



National Institutes of Health
Turning Discovery Into Health

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

Annual Report

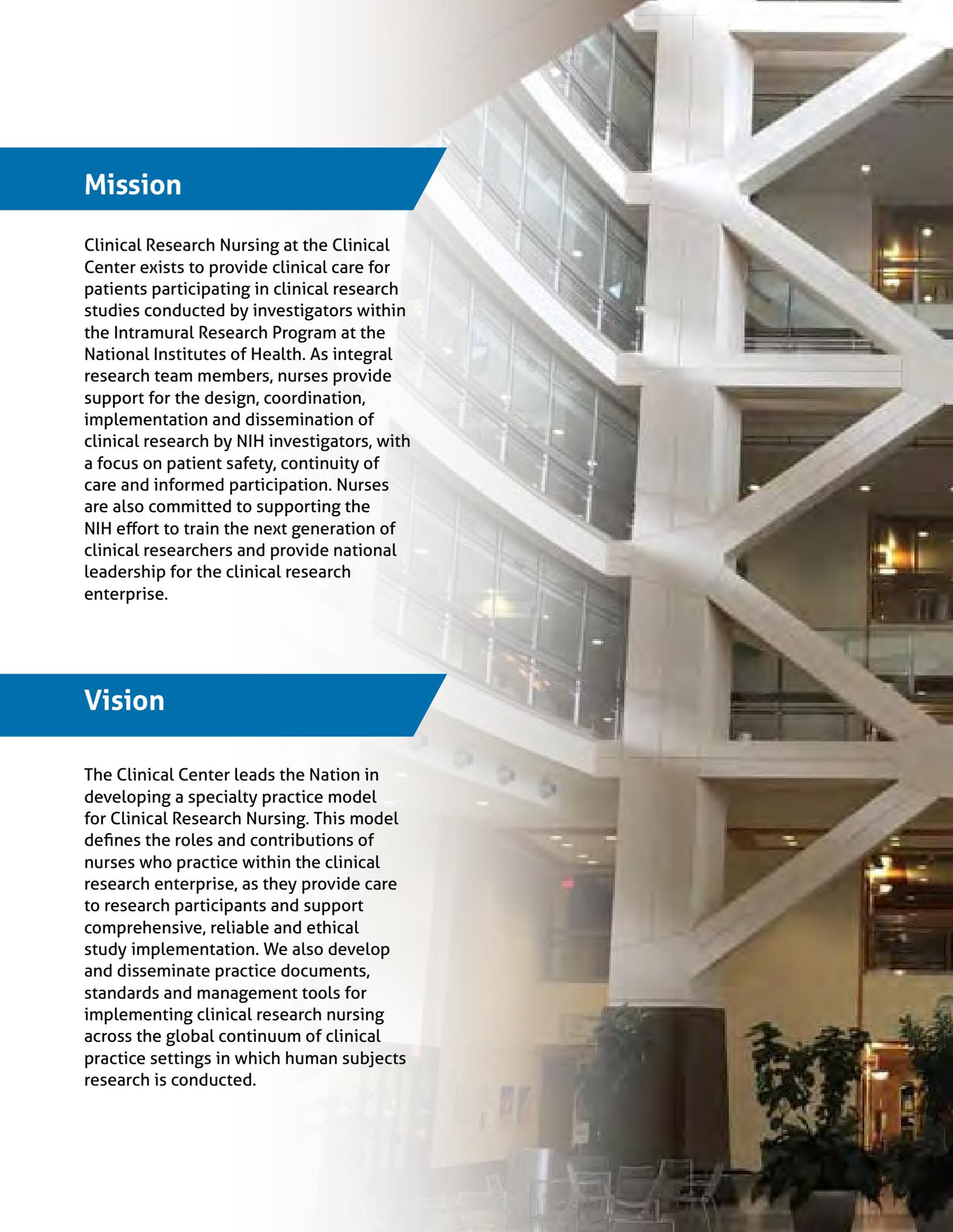
2017

NIH Clinical Center Nursing Department



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.



Table of Contents

Message From the Chief	2
Nursing Department Organizational Structure.....	4
Highlights in 2017.....	6
Clinical Practice and Shared Governance	14
New Protocols and Clinical Highlights.....	25
Clinical Research Nursing Accomplishments in 2017	29
Nursing Research at the Clinical Center	40
United States Public Health Service.....	45
Camp Fantastic	49
Awards.....	51
Scholarly Activities.....	56

Message From the Chief



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

As I reflect back to 2017, I think about how grateful I am to each of you for supporting each other, as well as our patients and their families as we moved through an exciting year of change and new opportunities for the Clinical Center. We spent our first full year with a new Chief Executive Officer, Dr. James Gillman who is leading us in our path towards being a high reliability organization.

The application of the Studer framework to our 2017 Nursing Department goals has allowed us to begin to speak a common language and to focus our goals under the five pillars described in Hardwiring Excellence by Quint Studer: **service, quality, people, finance and growth**. This framework will guide us in achieving excellence and standardization in care delivery (growth, financial stewardship); efficiency and patient

satisfaction (service), with improved patient safety and outcomes (quality) through focusing on our staff (people).

We ended the year by welcoming our nursing and health professional colleagues from the Department of Perioperative Medicine and Interventional Radiology. These departments bring the addition of over 100 nurses to the nursing department with the potential for broader consistency in nursing practice and continued quality to our patients.

Our work forward includes our journey to Pathway of Excellence with a long term goal of achieving Magnet status. We have great strength in our shared governance structure and our research and evidence based practice programs and will continue to capitalize these strengths as we build new strengths in peer review and workforce health initiatives. As we celebrate Nurses' Week we need to remember we are truly innovative, inspiring and have the ability to influence the care of our patients and their families as we advance the mission and vision for the NIH Clinical Center as a whole.

With gratitude and admiration,

Gwen

Nursing Department Executive Team

Nursing Executive Team Members

The Executive Team includes the Chief Nurse Officer (CNO), the Service Chief for Critical Care and Oncology, the Service Chief for Medical Surgical Specialties, the Service Chief for Neuroscience, Behavioral Health and Pediatrics, the Service Chief for Nursing Operations, the Special Assistant to the Chief Nurse, and the Senior Nurse Consultant for Extramural Collaborations. The Nurse Executive Team meets regularly to plan operations, allocate resources and set policy to govern clinical practice.



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



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



James Paterson, MS, RN, CNRN, Acting Service Chief for Neuroscience, Behavioral Health, and Pediatrics



Barbara Jordan, DNP, RN, NEA BC, Service Chief for Nursing Operations

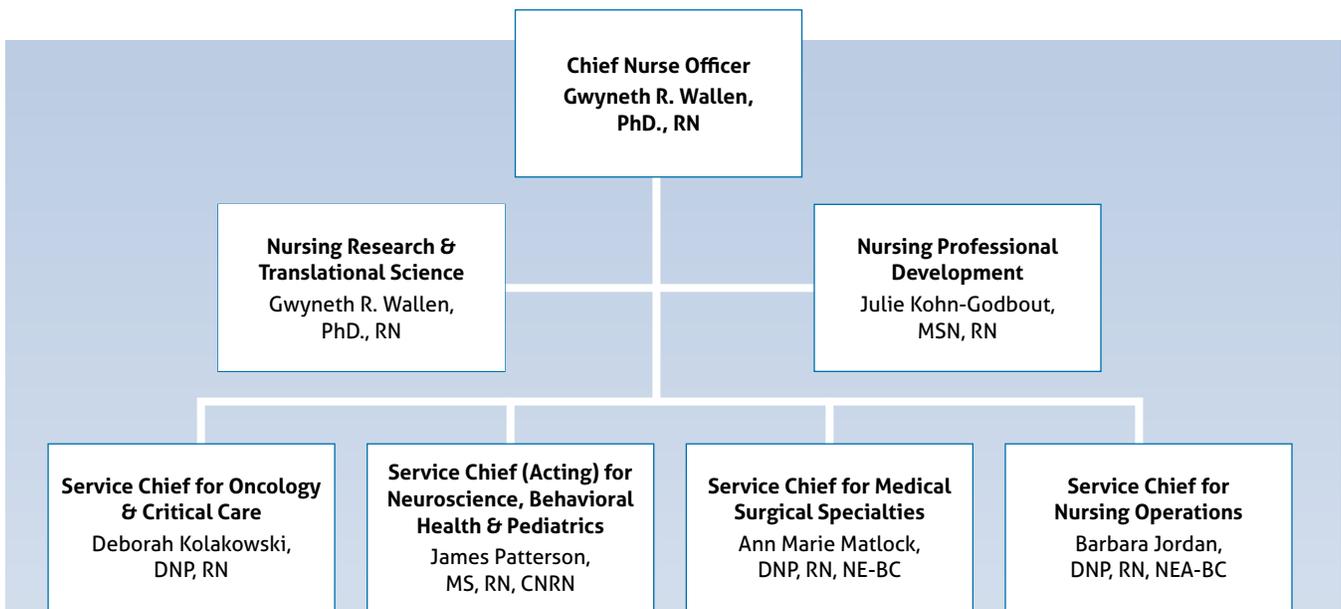


Diane Walsh, MS, RN, Special Assistant to the Chief Nurse



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

Nursing Department Organizational Structure



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



2018 Nursing Executive Team

*" Sometimes I inspire my patients;
more often they inspire me." –*

Unknown



Highlights in 2017

Patients come to the Clinical Center 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 2017, all 50 states as well as the District of Columbia, and Puerto Rico had patients participating in clinical research and 719 (3%) were international patients.

Protocols and Patient Activity in 2016 and 2017	FY 2016	FY 2017
Active Protocols	1,636	1,631
New Onsite Protocols	136	68
New Patients	10,498	9,791
Inpatient Days	46,388	40,707
Inpatient Admissions	5,275	4,563
Average length of stay (days)	8.7	8.8
Outpatient Visits	100,148	92,329



Clinical Trials by Research Type at the Clinical Center

Total Active Onsite Clinical Trials	Percent	Number of Trials
Phase 1 (toxicity)	30%	227
Phase 2 (activity)	46%	750
Phase I-II	17%	131
Phase 3 (efficacy)	5%	38
Phase 4 (safety)	2%	12
TOTAL	100%	756

2017 Active Onsite Protocols by Type

Total Active Onsite Clinical Trials	Percent	Number of Trials
Interventional/Clinical Trials	47%	767
Natural History	46%	750
Screening	4%	64
Training	2%	26
Pharmokinetics/Dynamics	1%	24
Total	100%	1,631

Distribution of Patients by Age and Race

Under 18 years	19-40 years	41-60 years	Over 60 years
13%	28%	33%	26%

Self-Identified Race of Patients seen at the Clinical Center

White	Black/ African American	Asian	Not Reported	Multiple	American Indian/ Alaskan	Hawaiian/ Pacific Islander
65%	17%	7%	7%	3%	<1%	<1%

Operating Room, Post Anesthesia Care Unit and Interventional Radiology Join Nursing Department

In 2017, CCND welcomed the perioperative nursing team including the Operating Room (OR), Post Anesthesia Care Unit (PACU) and Interventional Radiology (IR) to the nursing team. These departments joined nursing to share resources and nursing support services to enhance consistency in patient care. Several leadership staff shared insights as to what these changes will bring to their departments.

