Clinical Research Nursing Accomplishments in 2016

Unique Recruitment Strategies for Hiring 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 2016 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).

Outreach to a Diverse and International Audience

The CCND Office of Recruitment, Outreach and Workforce Management (ROWM) management has focused continuously on recruitment and retention. However in the time of acute talent shortages, recruitment strategies were of particular interest in 2016. This year ROWM focused on robust recruitment and outreach strategies, talent acquisition, candidate sourcing, candidate relationship management and social media campaigns. In 2016 the recruitment challenges were tackled by hosting the 1st CCND Direct Hire Open House event. The Open House was designed to attract a large number of qualified Registered Nurses.

The results were impressive by attracting over 600 potential applicants. During the event CCND Executive leadership were present, sending the message to the attendees that hiring was their top priority. Nursing leadership, nurses and administrative staff were available to network and greet attendees. All attendees were interviewed by nursing leadership and participated in hospital tours, information sessions, navigating USAJOBS and resume training was provided for the participants.

In 2016, ROWM conducted over 570 interviews resulting in 134 new hires for CCND. ROWM attended several professional conferences to spread the word about clinical research nursing with the mission of recruiting specialized and qualified nurses. The conferences in 2016 included:

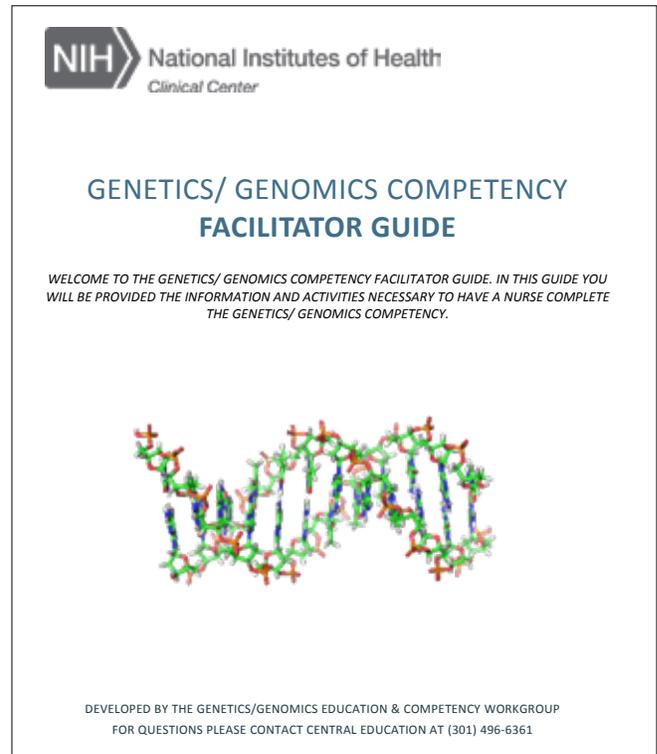
- Oncology Nursing Society (San Antonio, TX, April)
- National Teaching Institute (New Orleans, LA, May)
- Academy of Medical Surgical Nurses (Washington, DC, September)
- National Association of Hispanic Nurses (Chicago, Ill, July)
- American Psychiatric Nurses Association (Hartford, CT, October)

Additionally, the ROWM staff visited local universities including the University of Maryland School of Nursing, Howard University College of Nursing and Allied Health Sciences and Coppin State School of Nursing to get the word out about nursing opportunities within the NIH CCND to upcoming nursing graduates. Additional activities included VIP tours, shadow days, resume training and student placement for nursing student experiences.

Clinical Research Nursing Accomplishments in 2016

New Genomics Course

The rapidly expanding field of genomics requires nurses to have a thorough understanding of key concepts in order to be competent and feel confident in the care for research participants receiving genetic testing and complex medical treatments. A core team of multi-institute nurses from CCND, NHLBI, NCI, and NHGRI developed a tiered competency with corresponding courses; Introduction to Genetics and Genomic in Health Care and Intermediate Genetics and Genomics in Health Care. At the close of 2016, over 759 health care providers attended the introductory course including Clinical Center Nursing Department Clinical Research Nurses (CRNs), Research Nurse Coordinators (RNCs) and Nurse Practitioners and other healthcare colleagues from 20 NIH departments/institutes/outside participants. Over 95% of the CCND CRNs and 100% of NHLBI RNCs completed the beginner level genetic and genomic competency requirements. Future directions include intermediate competency validation for CCND and NHLBI RN's and preparation for an electronic pedigree within the medical record system.



Highlights from Nursing Education

In 2016, the Nurse Educators partnered on several clinical care and patient safety training initiatives including central venous access devices, central line associated blood stream infection and Soft ID Barcoding. The central and service educators worked together to develop 10 clinical e-learning modules for nursing staff and interdisciplinary colleagues which were deployed using the Department of Health and Human Services (DHHS) Learning Management System (LMS). Central Education also continued to offer the Genetics and Genomics Competency Based Education Program with almost 400 clinicians completing either the introductory and/or intermediate classes this year alone. In addition, the Nurse Educators oversaw the review process for eleven CRN and Behavioral Health and Patient Care Tech competencies and offered over 35 classes on topics ranging from Advanced Endocrine Concepts to Pediatric End-of-Life and Nonviolent Crisis Intervention®.

Clinical Research Nursing Accomplishments in 2016

New Nurse Residents Join the Nursing Department

The Clinical Center Nursing Department joined in celebrating the accomplishments and hard work of Cohort 3 of the Clinical Research Nursing Residency Program on Oct. 19. The 12 month program, commenced its 4th and largest class to date, 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>.