Ms. Susan Marcotte, Perioperative Nursing Director, has been with the Clinical Center since 2000 after working for 13 years at Suburban Hospital. Susan noted that she feels like the OR and PACU have landed in a good place under the new Nursing Operations division of the Nursing Department. Susan has had a good past working relationship with CCND for many years and has collaborated for various reasons from recruitment to consults on official documents. Susan feels that the new merger will provide benefits and opportunities for growth, training and education. Some of the challenges will be to align the position descriptions and performance plans with the nursing structure.

Susan provides oversight to nurses, health techs and surgical techs who see approximately 25 to 50 surgical cases per week in 11 operating rooms. The surgeries include procedures from urology, neurology, general surgery,

thoracic surgery, endocrinology, dental and others. Susan feels that the staff will now be more empowered to make practice changes and have increased autonomy. Nursing has a lot to offer and a lot of meetings but together we will divide and conquer the work to become the newest welcomed members of the CCND.

Mr. Nam Hoang, Clinical Educator for the operating room and the post anesthesia care unit (OR/PACU) came to the NIH in 2007 from the Army Nurse Corp.. Nam started his career as a Med/Surg nurse at Ft. Meade. After a tour to Ft. Sam Houston, he returned to the area to the Walter Reed National Medical Center (WRNMC) where he served as a Perioperative Nurse. Nam's first position at the NIH was as a Neurosurgery Nurse Specialist. In 2012, Nam advanced into the nurse educator position for the OR/PACU. With the recent merge with CCND, Nam's educational responsibilities have expanded, while he continues to provide patient care duties in the OR/Pre-Anesthesia Clinic.

What the merger means from Nam's perspective is that there are more opportunities for sharing of information and sharing resources with experts that we didn't have access to or know about before. Nam says that this new structure provides them with a voice and a leadership team that will support them when issues arise. This new structure offers an avenue to raise concerns regarding nursing practice. Opportunities like the Education Forum and Nursing Practice Council are great ways for the OR/PACU to absorb practice changes



Perioperative Medicine Team

and keep in step with patient care taking place in the CC.

New challenges have also presented now with a lot of new information for the OR/PACU. With day to day duties, and 45 nurses and techs, these areas now have to learn all about the CCND core competencies and program of care competencies. Nam expects it could take a few years for them to be completely synchronized with CCND. Additionally, some education and training don't accurately apply to the OR/PACU area, for example, competencies regarding skin care are written for the inpatient areas, but now need modification to apply to the OR/PACU areas as well.

Interventional Radiology and Radiology IV Room nurses and technologists also recently joined the Nursing Department. The

Interventional Radiology (IR) section consists of a team of highly trained physicians, technical, and nursing staff who perform minimally invasive image-guided diagnostic and therapeutic procedures with state-of-the-art imaging and interventional tools supporting the care of Clinical Center and NIH Institute patients. Through collaborative partnerships, IR seeks to support and help develop and translate novel approaches within the NIH Intramural Research Program, to improve patient outcomes or discovery, often with novel devices, multi-modality imaging, software, or biomedical engineering tools.

The IV Room nurses support the Radiology department by providing IV services to all the patients receiving IV contrast, and the CT nurse coordinate/protocol all Clinical Center patients for CT imaging.

Clinical Center employees attend Six Sigma training. Pictured left to right are: Savita Shashikiran (NINR), Betsy Wendell (CCND), Jon McKeeby (DCRI), Tricia Todd (CCND), Ryan Kennedy (DCRI), Caroline Frazier (CCND), Josanne Revoir (OCQPS), Jennifer Chaney (DRD), Adam Pugacz, Naomi O'Grady (CCMD), Bernard Harper (MMD), Debbie Snyder (NIMH), Dachele Johnson (Pharmacy), and Helen Mayberry (CCND).



Hospice Comfort Care Unit to Enhance End-of-life Care

In 2016, the Clinical Center Pain and Palliative Care Service (PPCS), nursing department, and NCI proposed creating two dedicated hospice beds to care for end-of-life patients and their families. These two hospice beds will open this summer for patients who are transitioning to end-of-life care while maximizing their quality of life and symptom management. Each suite will consist of a bedroom, family accommodation room with kitchenette area, and bathroom in a home like environment providing comfort and state-of-art end-of-life care. Families will have a comfortable place to stay with the patient.

In preparation for this change in research culture, nurses interested in hospice care have broadened their practice through didactic courses and observational experiences in a recognized community hospice facility and by shadowing with Pain

and Palliative Care. Additionally, interdisciplinary staff from social work, spiritual care, rehabilitation medicine, ethics, pharmacy and other disciplines are planning a seminar in June and throughout the year for nursing staff that are interested in this program.

Clinical Center Staff receive recognition for emotional support to patients by the National Research Corporation (NRC)

The National Research Corporation (NRC) Health selected the NIH Clinical Center as a recipient of its 2017 Excellence Award. This award was for a desire to better understand the people they care for and their aspiration to design experiences that inspire loyalty. The Clinical Center earned the highest ratings in overall satisfaction by patients and their families in the category of Emotional Support, among 426 eligible facilities.

Each year, NRC Health recognizes top-performing hospitals and health systems that have exhibited an exceptional commitment to understanding each individual patient's complete care journey.

"Compassion for our patients and their families is one of our guiding principles," said NIH Clinical Center CEO Dr. James K. Gilman. "Our staff understand that as a world class research facility we must provide the very best in safe, high quality patient-centric care and support. This is a particularly meaningful award in which every Clinical Center employee will take great pride."

CCND Nurses and NIH Staff Attend Six Sigma Training

In December 2017, 14 members of the NIH community received week-long training in Six Sigma methodology from the Maryland Patient Safety Center. It was a wonderful opportunity for both Institute and Clinical Center staff. Six Sigma is a business improvement

methodology used by firms around the globe to increase quality by eliminating defects and reducing service failures and production waste. Manufacturing companies were among the first to integrate Six Sigma into their operations followed quickly by service providers. Businesses of all types and sizes have benefited from Six Sigma tools and techniques evidenced by its integration into finance, information technology, human resources, automobile manufacturing, and healthcare. Six Sigma together with Lean management principles can be successfully used in healthcare to improve patient safety and clinical quality. In 2018, a CCND goal is to develop a road map to adopt Lean Six Sigma principles.

New Pediatric Observation Unit opens on 1NW

The Clinical Center has a long history for advancing pediatric medicine and providing specialized care for our smallest patients. With credit to the

Clinical Center for developing first treatments for childhood leukemia, developing early treatments for pediatric HIV and the first pediatric gene therapy for children with an inherited disorder that damages

NIH Clinical Center CEO, cut the ribbon on the new Pediatric Observation Unit.

Left to Right: Barbara Jordan, Krista Cato, Dr. Zena Quezado, Dr. Deborah Merke, pediatric patient Hadi and Dr. James Gilman.





Pediatric Team

their immune system, the Clinical Center continues to grow with new protocols in gene therapy requiring the admission of younger patients than previously seen at the CC. In 2017, the pediatric observation beds opened on 1NW with the opening of new monitored beds which will allow for enhanced cardiopulmonary, neurologic and metabolic monitoring of pediatric patients who are in need of closer clinical observation. These new beds support a pediatric research facility that is able to accommodate younger and sicker children, enhancing the hospital's medical and nursing staff's ability to care for more fragile pediatric patients. The nursing staff trained vigilantly with the Pediatric Anesthesia Critical Care (PACC) physicians to enhance their skills required to care for younger and smaller children. The staff participated in intensive training for cardiac monitoring, new technical monitoring systems and attended Pediatric Advanced Life support (PALS). The team received intensive backup from nursing leadership when the new beds opened to ensure that appropriate support was in place.

Highlights from Nursing Education

In 2017, central and service based Nurse Educators partnered to provide over 40 educational courses and workshops that served over 2500 attendees as well as developing training for 14 department initiatives. In addition, 124 new staff attended department orientation. The Nurse Educators oversaw the development and/or revision of almost 40 competencies including the expansion of the patient care technician (PCT)/behavioral health technician (BHT) and research support assistant (RSA) competency programs. The Centralized CPR BLS Renewal Program was developed as well as the Brown Bag: Abstract Writing and Critique Class, which augments the CCND Abstract and Poster Development Workshop. The Nursing Education Program also continued to expand its contact hour program with a total of 14 courses for which nurses can be awarded contact hours for attending.

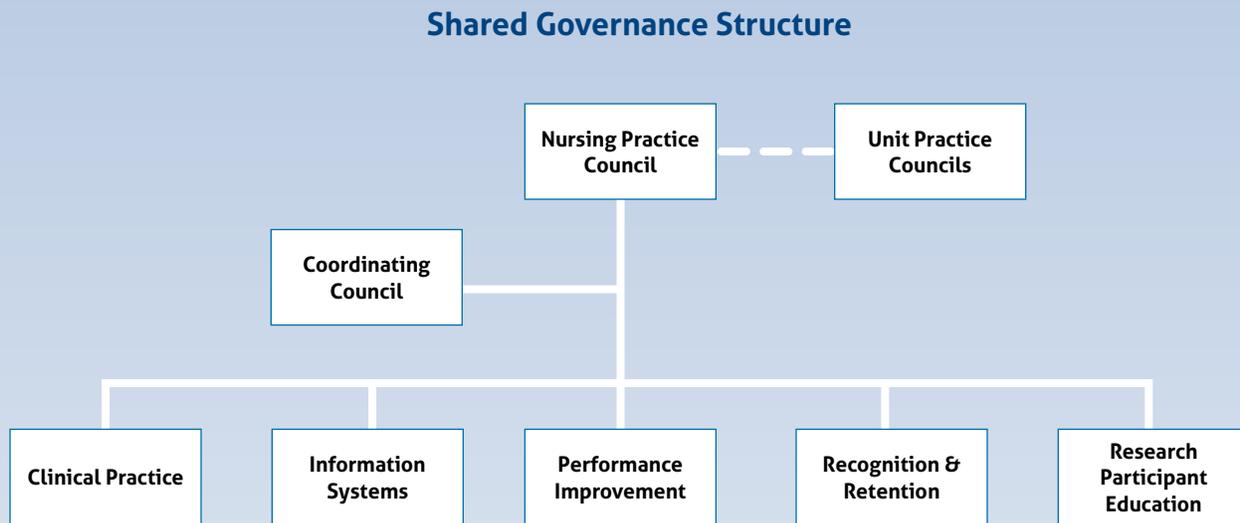
*"I attribute my success to this;
I never gave nor took any excuse."*

Florence Nightingale



Clinical Practice and Shared Governance

Committee Highlights and Updates



2017 Coordinating Council Members, left to right:
Kathy Wagner, Iman Jones, Leighann Ebinezer, Lori Cunningham, Tammi Williams,
Marjorie Cudworth, Mary Scott, Heather Mormon and Cammile Grigg



2017 Chair and Chair Elect for NPC
Leighann Ebenezer and Angela Warrick

Nursing Practice Council

In 2017, the Nurse Practice Council (NPC) made several changes (some planned and some unplanned!) that made it a very interesting and productive year. One of the most exciting changes was incorporating updates and presentations from various Unit Practice Councils (UPC) during the monthly NPC meeting. The presentations were inspiring and helpful to other UPCs working on similar projects or struggling to formulate plans to accomplish their goals. This also helped to clarify the role of the UPCs within Shared Governance. NPC also began incorporating the Studer pillars into the meeting agenda to familiarize the staff with nursing department goals, and how agenda items fit into Clinical Center priorities. A Shared Governance survey was also developed and distributed to nursing staff toward the end of 2017. The purpose of the survey was to compile perceived barriers to meeting attendance and to obtain feedback from nursing staff regarding

improvements that can be made to the Shared Governance process. We are excited to see the results of the survey put into committee changes in 2018 and hope that the survey and resulting changes will improve participation in Shared Governance moving forward!