Third cohort of Nurse Residents graduate



Fourth cohort of Nurse Residents join the CCND

Clinical Research Nursing Accomplishments in 2016

Managing Nursing Sensitive Outcomes within a Clinical Research Setting

The Outcomes Management Team (OMT) within the Research and Practice Development Service seeks to provide expert consultation & support to the CCND by:

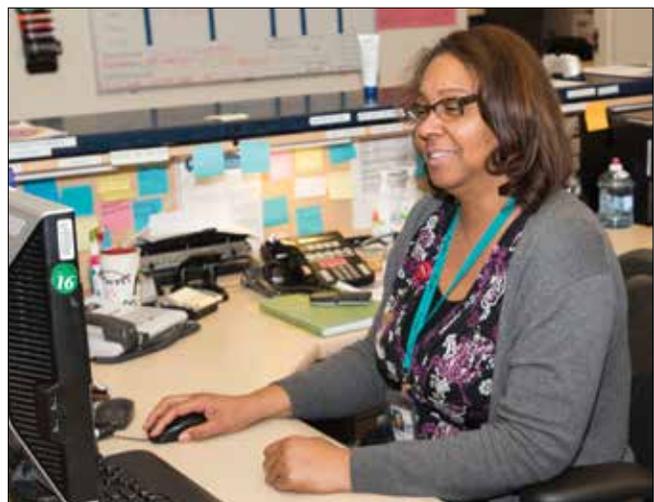
- Collecting and managing quality, patient safety, and outcome data
- Linking data to the bedside
- Collaborating with the Office of Patient Safety and Clinical Quality
- Disseminating our work internally & externally

2016 Highlights from the Outcomes Management Team

- Provided data and other support to Nursing Executive Group in response to the “Red Team” Report
- Adjusted the monthly Performance Measurement Panel (PMP) to ensure nurse-sensitive indicators are disseminated to leadership & staff, including:
 - Decreased frequency of a few indicators from monthly to quarterly in order to focus on most important indicators
 - Made National Database of Nursing Quality Indicators (NDNQI) and “Picker” Patient Satisfaction data available in PDF format in nurse share drive
 - Added a featured NDNQI “Quality Intelligence Report” to monthly PMP Speaking Points
 - Collaborated with the CCND Executive Group to add new “Picker” questions to the PMP, now currently disseminated quarterly on the PMP
- Continued to discuss data regularly at Nursing Quality and Patient Safety Leadership and Performance Improvement Committee meetings

Linking data to the bedside:

- Continued to collaborate with Department of Clinical Research Informatics (DCRI) on creating and implementing automated data reports used at the unit level for improvement work.
- Continued to lead, along with many CCND Clinical Research Nurses and leadership, a Falls Prevention QI initiative with several successful outcomes, including development and testing of “Call Don’t Fall” signs, post-fall huddles, falls alert wristbands, and a patient



Clinical Research Nursing Accomplishments in 2016

education brochure. Full implementation of the updated nursing SOP, which includes the interventions tested in the QI initiative and corresponding nursing education will occur in spring 2017.

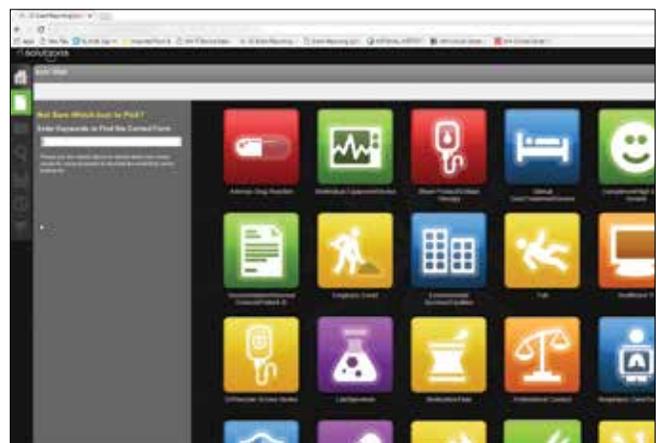
- Continued to lead, along with many CCND and interprofessional colleagues, a CLABSI Prevention QI initiative, with a goal of zero CLABSIs for our clinical research participants. Efforts resulted in a reduction in CLABSIs from 16 in 4Q2015 to 2 CLABSIs in 4Q2016.

Collaborating with the Office of Patient Safety and Clinical Quality:

- Continued to co-lead Patient Safety Training through the Institute for Healthcare Improvement Open School throughout the CC with high attendance at monthly brown bags and high participation and enthusiasm about content among attendees.
- Continued to co-lead along with quality leaders in DLM & in DTM a “Culture of Safety” workgroup centered on promoting a non-punitive approach to error and near miss event reporting. Deliverables included several small group presentations and discussions offered on patient care units for direct care staff and in DLM, as well as a booth at nurses week, which was featured in the *CC News*.