Clinical Practice Committee

The Clinical Practice Committee (CPC) maintains the library of Nursing Standards of Practice and Procedure documents, ensuring that these documents reflect current Evidence Based Practice. 2017 brought twenty-six documents through the committee for review/revision/and retirement. Additionally, numerous NPC requests were reviewed at monthly meetings regarding clinical practice and patient safety issues, and educational sessions were held.

In 2017, a Hospital Actured-Infection Control Work Group was formed to investigate which nursing interventions could be written into nursing practice in order to eradicate CLABSIs. This work group collaborated with Hospital Epidemiology, Environmental Services, and expert stakeholders. It was determined that this issue would be best handled through the creation of a new Infection Control Policy

2017 Chair for the
CPC Committee,
Mary Scott



for the Clinical Center, which will be initiated through the Executive Committee. We look forward to writing these CLABSI prevention interventions into our practice documents once they are developed in the coming year.

Educational sessions that strengthened our clinical practice and patient safety included “Tips for Improving Central Venous Access Device (CVAD) Documentation”, and “Hemolysis Prevention” by the Department of Laboratory Medicine (DLM). Another educational session helped stakeholders understand the process of formatting and posting our documents to the Nursing Intranet meeting 508 compliance, so that our documents are available to all.

CPC would like to thank the many stakeholders who make shared governance possible. Nurses on the front line of practice are the often first to understand the need



2017 Chair and Chair-elect of PIC Committee, Lori Cunningham and Iman Jones

for change or see a breach in safety within our practice. Thank you for taking the time to enter an NPC request, and for becoming document stakeholders!

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 2017. These goals broadly focused on providing Quality Improvement (QI) initiatives, Outreach Activities and Data Collection.

Consistent with our patient safety focus, PIC completed the CRIS communication tool “Ticket-To-Ride” to facilitate communication of patient condition, safety needs and other vital information as these patients move between inpatient areas and their scheduled appointments. This tool is currently loaded in CRIS to be piloted.

PIC completed training on Root Cause Analysis and use of the Just Culture Algorithm. PIC reviewed cases brought for review by individual committee members resulting in PIC submitting NPC requests practice changes when appropriate.

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. PIC

supports the flow of information and ideas through member reporting current Unit Practice Counsel Projects to PIC and supporting review of outcomes data on the member's units. Additionally, PIC completed the Guardrails monthly audit intuitive that was conducted monthly by PIC members to support data availability for Guardrails usage on their units.

PIC members engaged in continued learning in support of the team, through learning opportunities such as Group Communication, Improve literature review skills and continued engagement in Just Culture Case Reviews.

Nursing Information Systems Committee

Clinical documentation is a vital component of the research conducted in the Clinical Center and nurses utilize Clinical Research Information System (CRIS) daily. CRIS requires constant maintenance to reflect changes in Research Participant care, technology upgrades, Physician's order sets, research rating tools, and much more. In 2017 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 40 of these NPC Requests; some were modified and many were forwarded to the Department of Clinical Research Informatics (DCRI) for implementation. This year's NIS Committee was delighted to play a small part in the advancement



2017 Chair and Chair-Elect of NIS Committee, Heather Moorman and Camille Grigg

of Nursing Care Plans into CRIS. Through the process of Shared Governance, clinical documentation evolves continuously, becoming more comprehensive and user friendly every year.

The NIS Committee is comprised of Nurses representing every Research Participant care area in the Clinical Center. In April 2017 these 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. Five NIS Committee members attended the 2017 Summer Institute for Nursing Informatics (SINI) Conference in Baltimore, Maryland. SINI is the largest nursing informatics conference in the world and our nurses brought back a global perspective on nursing informatics. In a place where "infection" is

usually a bad thing, the 2017 NIS Committee members spread an infectious enthusiasm and interest in nursing informatics throughout the Clinical Center.

Last year the NIS Committee recognized a trend in requests for some way 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 continued their efforts into 2017. The Subcommittee's name has undergone changes and it is currently the Workflow Subcommittee. The project's Information Technology Advisory Group (ITAG) request was approved in Spring of 2017 and after an organizational meeting in May, members of the Workflow Subcommittee met with



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

DCRI representatives to explore possibilities in June. In this meeting Dr. McKeeby (CIO) refocused the project from a possible Task on the Medication Administration Record (MAR) adaptation to a function of the Workflow Manager. He requested three nursing task scenarios for DCRI to experiment with in Workflow. Members of the Workflow Subcommittee met in July and detailed three Nursing Task Scenarios which were presented to DCRI in August. In the follow up meeting in November, DCRI requested more time to work on the Nursing Task simulations which will carry this work with DCRI into 2018.

Nursing Research Participant Education Committee

Nursing Research Participant Education Committee (NRPEC) had a very exciting 2017. The committee participated in several educational opportunities such as using SharePoint for the documents being reviewed and developing a portfolio and curriculum vitae. NRPEC worked on eight patient education documents that were up for review. The committee scrutinized 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 documents every five years. NRPEC paired with Clinical Practice Committee (CPC) to develop new patient education documents as new policies are developed. NRPEC joined with Research Participant Education Committee (RPEC) to



2015 Chair-elect and Chair for the NRPEC Committee, Cathy Wagner and Marjorie Cudworth

release an email to all staff offering assistance with plain language and 508 compliance. The need to revise the patient education questions during an admission will be addressed and completed in collaboration with outcomes. NRPEC will be developing new documents to educate cognitively intact patients and families as a patient safety initiative.

Recognition and Retention Committee

In 2017, the Recognition and Retention (R&R) committee had 2 major accomplishments. The First annual Nurses Award Ceremony and the Clinical Center Department Nursing Scholarship and Innovation Recognition Awards Ceremony. These programs were designed to honor all the amazing accomplishments and to recognize nurses for their stellar and notable work.

The R&R committee worked to research, create, finalize, and present the Nurses Award Ceremony during Nurses Week 2017. This committee celebrated Nursing Accomplishments in six categories, as well as two patient care technicians, research support and program specialist categories. The committee also had the recipients of the Nursing Scholarship and Innovation Recognition awards present their work in a grand rounds style in the Lipsett Auditorium. This ceremony highlighted scholarly accomplishments in four categories including Research, Evidence Based Practice, Quality Improvement and Unit Based Projects.

The committee also began to focus on the principles of mentoring and the CCND resources available to help focus on retention of current staff. Other accomplishments focused on a celebration of nurses through certification recognition as well as taking an active role in tuition reimbursement and the editorial board for the new nursing newsletter.



2017 Chair Elect, Chair and Administrative Liaison of the Recruitment and Retention Committee, Julissa Reyes, Tami Williams Priyanka Devgan

Recognition and Retention Committee Sponsored Events



Certification Recognition Celebration



Nurses Week Night shift Breakfast

Nurses Week Celebrations



Recognition and Retention Chair and Chair Elect and recipients of scholarly awards



Unit Practice Council Highlights

Now in its third year, the Unit Practice Councils (UPCs) continue to make improvements in unit practice. In 2017, the UPCs presented highlights of their projects each month at Nursing Practice Council. 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 lead increased job satisfaction and retention. The UPC leaders also attended two all day workshops which focused on leadership development, meeting management, project management and goal development.

Notable UPC Projects

UPC PROJECT 5SE AND 5NES

The fifth floor UPCs have focused their attention in 2017 to a variety of projects designed to improve practice and patient care. Specifically, enhancing communication between nursing and rehabilitation medicine department with pre-appointment phone calls and communication between rehab and patients via the use of the white boards. Additional projects included increasing nursing attendance in rounds through notification via emails, huddle, and personal communication notification. Increasing efforts continue to enhance communication between nursing and the inpatient teams.

3SW INTENSIVE CARE UNIT

In 2017, the ICU UPC focused on improving the process for and tracking of dressing changes within the ICU patient population. An initial survey showed that an initial



New Unit Practice Council Members attend Summer Training Workshop



assessment just short of 100% compliance rate with an established goal of reaching 100%. The team developed a project plan to re-educate all staff based on established policies and procedures, created a laminated poster reminder and developed a “Dressing Changes,” 5 minute forum to evaluate staff’s current knowledge.

An additional project from the ICU aimed at gathering reliable data from ICU beds through an effort called, “Let’s ZERO Together.” This project included:



Intensive Care Team



Hematology Transplant Team

- ◆ An effort to get reliable data, the ICU beds are zeroed with standardized bed setup and recommended pads by the Wound Care team
- ◆ Involvement from The Housekeeping Department for their input into a standardized setup
- ◆ A laminated picture placed on the bedside WOWs and the housekeeping carts



3NE HEMATOLOGY TRANSPLANT

Another notable UPC project was conducted on 3NE when a new bedside reporting process was put in place. The new process started with new process was started with two high acuity patients in 2016 and completed in 2017 with bedside report being conducted on all patients. The results showed an increased patient satisfaction and staff involvement with the new process. Upcoming projects will include design of a nurses relaxation lounge and a survey to determine staff preference for promoting wellness and health.

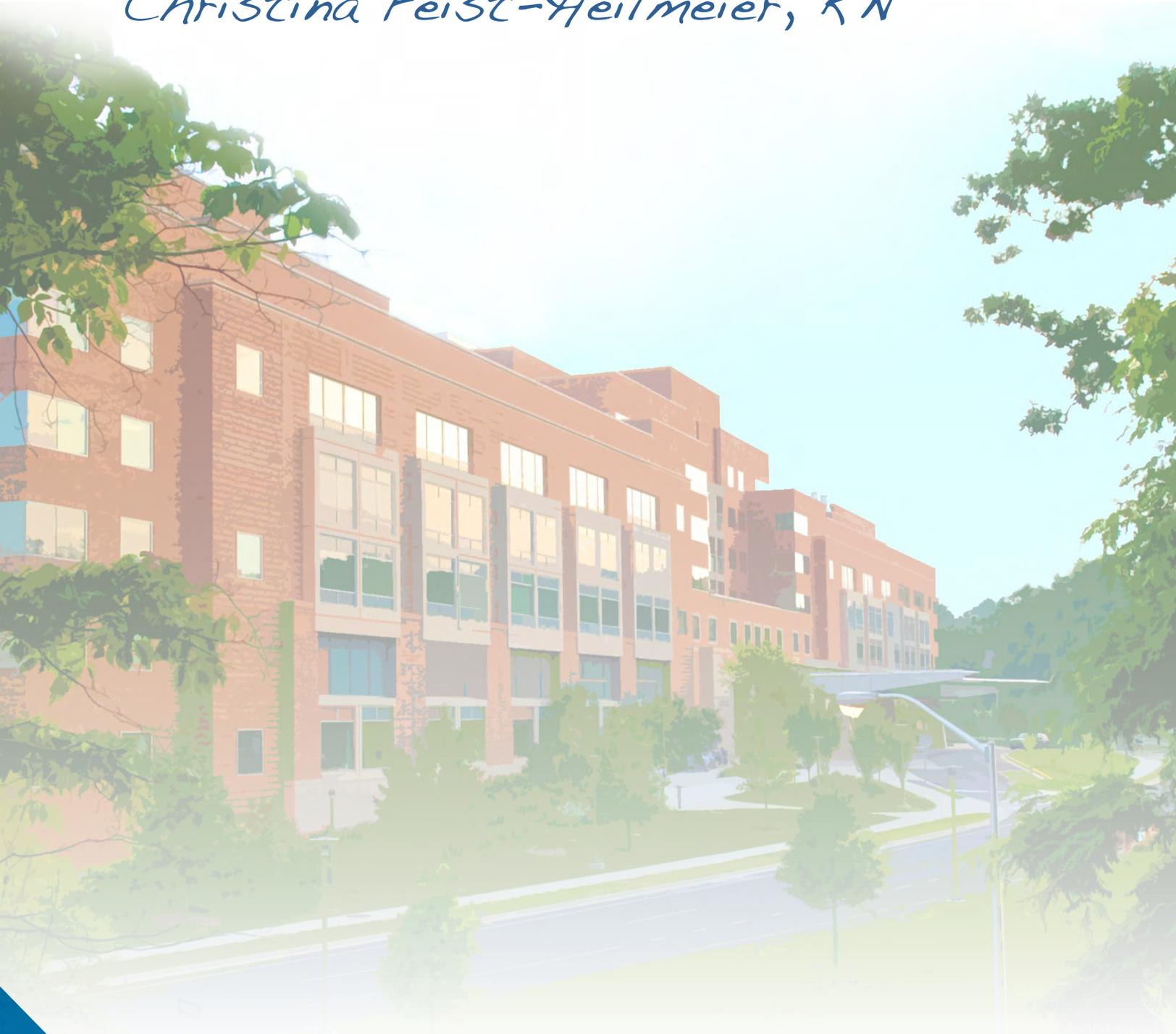
SOP's, Policies & Procedures, and LIP order

DRESSING CHANGES

DRESSING CHANGES	
DRESSING CHANGES	
CARE	Transparent with Chlorhexidine ase Q 7 days
	Transparent with Povidone ase Q 7 days
	Non-Transparent ase ase Q 2 days
REPORT	
	Dressing and needs change Q 7 days
	Dressing time around site Change dressing only
	Wound dressing is off needs assessed Change needs and dressing
ALICE	
	Pressure Tube, Tracheostomy, Stoma Q 4 days
PII	Q 4 days
CHEST TUBE	
	Coordinate with LIP for tube change Q 4 days
IP AND ANPHARADATORY	
	If issue noted Q 4 days
	If issue not noted Q 2 days
REFLEX	
	Prep/locks Q 7 days and PRN
	Other Depending on wound and orders
	For Post-OP dressing LIP needs with order
	Other dressing For LIP orders and wound care team
	If any dressing is loosened, soiled or contaminated PRN

"Every nurse was drawn to nursing because of a desire to care, to serve, or to help."

Christina Feist-Heilmeier, RN



New Protocols and Clinical Highlights

The Clinical Center Nursing Department began formal monthly Ambulatory Care Model of Care meetings in 2015 in response to operational review feedback which identified the need to assess roles, work load and staffing across clinical research areas to meet clinical research requirements. The role of the Ambulatory Clinical Research nurse was assessed, common issues were identified and work on developing nurse sensitive indicators began.

A cohesive productive group developed which has the ability to collectively provide safe, high quality clinical care in the Ambulatory Research area. During 2017 the ambulatory nursing teams addressed the following areas:

- ◆ Ambulatory care staffing redesign
- ◆ Modified hours of operation
- ◆ Monitoring Walk-in/unscheduled patients

- ◆ Optimizing Patient Flow
- ◆ PCT Support
- ◆ Phlebotomy orders and hours of operation
- ◆ Documentation and medication reconciliation
- ◆ Nurse-Sensitive Indicators in collaboration with Collaborative Alliance for Nursing Outcomes (CALNOC)
- ◆ Streamlining the Pre-Admit Process
- ◆ Improved cleanliness and timeliness in response with Housekeeping
- ◆ Developed communication process with HES to identify patients on isolation

As a result of these groups Ambulatory nurses have developed strong collaborative relationships which enhance clinical care in the ambulatory setting.



Outpatient 7 Team

Clinical Center Studies on the New Frontier

Phenotype Sub-Study (DLW vs Chamber)

In 2017, 5SWN conducted a Phenotype sub-study measuring average daily energy expenditure in healthy volunteers to see how it correlates with body weight. This study measured average daily energy expenditure using the doubly labeled water method (EEDLW) and compared this with the daily energy expenditure measured in a pair of respirator chamber stays (EEChamber) during two 7-day inpatient stays. Doubly labeled water is water in which both the hydrogen and the oxygen have been partly or completely replaced (i.e. labeled) with an uncommon isotope for tracing purposes and is measured with serial urine collections every 24 hours for 7 days.

The purpose of this study came about because the researchers noticed a difference in patient energy expenditure when measured on the metabolic unit as compared to the metabolic chambers. This will help to figure out why the numbers were different. The research participants are required to be confined to the unit during the entire study with, no outside food or drink were escorted to and from testing areas and observed at all times. The participants consume a metabolic diet with determined calories, ate at the communal dining table and were required to eat all contents of the meal including the condiments. Moderate daily exercise is also conducted and customized for each patient based on standards within the protocol.

During the two 24 hour metabolic chamber days, the nurses closely



Outpatient 4 Team



5SW N Metabolic Team

monitor participants with 24 hour urine collections, telemetry monitoring prescribed activity and hourly safety checks for Co₂, temperature and air flow. The participants were then tested for body composition using the bod pod and a dexa scan.

A second study on the pediatric patient population called “Break it up”, is looking at breaking up daily sedentary activity in youth. Some past studies found that glucose and insulin blood levels are lower when a long period of sitting is broken up with walking when compared to sitting with no breaks.

Kids age 7-11 were admitted for 6 consecutive outpatient days after school and on a Saturday. Two groups are being tested. One group sits for 3 hours and the other sits for 3 hours with 3 minute walking breaks every 30 minutes. On the last day of the study, the kids have to complete an oral glucose tolerance test which does not always go over so well. This study is also looking to see if breaking up sedentary activity can assist with attention, memory, feelings and eating as a behavioral activity. The participants are also on metabolic diets and 24 hour glucose monitors.

Nurses help people. And in doing so, we receive the unmatched satisfaction of knowing that we have made a difference to patients and their families.

Dawn Marino



Clinical Research Nursing Accomplishments in 2017

New CRN Nursing Newsletter Makes its Debut



Cheryl Fisher and Alyssa Todaro Brooks
Co-editors

In 2017, the Nursing Department launched its first series of quarterly newsletters to feature highlights from within the department and to enhance communication. In the first edition, a contest was held to “Name that Newsletter,” and several entries were submitted to come up with

“CRN News!” Regular features of the newsletter include a message from the Chief Nurse, health tips, employee spotlights, research highlights, and other features of noteworthy interest. The Editorial board is made up of representatives from the three nursing



Left to Right: Julie Kohn-Godbout, Louise Balligan, Shravya Raju, Kathy Carpenter, Bobby Cox, Pam Horwitz, Helen Mayberry and Bruce Steakley. Not Pictured: Harlee Goodwin, Gwenth Wallen, Lori Purdie and Tammi Williams.

services, Research and Translational Science, Nursing Professional Development, and the chair of the R&R Committee with many stories contributed by our own nursing staff.

Clinical Center Nursing Department Summer Internship Program

The NIH Clinical Center Summer Internship Program (NIHCCNDSIP) is a structured program that provides an opportunity for healthcare/nursing students in good standing at his/her college, to participate in an “apprentice-like” experience in a clinical research setting. NIHCCNDSIP is 8 weeks in duration and includes intern orientation, on-going education (nursing), pre-professional development (lecture series), and poster presentation. The summer intern will be assigned a preceptor and a mentor during this period.

Mentors for this program in 2017 included:

- ◆ Kathy Feigenbaum (ROWM)
- ◆ Diane Lawrence (BH)
- ◆ Anne Fejka (Peds)
- ◆ Cecelia Henry (ICU)
- ◆ Meg Mikula (OCC)
- ◆ Mary Myers & Paul Wong (MSS)
- ◆ Alyssa Brooks (RAPD)

2017 Nursing Scholarship and Innovation Recognition

In 2017, 15 awards were handed out to CCND and colleagues in recognition of scholarship in Evidence Based Practice, Quality Improvement and Research. The awardees were invited to provide a short presentation of their work, invite their friends and join in a celebratory reception following the event. The awards were provided to:



Left to Right: Megan Haymond, Meheret Gebreegziabher, Kathryn Peterson, Courtney Battles, Josephine Mekanjuola

Evidence Based Practice

Ejigayehu Demissie, RN, MSN

Use of Evidence Based Tool in the Diagnosis of Insulinoma: Nurses' Critical Role

Felicia Andrews, RN, MSN

Use of Evidence Based Tool in the Diagnosis of Insulinoma: Nurses' Critical Role

Pam Orzechowski, RN

Use of Evidence Based Tool in the Diagnosis of Insulinoma: Nurses' Critical Role

Kathy Feigenbaum, CNS, MSN

Use of Evidence Based Tool in the Diagnosis of Insulinoma: Nurses' Critical Role

Craig Cochran, RN, BSN

Use of Evidence Based Tool in the Diagnosis of Insulinoma: Nurses' Critical Role

Paul Wong, RN, DNP

Use of Evidence Based Tool in the Diagnosis of Insulinoma: Nurses' Critical Role

Research

Marilla Geraci, RN, MSN

Childhood Adverse Events and Anxiety Sensitivity in Adult Anxiety Disorders: Panic Disorder, Generalized Anxiety Disorder and Generalized Social Phobia

Karina Blair, PhD

Childhood Adverse Events and Anxiety Sensitivity in Adult Anxiety Disorders: Panic Disorder, Generalized Anxiety Disorder and Generalized Social Phobia



Quality Improvement

Helen S. Mayberry, MSN, RN

Linking Real-Time Data to the Bedside to Accelerate Change

Michael Nansel, BSN, RN

Linking Real-Time Data to the Bedside to Accelerate Change

Michael McGann, MEd, CQA

Linking Real-Time Data to the Bedside to Accelerate Change

Caitlin W. Brennan, PhD, RN, APN

Linking Real-Time Data to the Bedside to Accelerate Change

Unit Based Project

Sharon Flynn, MS, RN, ANP-BC, AOCNS®, BMTCN®

Bridge to Practice: Filling the gap between online courses and institutional practice guidelines