New Event Reporting System

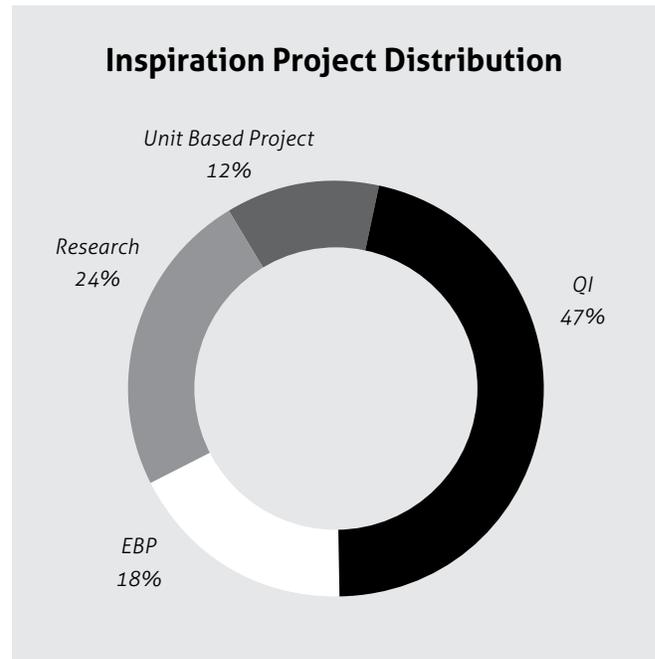
The NIH Clinical Center has used an electronic custom-built system, Occurrence Reporting System (ORS), to facilitate the capture of patient safety related events since the mid-1980's. Over 4000 events are reported via the ORS system each year. Information submitted includes errors, near misses, process/system issues, and instances of service excellence. Limitations of this legacy system are usability issues as well as a lack of data analytics capacity. To address these limitations, the NIH CC purchased the RL Solutions Risk Management Software (RL), in mid-2016 and is scheduled for full implementation in the second or third quarter of 2017. The implementation of this new system is coming along with a refreshment of 'Just Culture' Safety Training throughout the CC, as the Event Reporting System is just one tool that is employed to help us achieve the highest levels of safety.



Clinical Research Nursing Accomplishments in 2016

INSPIRE Completes its Second Full Year!

Have you ever identified an opportunity for improvement and were not sure about how to turn your idea into a clinical practice change? In 2016, the Innovation for Nursing Sensitive Practice in a Research Environment (INSPIRE) Committee completed its second year with many accomplishments. The committee provides an environment to stimulate innovative ideas in nursing practice leading to successful implementation of QI, EBP and nursing research initiatives. In 2016, the committee continued to focus on services provided and advertising and marketing about the committee itself. To date, a total of 19 "INSPIRE-ation" requests have been received with one project presented at a national conference. The projects have focused on a variety of topics including clinical practice issues, distress screening and a study looking at authorized deception.



Clinical Center nurses and interdepartmental representatives convene daily to discuss concerns and potential safety issues during the previous 24 hours and look forward to address any safety concerns on the horizon.

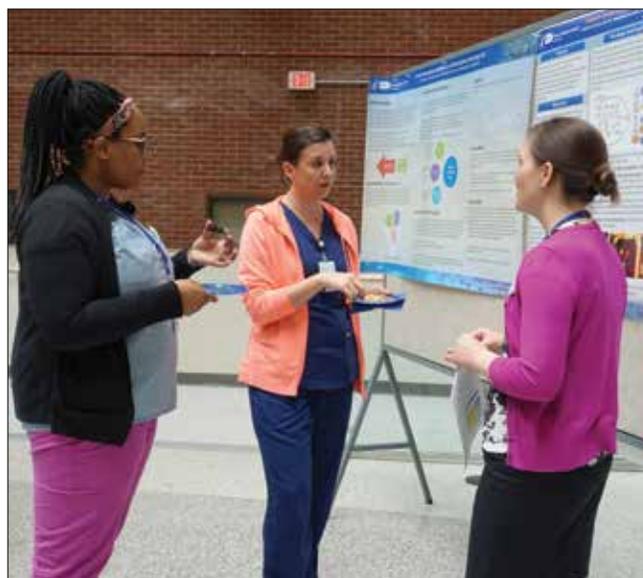
Nursing Research at the Clinical Center

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



Nursing Research at the Clinical Center

Clinical Nurse Scientists



Gwenyth R. Wallen, PhD, RN, Chief Nurse Officer (Acting), 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.



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. In 2016 Dr. Bevans was promoted to Captain in the U.S. Public Health Service.



Nancy Ames, PhD, RN, has a research portfolio extending from the bench to the bedside examining the gut and oral microbiome in immunocompromised and severe alcohol use disorder patients. In May 2016, Dr. Ames with Dr.

Jennifer Barb presented *Deciphering the Oral Microbiome In Severe Aplastic Anemia Patients Methods and Results* at the NIH CC Grand Rounds.



Alyson Ross, PhD, RN, researches the importance of healthy behaviors such as proper nutrition, physical activity and stress reduction activities. Her current research centers on the relationship between health behaviors and

stress in both family and professional caregivers (nurses at the NIH Clinical Center). In 2016 Dr. Ross was invited to present the keynote address at the 2016 INOVA Nursing Research Symposium, "*Do we practice what we preach? Evidence regarding the impact of workplace stress on nurses' health.*"

New Investigator



Alyssa Todaro Brooks, PhD, is exploring patterns of sleep disturbances among individuals with severe alcohol use disorder in recovery. An additional area of focus is the oral/gut microbiome of the same population. In 2016 Dr. Brooks joined the CCND

Nursing Research and Translational Science team as a Scientific Program Specialist. More broadly, she hopes to continue to build a behavioral research portfolio in a clinical environment to improve health behaviors and outcomes of vulnerable populations.