Megan Mikula, BA, BSN, RN, OCN®

Bridge to Practice: Filling the gap between online courses and institutional practice guidelines

New Nurse Residents Join the Nursing Department

The Clinical Center Nursing Department joined in celebrating the accomplishments and hard work of Cohort 4 of the Clinical Research Nursing Residency Program on Oct. 19. The 12-month program, which commenced its 5th cohort on October 25, 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



Front: Mica Koranten 3NW Elaine Thomas 3NE Diptina Bhatta 7SWN Andreas Gambardello 3NE Shellina Campos 1NW. Back: Chenchen Feng 3SEN Rachel Ullah 5NW Tayler Edmund 3NW Christina Allen 5SE Angela Pisarra 1NW

curriculum. Residents are also provided with transition support from coordinators, peers and stakeholders as they grow professionally and personally. Successful residents



Nurse Residents Graduate. Left to Right: Michelle Maddux, Shada Johnson-McLean, Anna Kelly, Osagie John, Jennifer Brooks, Melissa Sbrocco, Kate Nelson, Lola Saidkhodjaeva, Haley Maness, Maggie Fagan, Lisa Krueger

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>

Managing Nurse-Sensitive Indicators in a Clinical Research Environment

Since 2013, the mission of Outcomes Management has been to provide expert consultation and support to the CC Nursing Department by:

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

2017 Highlights from the Outcomes Management Office include:

- ◆ A farewell to Claiborne Miller-Davis after 25+ years with the Nursing Department, and a welcome to two new team members, Caroline Frazier, RN, MS, and Melissa Hubbard, RN, MSN.
 - Caroline joined the team in January with interests in quality improvement, patient safety, and the use of data to drive nursing outcomes.
 - Melissa Hubbard came onboard in October, with a passion for

linking data to the bedside and engagement of the bedside staff nurse in quality improvement and patient safety initiatives.

- ◆ We celebrated Helen Mayberry's accomplishment of becoming certified as a Professional in Patient Safety in December.

Efforts to collect & managing quality, patient safety, and outcome data included:

- ◆ Provided data and other support to Nursing Executive Group for regular Hospital Board meetings
- ◆ Worked with Performance Improvement Committee on how to make data more readable and usable by direct care nurses
- ◆ In Quarter 4, began reporting patient volume, hours per patient visit, staffing mix, and falls/falls with injury for ambulatory areas to the Collaborative Alliance for Nursing Outcomes (CALNOC). Similar to NDNQI, CALNOC provides a database registry of nurse sensitive indicators. In 2015, CALNOC partnered with AAACN (American Academy of Ambulatory Care Nursing) to expand quality indicators into the ambulatory care setting.
- ◆ In partnership with the Department of Laboratory Medicine's Microbiology Section and Hospital Epidemiology, developed strategies to enhance overall approach to blood culture management, including on-time delivery and standardizing collection procedures in effort to decrease contamination

rate and decrease unacceptable fill-volumes. Overall, on-time delivery has been sustained at >95%; contamination rate has been reduced and sustained to < 3%; and acceptable fill volume has been consistently maintained at >90%.

Activities to Link data to the bedside included:

- ◆ Continued to provide consultation on an ad-hoc basis to staff and leadership on safety, quality, and data management topics
- ◆ Partnered with colleagues from the ICU, Department of Perioperative Medicine, and wound ostomy care nurses, and unit staff/leadership to reduce occurrence of pressure injuries in the inpatient population
- ◆ Partnered with staff and leadership improve medication barcoding usage from 95% to 99% in inpatient settings
- ◆ Contributed to an interprofessional effort to implement suicide risk screening in inpatient medical-surgical settings
- ◆ In an ongoing collaboration with the DCRI Reports Team, automated reports have been a cornerstone of efforts to link data to the bedside. Data routinely extracted from CRIS and the Laboratory Information System in a consumable format have proven to be more efficient and as accurate as manual data collection procedures
- ◆ The Falls QI Initiative transitioned to a sustainment phase. Since this initiative was launched in 2015, the Nursing Department's inpatient falls rate has declined 16% from 1.47 (2015) to 1.23 (2017). The focus for 2018 is expansion of this prevention initiative to all Clinical Center departments.
- ◆ The CLABSI Prevention QI Initiative has also transitioned to the sustainability phase. In 2017, our overall CLABSI rate was 1.3 compared to 1.03 in 2016. While we continue efforts to achieve a sustained rate of zero CLABSIs, the Nursing Department has made significant improvements. The initiative is now being co-led by Debbie Gutierrez (Nurse Manager) and Robin Odom (Hospital Epidemiology Services). Bridging HES, CCND, and Infectious Disease, Ellen Eckes (Clinical Nurse Specialist) meets at least every 2 weeks with Hospital Epidemiology Services and Infectious Diseases to identify CLABSIs from positive blood cultures. When a CLABSI is identified, unit leaders conduct a root cause analysis (intensive review) of events and clinical care provided around the date of infection with an eye toward identifying potential contributors and lessons learned. From these intensive reviews, Outcomes Management collates the potential contributors and lessons learned and shares the information department-wide, with the goal of sharing best practices for prevention across CCND.



Back Row: Caitlin Brennan, Helen Mayberry, Ray Nudo. Front Row: Melissa Hubbard, Caroline Frazier

Collaborative efforts with the Office of Patient Safety and Clinical Quality included:

- ◆ Partnered with OPSCQ and unit staff and leadership to ensure organizational readiness related to Joint Commission standards
- ◆ Developed and implemented, with OPSCQ and Barbara Jordan, DNP, RN (Nursing Service Chief), a cross-departmental “roadshow” presentation highlighting the principles of Just Culture and how to apply them to specific cases
- ◆ Collaborated with OPSCQ on Patient Safety Week activities

Disseminating work internally and externally

Outcomes Management routinely reports out on collaborative work at meetings such as the Nursing Quality and Patient Safety Leadership meeting and Performance Improvement

Committee Meeting and the CC-wide Secretariat. Additionally, we have presented locally and nationally at a number of forums, including Helen Mayberry’s poster presentation at the NDNQI annual meeting on our collaborative work with DCRI. Caitlin Brennan presented on patient acuity, nurse staffing, and linking data to the bedside to the Washington Regional Nursing Research Consortium when CCND hosted the spring meeting. She also presented on nursing roles in improving outcomes as the keynote speaker at the Inova Health System Nursing Research and Evidence Based Practice Symposium. Lastly, Kyungsook Gartrell, a postdoctoral fellow working with Dr. Wallen and Dr. Brennan, earned a “best poster” nomination at the American Medical Informatics Association annual symposium for her presentation on the outcomes of a study assessing clinicians’ perceptions of the usefulness of an app developed by the National Library of Medicine for use at the point of care for clinical decision-making.

In June of 2017, Caitlin Brennan hosted Professor Manuela Eicher, PhD, RN and Sara Colomer, PhD, RN from the Institute of Higher Education and Research in Healthcare in Lausanne, Switzerland for a 3-day visit at the NIH CC. Through collaboration with the Oncology and Critical Care (OCC) nursing service and research nurses on Dr. Steven Rosenberg’s team, our guests were able to participate on rounds with Dr. Rosenberg’s team, meet with OCC leadership and direct care nurses, tour the CC with members of ROWM, and meet with



Left to Right:
Terri Armstrong,
Margaret
Bevans, Sara
Colomer,
Manuela Eicher,
Caitlin Brennan

CC leaders such as Laura Lee, Director of OPSCQ, and Dr. Gwen Wallen, Acting Chief Nurse Officer. Their visit concluded with an Oncology Scientific Session during which Professor Eicher presented on collaborative work with Dr. Brennan on validation of the Oncology Acuity Tool-French (for Switzerland). Dr. Colomer presented on investigating patient-reported outcomes in immuno-oncology and their associations with biomarkers. CAPT Margaret Bevans and Dr. Terri Armstrong also presented on their work on reducing the burden of cancer and its treatment on patients and family caregivers and symptom management in neuro-oncology. A lively discussion followed the presentations.

INSPIRE Completes its Third 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?

Now In it's third year, the Innovation for Nursing Sensitive Practice in a Research Environment (INSPIRE) Committee is starting to have outcomes in addition to consults for projects involving Unit Based Projects, Quality Improvement, Research, and Evidence Based Practice. The committee provides an infrastructure to discuss improvement ideas and link those ideas to resources and tools. In 2017, the committee continued to focus on services provided and advertising and marketing about the committee itself. To date, a total of 24 "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, fall prevention, distress screening and a study looking at authorized deception.

One inspiring "INSPIRE-ation request" proposed mind-body wellness groups for health care providers (HCPs) to be taught by NIH HCPs proficient in various mind-body modalities. The hope was that the

INSPIRE committee would assist in identification of other Clinical Center HCPs willing to teach mind-body skills groups. After presenting the request to the INSPIRE Committee, the proposal underwent full review, was approved and designated as an evidence-based practice initiative. The INSPIRE committee proposed a partnership with Dr. Alyson Ross of the CCND Nursing Research and Translational Science office. Dr. Ross has co-authored numerous scientific articles on stress reduction and researches the importance of healthy behaviors with a focus on nurses at the NIH CC.

This project invited those nurses at the NIH CC with training in health promotion activities to be included in a wellness registry that will be made available to Nursing Leadership. Responses included (but

not limited to): yoga instructors who are also certified yoga therapists, two massage therapists, mind-body group facilitators, health and/or nutrition coaches, a community health promoter, a Naturopath, a certified Reflexologist, a Certified Hypnotherapist, a motivational speaker, numerous therapeutic touch and/or energy healers, and a knitting teacher. Those on this registry may be asked by nurse leaders to offer health promotion interventions around the NIHCC.

For more information on the INSPIRE committee, please visit the NIH Nursing Intranet at <http://intranet.cc.nih.gov/nursing/inspire/index.html>. If you would like to reach out to the INSPIRE committee about any ideas you may have, you can contact them at inspirecommittee@mail.nih.gov.

Ann Peterson and Ann Feijka focus on patient safety



Recruitment, Outreach and Workforce Management

Recruitment Activities

In 2017 ROMW in conjunction with NIH Clinical Center Corporate Recruitment recorded and produced a video highlighting the activities of our clinical research nurses. CCND looked to their nurses to be stars in a recruitment video. Various nurses from all areas participated. One clip shows Dr. Gwen Wallen (CNO) describing clinical research nursing at the Clinical Center. The video can be shown as a whole or edited for a shorter version to capture specific audiences like new graduate nurses for residency program or a pediatric nurse to come join the pediatric program of care. The video may not be a television sensation as “First in Human”, however it captures the enthusiasm and spirit of clinical research nursing here at NIH Clinical Center Nursing Department. Link to where the video is available for viewing <https://www.youtube.com/watch?v=ooY1zZWWmw> or <https://youtu.be/wb5v1N0Qb2E>.