Nursing Research at the Clinical Center

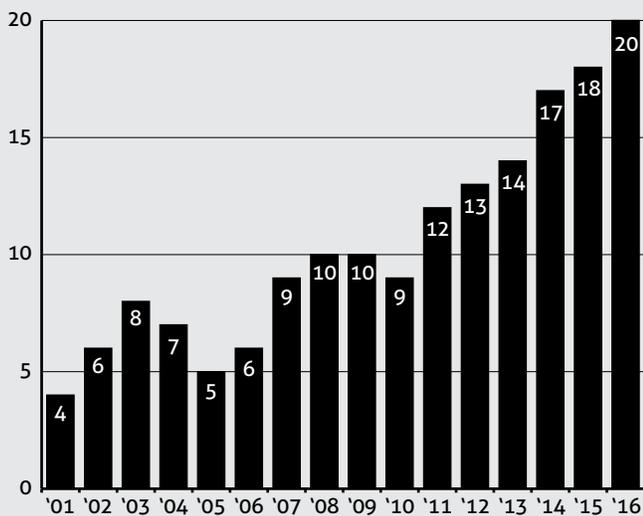
Research and Training Highlights

In 2016, the Nursing Department independent research efforts included 20 protocols; two new studies and eight studies actively enrolling subjects. The research staff authored 31 peer-reviewed publications. Active studies in 2016 enrolled populations that range from inpatient subjects receiving treatment for alcohol dependence (Longitudinal Changes in the Oral and Gut Microbiome of Individuals with Alcohol Dependence PI: Dr. Nancy Ames and Sleep Disturbance; Relapse in Individuals with Alcohol Dependence: An Exploratory Mixed Methods Study PI: Dr. Gwenyth Wallen) and caregivers of patients with cancer (Web-based Patient Reported Outcome Measurement Information System to explore Burden, and Stress in Cancer Caregivers PI. Dr. Margaret Bevans) to clinical research nurses (Nurses and Self-Care: A Survey of Nurses Participation in Health-promoting Activities, PI: Dr. Alyson Ross).



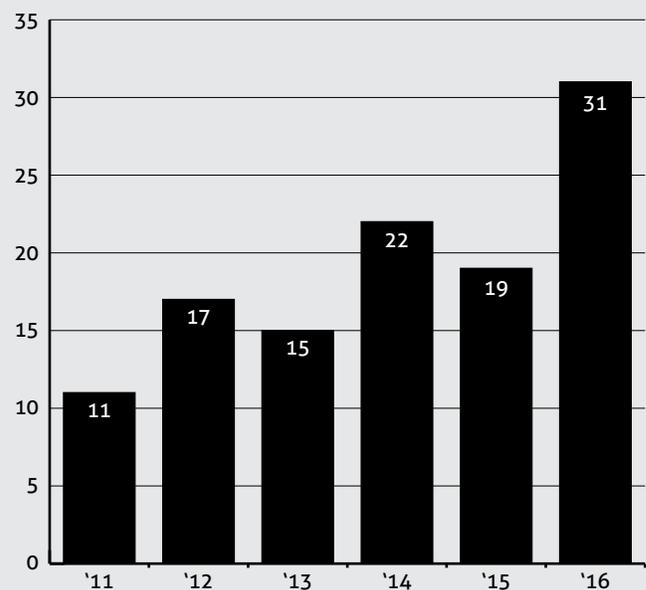
Dr. Nancy Ames and Sara Mudra test new lab equipment for oral and gut microbiome study.

Active Research Protocols by Year



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

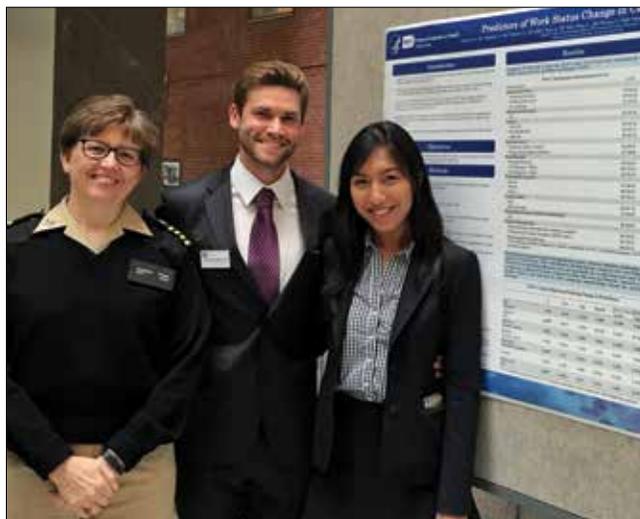
Number of NRTS Publications by Year



Scientific Partnerships

Investigators provide expert consultation to multiple institutes and have partnerships with community and academic programs. In 2016 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).

Dr. Margaret Bevans, Stephen Klagholz and Sohee Shim present at the NIH Research Festival



Research and Translational Science Team

Left to right: CDR Mike Krumlauf, RN, OCN; Gwenyth Wallen, RN, PhD; Nicole Farmer, MD; Jumin Park, RN, PhD; Li Yang, MS; Alyssa Brooks, PhD; Ralph Thadeus Tuason, RN, BSN, CNRN; Zivile Goldner, MA, MPH; Sara Mudra, BS, BA; Alyson Ross, RN, PhD; CAPT Margaret Bevans, RN, PhD, AOCN, FAAN; Stephen Klagholz, BS.