New Retention Liaison Role

The Clinical Center Nursing Department strives to recruit the best and the brightest to become clinical research nurses. The role of recruitment is to search and bring interested job seekers with the

talent and skills we need for our work environment. Once a nurse joins our team we want to be able to retain them. In 2017 the CCND implemented a retention liaison role within Recruitment Outreach and Workforce Management (ROWM). Based on evidence and best practice, which shows a healthy work environment is what enhances nurse satisfaction and commitment to the organization. The ROWM Retention Liaison has begun to use “stay conversations” and analysis of department data to advocate, support and encourage new hires as well as experienced nurses in the attributes of a healthy work environment. The literature reports and our information also indicate that the nurse with less than 2 years of tenure with an organization is leaving for other positions. The stay conversations are meant to provide perceptions of new employees the department may be able to use to design improvement strategies and lower the turnover rate. The retention liaison also works closely with the Recognition and Retention Committee to introduce shared governance to new hires, meet and greet new hires, and discuss CRN role and help the new hires make the transition to clinical research nursing. The role of the retention liaison is dynamic and will be evolving as the trends in our workforce change with the ultimate goal of lowering turnover rates of our nurses.

"Nurses are the heart of health care."

Donna Wilk Cardillo



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 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 integrate into various clinical settings collaborating with institute partners in the intramural program as well as academic faculty members. Program priorities for research at the NIH Clinical Center nursing department include the following:

- ◆ Health-Related Quality of Life
- ◆ Health Behaviors and Mind-Body Practices
- ◆ Health Disparities
- ◆ Chronic Pain, Sleep Quality, and Symptom Management
- ◆ Health Effects of Caregiving on Family and Professional Caregivers
- ◆ The oral and gut microbiome
- ◆ Evidence-Based Practice/Translational Nursing Science
- ◆ Patient-Reported Outcomes and Mixed-Methods Methodology
- ◆ Community Based Participatory Research



Left to right:
Alyssa Brooks,
Bobby Cox, Nicole
Farmer, Jumin
Park, Shravya
Raju, Avery Perez,
Nancy Ames,
Alice Ding, Narjis
Kazmi, and Gwen
Wallen, Brenda
Roberson, Mike
Krumlauf.
Not pictured:
Alyson Ross,
Sara Mudra
and Kimberly
Middleton



Gwenyth R. Wallen, PhD, RN, Chief Nurse Officer, 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.



Nancy Ames, PhD, RN, Nurse Scientist, has a research portfolio extending from the bench to the bedside examining the human microbiome. Her work has included examining the oral microbiome in patients with stem cell transplants as well as patients being treated for severe aplastic anemia. Recently, she has explored the gut and oral microbiome in patients with severe alcohol use disorder.



Alyson Ross, PhD, RN, Nurse Scientist, researches the importance of health-promoting behaviors such as proper nutrition, physical activity and stress reduction activities. Her current research centers on health behaviors and biomarkers of stress in both family and professional caregivers (nurses at the NIH Clinical Center). In May of 2017, Dr. Ross was invited to present the keynote address at the 2017 Uniformed Services University Graduate School of Nursing Research Colloquium lecture series, “Stress and health behaviors: Moving from clinical practice to a research portfolio.”



Alyssa Todaro Brooks, PhD, Scientific Program Specialist, has an emerging portfolio of research focused on sleep disturbances among individuals with alcohol use disorders, qualitative and mixed methodological approaches to understanding health behavior, and chronic disease management in vulnerable and diverse populations. In 2017, she presented her work at the Society of Behavioral Medicine Annual Meeting as well as the Research Society on Alcoholism Annual Meeting.

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

Research and Training Highlights

In 2017, the Nursing Department's independent research efforts included 19 protocols. In 2017, the research staff produced 22 peer-reviewed publications. Active studies in 2017 enrolled populations that ranged from inpatients receiving treatment for alcohol use disorders (Longitudinal Changes in the Oral and Gut Microbiome of Individuals with Alcohol Dependence PI: Dr. Nancy Ames, Lead AI: Dr. Alyssa Brooks and 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 undergoing Hematopoietic Stem Cell Transplantation (A randomized controlled trial to determine the effectiveness of a stress reduction intervention in caregivers of allogeneic hematopoietic stem cell



Kimberly Middleton and Gladys Tataw-Ayuketah collaborate on pilot study of Yoga as Self-Care for Arthritis in Minority Communities.

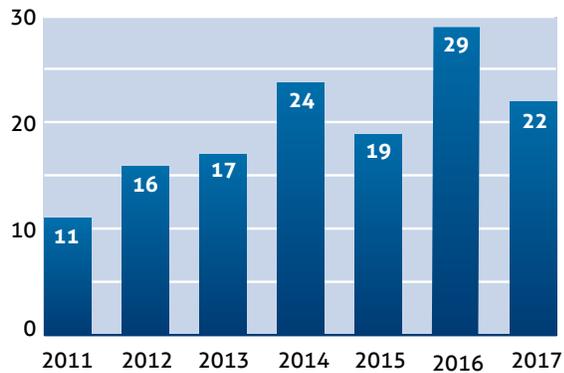
transplant (HSCT) recipients, PI: Dr. Alyson Ross) to clinical research nurses (Nurses and Self-Care: A Survey of Nurses Participation in Health-promoting Activities, PI: Dr. Alyson Ross). An additional study examined the feasibility and acceptability of a bilingual, arthritis-based yoga intervention in a community health clinic (Pilot Study of Yoga as Self-Care for Arthritis in Minority Communities, PI: Kimberly Middleton) and has generated multiple peer-reviewed publications and been presented at local/national conferences.

2017 Board of Scientific Counselors (BSC) Review

On June 19th, 2017, the CCND Nursing Research and Translational Science (NRTS) program underwent their Board of Scientific Counselors (BSC) review. The BSC review, which happens every four years, is conducted by extramural individuals with outstanding scientific credentials who review the quality of research (e.g. significance, approach, innovation, and training/mentoring) among intramural programs.

The day included presentations on an overview of nursing research at the NIH Clinical Center and each of the main research portfolios, which highlighted the unique “bench to bedside to community” aspects of the NRTS program. The BSC rated the nursing research group as “outstanding,” which is the highest possible rating, and provided guidance on building an even stronger CCND research portfolio.

NTRS Publications Since 2011



Scientific Partnerships

Investigators provide expert consultation to multiple institutes and have partnerships with community and academic programs. In 2017 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 use disorder, rheumatoid arthritis, cardiovascular disease, cancer, and those undergoing allogeneic hematopoietic stem cell transplantation (HSCT).

Select Publications

Nurses and Health-Promoting Behaviors: Knowledge May Not Translate Into Self-Care

ALYSON ROSS, PhD, RN; MARGARET BEVANS, PhD, RN, AOCN, FAAN; ALYSSA T. BROOKS, PhD; SUSANNE GIBBONS, PhD, AGCNP-BC; GWENYTH R. WALLEN, PhD, RN

ABSTRACT
Nurses are knowledgeable regarding the importance of health-promoting activities such as healthy eating, physical activity, stress management, sleep hygiene, and maintaining healthy relationships. However, this knowledge may not translate into nurses' own self-care. Nurses may not follow recommended guidelines for physical activity and proper nutrition. Long hours, work overload, and shift work associated with nursing practice can be stressful and contribute to job dissatisfaction, burnout, and health consequences such as obesity and sleep disturbances. The purpose of this article is to provide an overview of research examining nurses' participation in health-promoting behaviors, including intrinsic and extrinsic factors that may influence nurses' participation in these activities. This article also provides recommendations for perioperative nurse leaders regarding strategies to incorporate into the nursing workplace to improve the health of the staff nurses by increasing health-promoting behaviors. *AORN J* 105 (March 2017) 267-275. © AORN, Inc. 2017. <http://dx.doi.org/10.1016/j.aorn.2016.12.018>

Key words: self-care, health-promoting behaviors, healthy workplace, burnout, stress

Dr. Alyssa Todaro Brooks with summer student, Bobby Pourier, at the 2017 Summer Poster Day presentation. Bobby is a sophomore at Yale and has completed two summer research internships with NRTS.



Dr. Nancy Ames with post-baccalaureate IRTA fellow, Sarah Mudra, at the 2017 Postbaccalaureate Poster Day.

"They may forget your name, but they will never forget how you made them feel."

Maya Angelou



United States Public Health Service

United States Public Health Service (USPHS) Commissioned Corps

In 2017, approximately a dozen nurses from the Clinical Center were deployed in response to natural disasters in Houston and Puerto Rico following hurricane Harvey and Hurricane Irma. Several Clinical Center nurses responded to these natural disasters to offer aid in support of the ensuing community health issues. LT Barrunta was deployed in Hurricane Harvey and Hurricane Irma, and was augmented as part of the 79 USPHS Officers of Rapid Deployment Force (RDF) Team 5. They initially deployed on August 24th for 2 weeks in Houston, Texas to staff a Federal Medical Station (FMS) to meet the public health and medical needs of the impacted communities. On the night of September 9th,



RDF Team 5 was later mobilized to several locations in West Florida including, Fort Myers and Sarasota County in response to Hurricane Irma. During the deployment, LT Barranta worked as a clinical nurse in a FMS. He provided direct clinical care to the patients/evacuees that were mostly suffering from chronic conditions. In addition, he also worked with the Disaster Medical Assistance Team (DMAT) to provide primary and acute care, triage of mass



evacuees, including stabilization, and preparation of sick or injured to be transported to the hospital or FMS.

CDR Mike Krumlauf, along with 70 fellow USPHS officers, many from PHS-2 Rapid Deployment Team , were deployed to Atlanta, Georgia and then to Florida, to assist with hurricane relief efforts in the wake of Hurricane Irma making landfall. While in Florida, Hurricane Maria cut across the Caribbean causing severe damage to several countries and regions. While half of the team sent to Florida assisted in the care of Caribbean residents displaced by Maria at a Florida facility, the other half were tasked to augment Disaster Medical Assistance Teams (DMAT)

in Atlanta, GA in preparation for deployment to Puerto Rico. On September 29th, CDR Krumlauf, fellow officers, and members of DMAT deployed to San Juan, Puerto Rico. Over the next several days and weeks, teams were tasked to provide medical care in multiple clinics and hospitals in Puerto Rico to assist with medical care and stabilization efforts . CDR Krumlauf and his team set up and staffed a Federal Medical Station (FMS) in a coliseum located in Manati, PR to provide triage, acute medical, and 24 hour care services.

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







Camp Fantastic

Camp Fantastic 2017 – A Place for Kids to Be Kids!

Every August, Camp Fantastic welcomes 100+ kids with cancer to the 4-H Center in Front Royal, VA for a week of horseback riding, canoeing, arts and crafts, and all-around crazy camp fun. It's the one week they get to forget they have cancer and just be "normal" kids. And because many of these children are still on treatment for their cancer, a medical team coordinated through the Pediatric Oncology Branch of the NCI is at the ready to provide any care they might need. This past summer (2017), there were almost 45 hard-working nurses and physicians throughout the week of camp who managed care needs, including giving routine scheduled medications, assessing and treating illnesses and injuries as needed, and maintaining a safe camp environment. The quality of care at camp is awesome but could never be done without the amazing commitment of the Clinical Center Nursing Department. This past summer, the CCND supported 30 nurses (20 of whom were NIH nurses from both CCND and other CC departments and NIH institutes) to attend camp! It was a busy week making sure that all 110 campers had a great time while receiving top-notch nursing and medical care. We had campers who needed chemotherapy, blood products and pain management, a few who needed acute medical attention for illnesses and injuries, but also campers who just needed a "kiss on their boo-boo" or a little extra tender loving care and attention from their nurses. Regardless of their level of care needs, NIH nurses were there, day and night, to make sure they had an amazing, yet safe, week of fun! For more information about Camp Fantastic, you can check out the POB website or the Special Love, Inc. website! And if you think that camp nursing is for you, more information and an application to work on the medical staff at Camp Fantastic 2018 will be coming to your email inbox soon!

Tammy Jenkins,
MSN, RN,
PCNS-BC
Medical
Coordinator,
Camp Fantastic





Awards



Sonja Bartolomei receives the first Chief Nurse Award

Chief Nurse Officer Award

Sonja Bartolomei, BSN, RN

In recognition of exceptional commitment to clinical research participant and staff education in hematology and oncology throughout the Nursing Department and the NIH as a whole.

Deputy Chief Executive Award

Donna Owolabi, BSN, MCP, RN

For exceptional leadership and resourcefulness in administrative management.

Nursing Executive Service Award Oncology and Critical Care

Leslie Smith RN, AOCNS, APRN-CNS

For outstanding dedication and contributions to the Oncology and Critical Care Service and the Nursing Department, significantly impacting and improving clinical practice and patient safety.

Nursing Executive Service Award Neuroscience, Behavioral Health, & Pediatrics

Krista Cato MHA, BSN, RN

Outstanding leadership in the uniting of three pediatric areas into one comprehensive program of care with a focus on clinical quality, patient safety and patient and employee satisfaction.

Nursing Executive Service Award Medical Surgical Specialties

Betsy Wendell, MS, RN, OCN

For her dedication and tireless efforts in coordinating complex programs of care and for promoting staff satisfaction through partnership with all members of the healthcare team.

Clinical Excellence Award

Anita Oko-Odoi, BSN, RN

For outstanding clinical excellence and illustration of what compassion really means. Notably her human touch has improved quality of life for our patients immeasurably.

Patient Education Excellence Award

Elizabeth Heneghan, BSN, RN

For championing patient education and demonstrating commitment in interactions with patients and staff. She has raised the bar for quality patient care and education.

Leadership Excellence Award

Neil Barranta, MSN, RN, CCRN

For demonstrating an impressive and rare quality to remain a top performer clinically while in an administrative role

Rising Clinical Research Nurse Excellence Award

Lonice Carter, MSN, RN, CNL

For demonstrating fierce dedication, goal achievement and clinical expertise within the first two years of her nursing practice.

Nursing Education Excellence Award

Kristine Villaruel, BSN, RN

For inspiring nurses across diverse patient care settings to assume professional accountability through the development of evidence-based education, clinical competence, and patient safety.

1NWDH Team Excellence Award

Heather Ballard, BSN, RN

Susan Hale, RN

Kathleen Beville, BSN, RN

Mariko Pusinelli, MSN, RN, PCN

Rosie Peterson, RSA

Patient Care Technician Excellence Award

Ricardo Marshall

For consistent demonstration of professionalism, dependability and competence in patient care.



2017 Clinical Center Nursing Department Award Recipients

Patient Care Technician Excellence Award

Debbie Crowder

For demonstration of excellence in customer service, teaching and patient safety.

Research Support Assistant Excellence Award

Theodore Ronnie Crowder

For consistent demonstration of professionalism, communication and accuracy in clinical and research support.

Program Specialist Excellence Award

Jose Maldonado

For demonstration of excellence in customer service, communications and enforcement of Clinical Center policies and procedures.

Public Health Service Commissioned Corps Awards

PHS NIH Commissioned Corps Outstanding Service Medal

The Outstanding Service Medal is presented to the Commissioned Officers who have demonstrated outstanding, continuous leadership in carrying out the mission of the Public Health Service; performed a single accomplishment which has had a major effect on the health of the Nation; or performed a heroic act results in the preservation of life or health.

CAPT Margaret Bevans

Received this medal for outstanding leadership in the implementation of an electronic patient reported outcomes measurement system in the NIH intramural research program.

CAPT Ann Marie Matlock

Received this medal for outstanding nursing leadership and management in the opening of the Special Clinical Studies Unit (SCSU) at NIH.

CDR Allison Adams

Received this medal for outstanding leadership in a dual role as chief nursing officer supervising 34 officers of varying ranks and operations chief during the Monrovia Medical Unit Mission.

PHS NIH Commissioned Corps Outstanding Unit Citation

The Outstanding Unit Citation is granted to a group of officers who exhibit outstanding contributions toward achieving the goals and objectives of the Corps. To merit this award, the Unit must have provided outstanding service, often of national significance.

Special Clinical Studies Unit

These awardees received this citation for providing exemplary nursing care for patients at the NIH Clinical Center exposed to or infected with the Ebola Virus Disease.

LT Cmdr. Yolawnda McKinney

LT Kimberly Adao

LT Yvette Downing

LT Alexander Ross

LT Jason Wood

OD Honor Award

Management Team for the Clinical Center Focus Groups

Cheryl A. Fisher

Clinical Center CEO Awards

Administration

CAPT Janice Davis

Customer Service

Tiffanie Childs

Leora Hernandez

Mentoring

Legna Hernandez

Patient Care

Kimberly Herman

Eric Masdeo

Lisa Thomas

Amy Wilkins

Bedside Reporting Team

Priyanka Devgan

Patricia McDonald

Code Blue and Rapid Response Management Group

Kimberly Klapec

Tamara Williams

Laboratory Information System Group

Kathryn Feigenbaum

LCDR Anne Fejka

Cecilia Henry

Rachel Perkins

Obstructive Sleep Apnea Team

Sandra Cooper Bennett

Kathryn Feigenbaum

Cecilia Henry

Murielle Hogu

Helen Mayberry

Megan Mikula

Rosemary Miller

Mary Myers

Ulissa Reyes

Leslie Smith

Paul Wong

Primary Nursing Team

Ruth Cropley

Adjoavi Dayo

June James

Shada Johnson-McLean

Colleen McEachern

Kevin Murray

Shannon Swift

Michelle van der Merwe

NIH Clinical Center Staff Respondents to Fire on 1 NW

Krista Cato

LCDR Patricia Garzone

Susan Hale

Terry Hanks

Shannon Knight

Rebecca Kuhle

Haley Maness

Jerod Noe

Donna Owalabi

Julie Thompson

Kari Wheeler

Kelly White

Debbie York

Pediatric CLABSI Prevention Team

Krista Cato
Alex Classen
LCDR Anne Fejka
Kristina Hagan
Rebecca Hudson
Jennifer Jabara
Kimberly Nelson
James Rucker
Preetha Thomas
Kari Wheeler
Myra Woolery

Suicide Risk Screening Team

Mary Bowes
CDR Robert Cox
Ellen Eckes
LCDR Anne Fejka
Caroline Frazier
Barbara Jordan
Diane Lawrence
Helen Mayberry
Pamela Orzechowskiz
Leslie Smigh
Bruce Steakley

Rising Star Award

Lisbeth Nielsen
Lisa Robinson

Science

Nancy Ames

Strategic Initiatives

Elizabeth Henegan

Behavioral Based Interviewing Team

Roger Brenholtz
CDR Robert Cox
Lenora Holloway-Williams
Thomas Houston
Deldelker James
Susan Johnson
Brenda Justement
Bruce Steakley

Patient Call Evaluation Team

CAPT Diane Aker
Dolores Elliott
Raymond Nudo

Teaching/Training

Monica Boateng
Julie Kohn-Godbout

3NE Orientation Revision Team

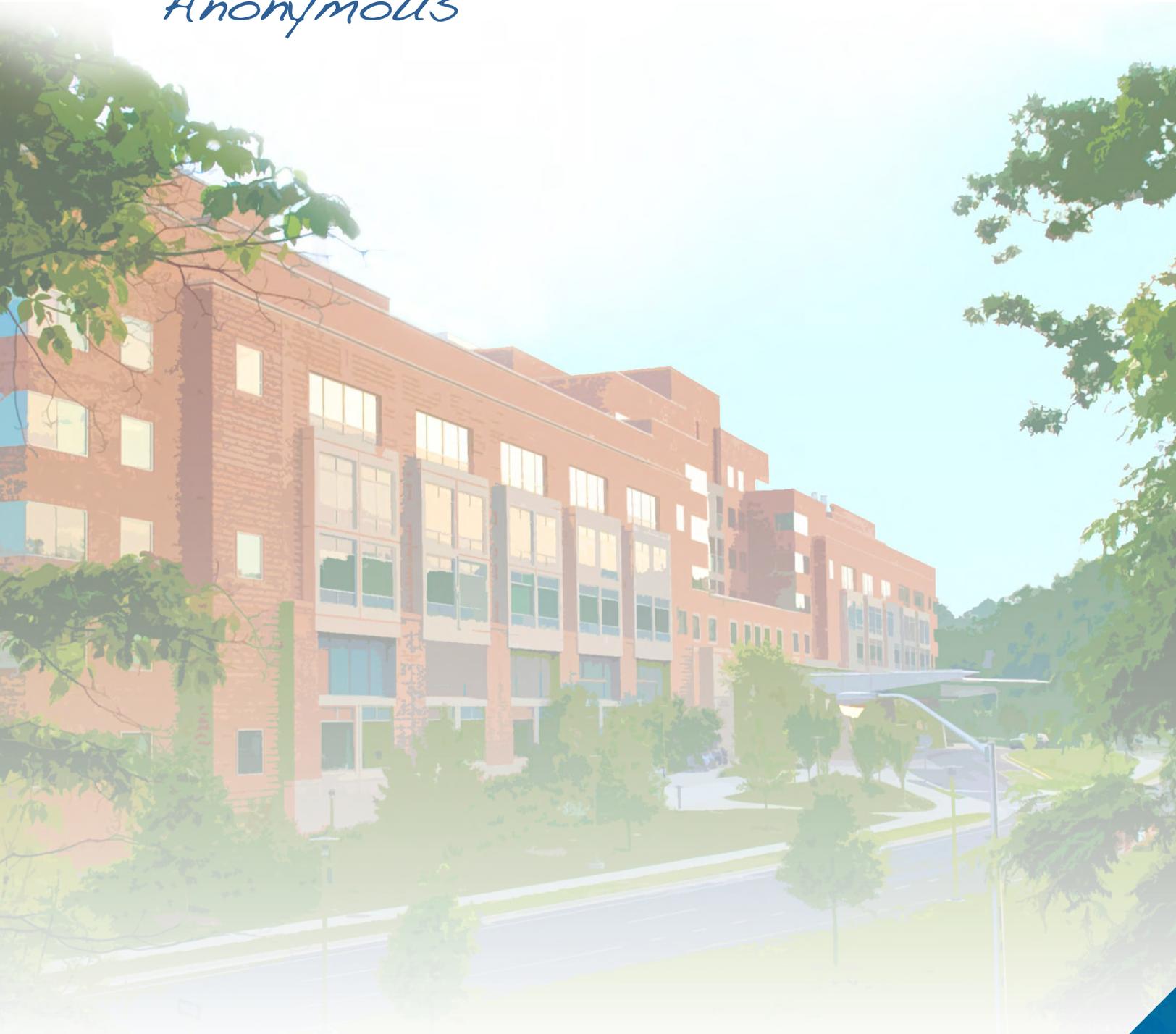
LCDR Tythis Coates
LT Tonya Jenkins

OCC Skills Day Team

Princess Barber
Steven Calamuci
LCDR Tythis Coates
Sandra Cooper Bennett
Cecelia Henry
Arlene Kessel
Tracy Kirby
Kimberly Klapec
Megan Mikula
Leslie Smith
Sandra Thomas-Rogers
Kristine Villaruel