Not pictured: Nancy Ames, RN, PhD; Kyungsook Gatrell, RN, PhD; Brenda Roberson, RN, BSN, OCN; Kimberly Middleton, RN, MPH, MS; Sohee Shim, BS; Leslie Wehrlen, RN, MSN, OCN

Research Studies 2016

The NIH Clinical Center Nursing Department Research Portfolio

Studies Currently Accruing Participants

Title: 16-CC-0162: Longitudinal Changes in the Oral and Gut Microbiome of Individuals With Alcohol Dependence

Principal Investigator: Nancy Ames, RN, PhD

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 Bevens, 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

Studies in Analysis/Dissemination

Title: 15-CC-N206: Family Caregiving Role Adjustment and Dyadic Mutuality: A Mixed Methods Study

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

Title: 14-CC-N006: Web-Based Patient Reported Outcome Measurement Information System to Explore Burden, and Stress in Cancer Caregivers (BaSiC2)

Principal Investigator: Margaret Bevens, 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



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 Bevens, 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 Expecterated 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 Bevens, PhD, RN, AOCN, FAAN

Research Studies 2016

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: 2016 OHSRP #13187: National Survey of Nurse Coaches

Principal Investigator: Alyson Ross, PhD, RN

Title: 2016 OHSRP #13263: Nurses and Self-Care: A Survey of Nurses' Participation in Health-Promoting Activities

Principal Investigator: Alyson Ross, PhD, RN

Title: 2015 OHSRP #13170: Clinicians' perceptions of usefulness of the PubMed4Hh App for clinical decision-making at the point of care

Principal Investigator: Kyungsook Gartrell, RN, PhD

Title: 2015 OHSRP #12987: The feasibility of answering clinical questions of clinicians at point-of-care using the askMEDLINE feature of PubMed for Hanhdelds (PubMed4Hh)

Principal Investigator: Kyungsook Gartrell, RN, PhD

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

Research Studies 2016

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
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

Research Studies 2016

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: Bogdan Dumitriu, 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: Gwennyth 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

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: Nancy DiazGranados, MD

Associate Investigator: Gwennyth 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: Gwennyth 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: Gwennyth R. Wallen, RN, PhD

Award Winning Publications

Am J Community Psychol (2015) 55:411–421
DOI 10.1007/s10464-015-9721-3



ORIGINAL ARTICLE

The Relationship of Adverse Childhood Experiences to PTSD, Depression, Poly-Drug Use and Suicide Attempt in Reservation-Based Native American Adolescents and Young Adults

Teresa N. Brockie¹ · Gail Dana-Sacco² · Gwenyth R. Wallen³ · Holly C. Wilcox⁴ · Jacquelyn C. Campbell⁵

Published online: 18 April 2015
© Society for Community Research and Action (outside the USA) 2015

Abstract Adverse childhood experiences (ACEs) are associated with numerous risk behaviors and mental health outcomes among youth. This study examines the relationship between the number of types of exposures to ACEs and risk behaviors among reservation-based Native American youth.

(PTSD) symptoms, depression symptoms, poly-drug use, and suicide attempt. Seventy-eight percent of the sample reported at least one ACE and 40 % reported at least two. The cumulative impact of the ACEs were significant

RADM Faye G. Abdellah Award for Nursing Research

RADM O. Marie Henry Award for Clinical Nursing Practice

Ebola at the National Institutes of Health

Perspectives From Critical Care Nurses

Susan S. Johnson, RN
Neil Barranta, RN, MSN, CCRN
Dan Chertow, MD, MPH

ABSTRACT

Infectious disease events were in the headlines in 2014. West Africa experienced the worst Ebola virus disease (EVD) outbreak ever recorded. The world was stunned when the deadly virus began to spread to other countries. The health care system in the United States responded by designating specialized centers to care for patients with EVD.

terns must be altered to provide safe care, while maintaining safety of health care workers. This article provides perspectives of the critical care nurse manager and bedside nurse who participated in the development of the care processes for patients with EVD at the National Institutes of Health to help health care colleagues better understand

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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 2016, the US Indian Health Service put out a call for a public health crisis within the Great Plains Area. The mission was to provide hospital assistance to the Rosebud Service Unit in Rosebud, South Dakota. The hospital was facing significant healthcare delivery issues impacting the life and safety of the community.

Several PHS officers from the CCND served on an advanced team of USPHS officers from various agencies who were chosen to provide assistance with the implementation of the hospital's corrective action plan. During this deployment the officers:

- Reviewed and edited eighty five policies and procedure for the emergency department (ED).
- Provided assessment and recommendations for ED staffing.
- Provided an assessment of the hospital corrective action plan for the Emergency Medical Treatment and Active Labor Act (EMTALA).
- Provided a crosswalk of the EMTALA survey and consultant survey with recommendations.
- Identified areas for improvement in the documentation and maintenance of the medical records.

Other PHS officers focused on training in wound care and teen pregnancy, triage of emergency calls, patient education on contraceptives, alcoholism, smoking cessation, violence and drug abuse. Restructuring of the emergency room and labor and delivery areas were also addressed to improve efficiency and patient care.

CC Nurses Recognized with Minnegerode Awards

Three Clinical Center U.S. Public Health Service (USPHS) nurses were recognized in May with Minnegerode Awards for Nursing Excellence (MANE) by the USPHS Professional Advisory Committee for Nursing. LT Neil Barranta received the Rear Admiral O. Marie Henry Award for Clinical Nursing Practice for his publication titled Ebola at the National Institutes of Health Perspectives from a Clinical Care Nurse. CDR Leslie Wehrlen received the Petry Leone Award for Health Promotion and Education for her leadership of a partnership between the NIH Clinical Center and the Oncology Nursing Society to develop a strategy to educate oncology nurses on evidence based interventions that promote the health and well-being of cancer caregivers.



Neil Barranta and Leslie Wehrlen

United States Public Health Service

The Journey to CNO, U.S. Public Health Service

Rear Admiral Susan Orsega, Chief Nurse Officer, U.S. Public Health Service (USPHS)

Prior to her promotion in 2016 to her current position, RADM Orsega was a career CCND and National Institutes of Allergy and Infectious Disease (NIAID) nurse who is now paving the way as an inspirational leader for those who are striving for a healthier nation and world. RADM Susan Orsega currently leads the Commissioned Corps of the U.S. Public Health Service (USPHS) and serves in the capacity of advising the Office of the Surgeon General and the Department of Health and Human Services on the recruitment, assignment, deployment, retention, and career development of nurses in the USPHS.

In 1989, RADM Orsega began her career as a USPHS Jr. Commissioned Officer Student Externship Program (Co-Step), at the NIH Warren Grant Magnuson Clinical Center on 11W, the HIV Cancer research patient care unit. The first thing RADM Orsega realized after this initial nursing experience was how much she had learned about interdepartmental collaboration compared to her peers through her summer experience. She realized that the NIH Clinical Center provided an environment that supported collaboration and learning like no other. She returned the following summer as a Sr. Co-Step committed to pay back her time and never left until she was selected for service. In 1990, she returned to 12 West under the leadership of Captain Linda Bedker who epitomized teamwork in her approach to patient care. RADM Orsega worked in the inpatient area of the CC until 1995, when she went to the 8th floor outpatient clinic as a case manager in the outpatient HIV clinic.

In 2001, RADM Orsega returned to school attending the Uniformed Services University (USU) to obtain her Nurse Practitioner (NP) degree and then subsequently returned to the CC working for the National Institutes of Allergy and Infectious Disease (NIAID) as an NP. In 2005, RADM Orsega was invited to be a part of a team working in South Africa establishing research operations for a large clinical research trials team in partnership with the South African government and the U.S. State Department. "This team helped me to develop skills and set up research centers in South Africa and strengthen existing programs in these areas over the next 10 years." The epidemiological and anti-retroviral studies recruited over 6,000 patients while the team worked toward establishing a sustainable research program. When asked about what she likes best about the CC, she stated that "The NIH provides young nurses the opportunity to grow in their profession far in advance of their peers in other hospitals." She described NIH as a place where learning is constant, the interdisciplinary approach is abundant, exploration to a problem is welcomed and patients teach you humility and caring every day.

*To read more about
the USPHS Nurse
Commissioned Corps visit
[http://www.usphs.gov/
profession/nurse/](http://www.usphs.gov/profession/nurse/)*



Camp Fantastic

Camp Fantastic is a week-long summer camp for children ages 7-17. Children who are currently receiving treatment for cancer, or have received cancer-specific treatment within the past three years or hematopoietic stem cell transplant within the past 5 years can attend. 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 camp activities, fostering connections with peers who have similar medical experiences, and balancing any medical care needs.

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 each camper becomes an NIH patient. 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.

There are 95 to 110 children who attend camp each year, and require minimal to extensive medical care such as chemotherapy, blood work and/or blood transfusions. The camp has an infirmary where campers can be monitored closely when needed. All of the children go through med line at each meal and at bedtime. This provides a time for nurses, campers, and counselors to share concerns and communicate medical updates.



Clinical Center Staff and patients at Camp Fantastic Summer 2016



Awards

President's Above and Beyond Award

In May, Ann Marie Matlock received the President's Above and Beyond award from the American Academy of Ambulatory Care Nursing (AAACN) along with colleagues for their work in leading the Nurse-Sensitive Indicators project and report, and exceeding expectations in a volunteer role. Both women were co-chairs of a team which was tasked with identifying nurse-sensitive indicators in the ambulatory care setting. According to the report, nurse-sensitive indicators help show the value of nursing's contributions by measuring elements of patient care and patient outcomes that are affected by nursing practice. They worked with their team for three years and developed the industry report along with multiple publications.



*Rachel Start, Nancy Many
and Ann Marie Matlock*

Public Health Service Awards

Commissioned Corps Honor Awards

- CAPT Janice Davis, PHS Citation (2)
- CAPT Chad Koratich, Unit Commendation
- CAPT Ann Marie Matlock, Unit Commendation (2)
- CDR Allison Adams, Unit Commendation
- CDR Leslie Wehrlen, Unit Commendation
- CDR Rosa Clark, Unit Commendation
- CDR Michael Krumlauf, Unit Commendation (2)
- CDR Leslie Wehrlen, Unit Commendation
- LCDR Janice Oparah, Achievement Medal
- LCDR Ick Ho Kim, Unit Commendation
- LT Renee Owusu, Unit Commendation
- LT Isabel Nieto, Unit Commendation
- LT Michelle Holshue, Unit Commendation
- LT Jason Wood, Achievement Medal
- LT Jodi Blake, PHS Citation
- LT Celestina Igbinosun, PHS Citation

Awards

Nursing Publication Awards

RADM Julia R. Plotnick Award for Nursing/Health Policy

Catherine Dentinger, F.N.P., M.P.H.

CAPT, United States Public Health Service

Publication Name: Infectious Disease: A Global Perspective

RADM Faye G. Abdellah Award for Nursing Research

Teresa Brockie, R.N., PhD

Publication Name: The Relationship of Adverse Childhood Experiences to PTSD, Depression, Poly-Drug Use and Suicide Attempt in Reservation-Based Native American Adolescents and Young Adults

RADM O. Marie Henry Award for Clinical Nursing Practice

Neil Barranta R.N., M.S.N., C.C.R.N.

LT, United States Public Health Service

Publication Name: Ebola at the National Institutes of Health Perspectives from a Clinical Care Nurse



Awards

Clinical Center Director's Awards

Administration

CDR Allison Adams
Karen Evans

Jessi Ferguson Customer Service

Gaynell Amaya
CDR Robert Cox
Glynn Honts
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Priyanka Devgan
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Geraldine Straber
Helen Mayberry
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Amanda Wiebold
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Innovative E-Learning Educators

Sharon Flynn
Mary Myers
Debra Parchen
Rachel Perkins
Paul Wong



Scholarly Activities

Publications

Applebaum AJ, Bevans M, Son T, Evans K, Hernandez M, Giralt S, DuHamel K. *A scoping review of caregiver burden during allogeneic HSCT: lessons learned and future directions.* Bone Marrow Transplantation. 2016; 51 (11): 1416-1422.

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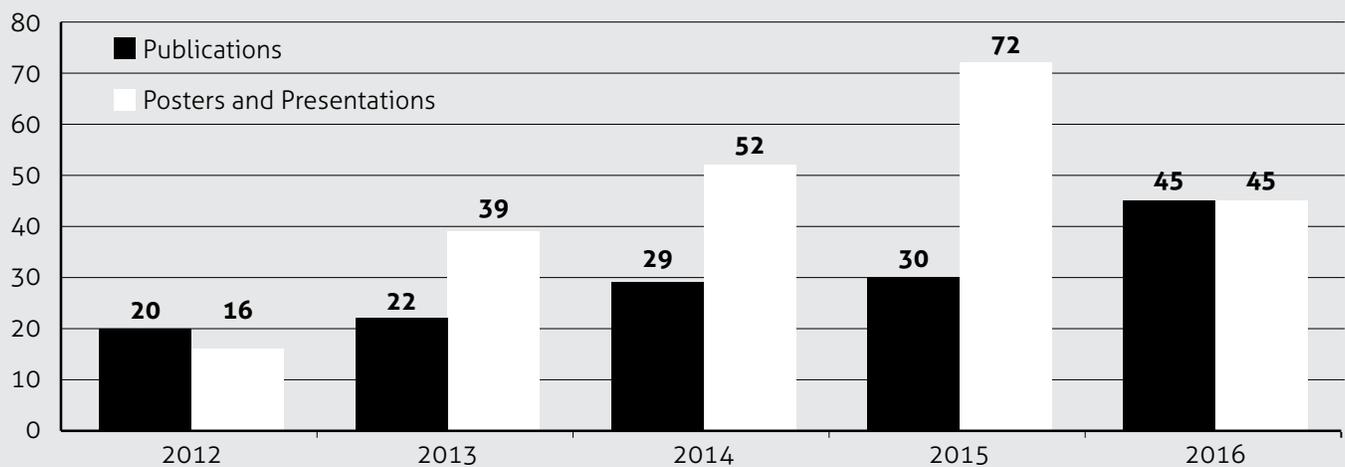
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Aronow H, Brown D, Start R, Matlock A. *The Emergence of Ambulatory Care Nursing: Strategic Collaboration Between AACN and CALNOC to Advance Ambulatory Patient Care*. CALNOC 20th Annual Conference. Monterey, CA; October 2016.

Barranta N, Johnson S. Caring for Ebola Virus Disease (EVD) at the national Institutes of Health Clinical Center; strategic preparation and nursing perspective. USPHS Symposium Gimmie Five: Building a Better Tomorrow through Prevention. Oklahoma City, OK. May 2016.

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Brennan C. *Brief Overview of Patient Acuity and Nursing Staffing: One Approach*. Institute of Nursing Science. Basel, Switzerland; December 2016.

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Brennan C. *Palliative Care Nurse Practitioner Role in a Clinical Research Environment: Overview & Case Studies*. Institute of Higher Education and Research in Healthcare, Faculty of Biology and Medicine, University Hospital Lausanne and Lausanne University. Lausanne, Switzerland; December 2016.

Brooks A, Goldman D. *Gut-brain interactions: Food for Thought?* 39th Annual Research Society on Alcoholism. New Orleans, LA; June 2016.

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Cusack G, Feigenbaum K. *MINC implementation at the Clinical Center*. Summer NHGRI Genetics and Genomics Short Course. Bethesda, MD; August 2016.

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Fisher, C., Griffith, C. Generating Clinical Research Nurse Research Priorities Using the nominal group Technique. International Association of Clinical Research Nurses 8th Annual Conference. Lake Buena Vista, FL; October 2016.

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Gartrell K, Wallen G, Brennan C, Fisher C, Fontelo F. A *Feasibility study of answering clinical questions using askMEDLINE at the point of care*. AMIA Annual Symposium. Chicago, IL; November 2016.

Goo S, Richards E, Justement B, Korb P, Walitt B, Bushnell M. *Attitudes and perceptions in an authorized deception placebo analgesia research study*. Public Responsibility in Medicine and Research, Advancing Ethical Research Conference. Anaheim, CA; November 2016.

Hubbard M. *Preparing the Staff to Prepare for High Consequence Pathogens: Maintaining Competencies in Safety*. Society of Critical Care Medicine 45th Annual Congress. Orlando, FL; February 2016.

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Jester P, Jones C, Fisher C, Griffith C. A retrospective pilot study comparing data from monitoring reports for CASG study protocols and sites to identify staffing influence on protocol deviation. International Association of Clinical Research Nurses 8th Annual Conference. Lake Buena Vista, FL; October 2016.

Matlock A, Hubbard M. *Ebola Virus Disease (EVD) and Special Respiratory Isolation (SRI) for Healthcare Workers*. Emerging Infectious Disease. Washington, DC; April 2016.

Matlock A, Start R. *Meaningful Nurse Sensitive Indicators in the Ambulatory Care Environment: Journey of a Task Force*. INOVA Research Symposium. Falls Church, VA; November 2016.

Matlock A. *Ebola Virus Disease (EVD) and Special Respiratory Isolation (SRI) for Healthcare Workers*. Annual Nurses Week at the National Institutes of Health. Bethesda, MD; May 2016.



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- Mayberry H, Miller Davis C, Lee C, Menghani S, Brennan C. *The Challenges of Implementing a Patient-Centered Approach to Falls Prevention*. 18th Annual NPSF Congress. Scottsdale, AZ; May 2016.
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- Mudra SE, Barb J, Kim H, Oler A, Ranucci A, Childs R, Townsley D, Cashion A, Wallen GR, NJ A. *Species-level characterization of the oral microbiome in severe aplastic anemia*. Keystone Symposia: Microbiome in Health and Disease. Keystone, CO; February 2017.
- Noronha Ferraz de Arruda-Colli M, Weaver M, Wehrlen L, Wiener L. *Beyond fairy tale endings: A systematic review on the topic of death, dying and bereavement in children's literature*. National Cancer Institute Pediatric Oncology Branch Round Up. Bethesda, MD; May 2016.
- Parchen D, Mayberry H, Koratich C. *Increasing Engagement in Nursing Orientation: An Online Training Pilot*. Association for Nursing Professional Development Annual Convention. Pittsburgh, PA; July 2016.
- Park J, Bevans M. *Use of biomarkers in research on caregivers' health: A scoping review*. 46th Annual Conference of the International Society of Psychoneuroendocrinology (ISPNE). Miami, FL; September 2016.
- Park J, Wehrlen L, Mitchell S, Bevans M. *Social adjustment in long-term survivors of allogeneic hematopoietic stem cell transplantation (aHSCT)*. NIH Research Festival. Bethesda, MD; September 2016.
- Peterson A. *Emerging Infectious Diseases*. Catholic University of America Nursing Conference. Washington, DC; April 2016.
- Peterson A. *Respiratory Clearance*. Nontuberculous Mycobacterial Infection Support Group, Monthly Educational Meeting. Arlington, VA; May 2016.
- Prince P, Wehrlen L, Innis M, Bevans M. *Distress Screening In Outpatient Cancer Patients: One Size Does Not Fit All*. American Psychosocial Oncology Society 13th Annual Conference. San Diego, CA; March 2016.
- Ross A. *Do we practice what we preach? Evidence regarding the impact of workplace stress on nurses' health*. Keynote address: INOVA Nursing Research Symposium. Falls Church, VA; November 2016.

Scholarly Activities

Ross A. *Nurses and Health Behaviors: Do we practice what we preach?* National Heart, Lung and Blood Institute Research Nurse, Nurse Practitioner, and Physician Assistant Education Series. Bethesda, MD; July 2016.

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Smith L, Kolakowski, D. Development of a process to facilitate implementation of clinical trials at the bedside: from research idea to execution. International Association of Clinical Research Nurses 8th Annual Conference. Lake Buena Vista, FL; October 2016.

Sundaramurthi P, Bevans M. *Predictors of Length of Stay and Hospital Readmission in Hematologic Stem Cell Transplant Recipients.* Southern Nursing Research Society. Williamsburg, WV; February 2016.

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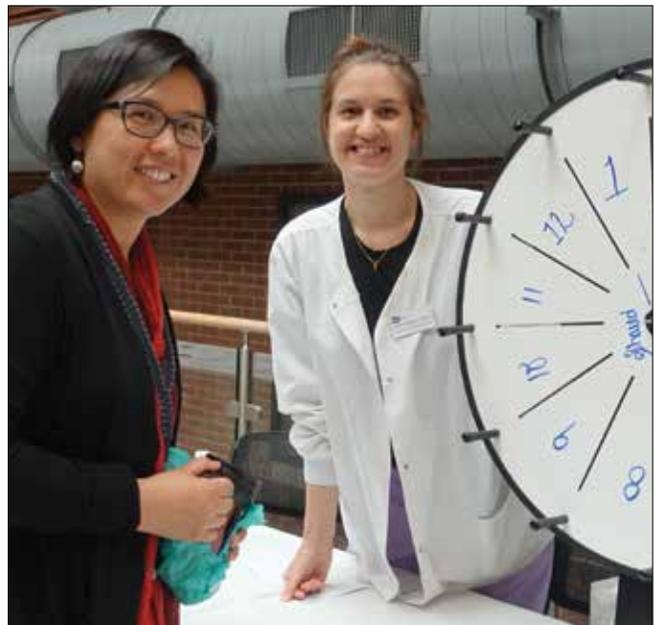
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Wallen G, Brooks A, Ramchandani V, Diazgranados N, Kwako L, Goldman D. *Collaborative bench-to-bedside fellowships: building the next generation of health behavior scientists.* 37th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine. Washington, DC; March 2016.

Warrick A, Rozga I, Tataw-Ayuketah G. *Clinical Research Nursing-Integral Role in Trials Conducted in the Metabolic Clinical Research Unit.* International Association of Clinical Research Nurses 8th Annual Conference. Lake Buena Vista, FL; October 2016.







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