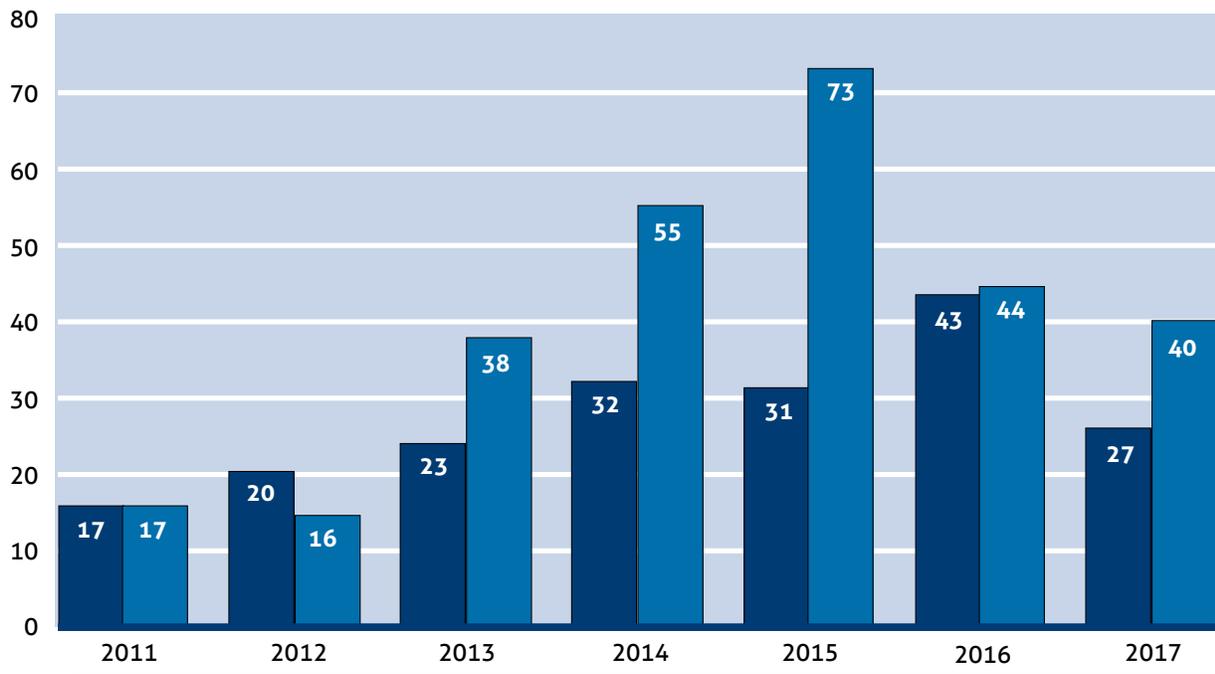
"When you're a nurse you know that every day you will touch a life or a life will touch yours."

Anonymous



Scholarly Activities

CCND Scholarly Activities Since 2011



Publications

Ames, N., Shuford, R., Yang, L., Moriyama, B., Frey, M., Wilson, F., Sundaramurthi, T., Gori, D., Mannes, A., Ranucci, A., Koziol, D., & Wallen, G. R. (2017). Music Listening Among Postoperative Patients in the Intensive Care Unit: A Randomized Controlled Trial with Mixed-Methods Analysis. *Integr Med Insights*, 12, 1178633717716455. doi:10.1177/1178633717716455

Ames, N. J., Powers, J. H., Ranucci, A., Gartrell, K., Yang, L., VanRaden, M., Leidy, N. K., & Wallen, G. R. (2017). A systematic approach for studying the signs and symptoms of fever in adult patients: the fever assessment tool (FAST). *Health Qual Life Outcomes*, 15(1), 84. doi:10.1186/s12955-017-0644-6

Ames, N. J., Ranucci, A., Moriyama, B., & Wallen, G. R. (2017). The Human Microbiome and Understanding the 16S rRNA Gene in Translational Nursing Science. *Nurs Res*, 66(2), 184-197. doi:10.1097/NNR.0000000000000212

Bevans, M., El-Jawahri, A., Tierney, D. K., Wiener, L., Wood, W. A., Hoodin, F., Kent, E. E., Jacobsen, P. B., Lee, S. J., Hsieh, M. M., Denzen, E. M., & Syrjala, K. L. (2017). National Institutes of Health Hematopoietic Cell Transplantation Late Effects Initiative: The Patient-Centered Outcomes Working Group Report. *Biol Blood Marrow Transplant*, 23(4), 538-551. doi:10.1016/j.bbmt.2016.09.011

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- Brooks, A. T., Magaña López, M., Ranucci, A., Krumlauf, M., & Wallen, G. R. (2017). A qualitative exploration of social support during treatment for severe alcohol use disorder and recovery. *Addictive Behaviors Reports*, 6, 76-82. doi:10.1016/j.abrep.2017.08.002
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- Grillon, C., O'Connell, K., Lieberman, L., Alvarez, G., Geraci, M., Pine, D. S., & Ernst, M. (2017). Distinct responses to predictable and unpredictable threat in anxiety pathologies: effect of panic attack. *Biol Psychiatry Cogn Neurosci Neuroimaging*, 2(7), 575-581. doi:10.1016/j.bpsc.2016.08.005
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- White, S. F., Geraci, M., Lewis, E., Leshin, J., Teng, C., Averbeck, B., Meffert, H., Ernst, M., Blair, J. R., Grillon, C., & Blair, K. S. (2017). Prediction Error Representation in Individuals With Generalized Anxiety Disorder During Passive Avoidance. *Am J Psychiatry*, 174(2), 110-117. doi:10.1176/appi.ajp.2016.15111410

Yingling, L. R., Mitchell, V., Ayers, C. R., Peters-Lawrence, M., Wallen, G. R., Brooks, A. T., Troendle, J. F., Adu-Brimpong, J., Thomas, S., Henry, J., Saygbe, J. N., Sampson, D. M., Johnson, A. A., Graham, A. P., Graham, L. A., Wiley, K. L., Jr., & Powell-Wiley, T. (2017). Adherence with physical activity monitoring wearable devices in a community-based population: observations from the Washington, D.C., Cardiovascular Health and Needs Assessment. *Transl Behav Med*, 7(4), 719-730. doi:10.1007/s13142-016-0454-0

Zhu, S., Nahm, E. S., Resnick, B., Friedmann, E., Brown, C., Park, J., Cheon, J., & Park, D. (2017). The Moderated Mediating Effect of Self-Efficacy on Exercise Among Older Adults in an Online Bone Health Intervention Study: A Parallel Process Latent Growth Curve Model. *J Aging Phys Act*, 25(3), 378-386. doi:10.1123/japa.2016-0216

Presentations

Ames N. (2017). The Human Microbiome: An Opportunity for Translational Science. 8th Annual New York-Presbyterian (NYP) Nursing Research, Evidence-Based Practice (EBP) & Innovation Symposium. NYC, New York.

Aronow H, Brown D, May N, Matlock AM, & Start R. (2017). Meaningful Measurement of the Ambulatory Care Nurse Role: Reaching a Tipping Point American Academy Of Ambulatory Care Nursing New Orleans, LA.

Barranta N, O'Grady N, Sacks D, Chertow D, & Johnson S. (2017). Accurate Point of Care Capillary Blood Glucose Testing in Multidisciplinary ICU. American Association for Clinical Chemistry (AACC).

Brennan CW. (2017). Linking data and research to the bedside: Perspectives on patient acuity and nurse staffing. Background and current work. Washington Regional Nursing Research Consortium Educational Offering. Bethesda, MD.

Brennan CW. (2017). Linking Data to the Bedside: Nursing Roles in Improving Outcomes. 2017 Inova Health System Nursing Research and Evidence Based Practice Symposium. Fairfax, VA.

Brooks AT. (2017). Symposium: Mobile technology and wearable health devices for testing mechanisms of alcohol use and promoting alcohol behavior change: methods and outcomes. Research Society on Alcoholism Annual Meeting. Denver, CO.

Brooks AT, & Erickson C. (2017). Voices of recovery: stories of alcohol problems, treatment, and recovery. Research Society on Alcoholism Annual Meeting. Denver, CO.

Brooks AT, & McCrady B. (2017). Essential skills for career building: a workshop for students, post-docs, and junior investigators. Research Society on Alcoholism Annual Meeting. Denver, CO.

Brooks AT, Thomas SL, Wallen GR, Ayers C, Mitchell V, & Powell-Wiley T. (2017). Passive spiritual health locus of control is associated with lower physical activity levels in an urban, faith-based community Society of Behavioral Medicine Annual Meeting, . San Diego, CA.

- Calzone KA, Cusack G, & Flynn S. (2017). Regulatory Considerations in the Genomic Era. International Association of Clinical Research Nurses Annual Conference. Providence, RI
- Cusack G, & Flynn S. (2017). Leadership Development: Are You Up for the Challenge. International Association of Clinical Research Nurses Annual Conference. Providence, RI.
- Demissie E, Andrews F, Orzechowski P, Feigenbaum K, Cochran C, & Wong P. (2017). Use of Evidence Based Tool in the Diagnosis of Insulinoma: Nurses' Critical Role. NIH Nursing Scholarship and Innovation Recognition Day. Bethesda, MD
- Demissie E, Ude A, & Andrews F. (2017). Evidence-based Care and Nursing Implications of Patients with Erdheim-Chester Disease. Inova Nursing Research Symposium. Fairfax, VA.
- Flynn S. (2017). MINC Implementation in the Clinical Center – Exemplar: Implementation of Clinical Competencies. National Human Genome Institute Short Course in Genomics: Nurse Physician Assistant and Faculty Track. . Bethesda, MD
- Flynn S, Cusack G, Feigenbaum K, Calzone KA, Jenkins J, & Wallen GR. (2017). Chromosomes, Ribosomes and Genomics Oh My! Clinical Research Nurse and Research Nurse Coordinator Focused Genomic Competencies. International Association of Clinical Research Nurses Annual Conference. . Providence, RI.
- Flynn S, Cusack G, Feigenbaum K, Eckes E, Wallen GR, & Calzone KA. (2017). Collaboration: the key to creating an educational partnership for genetic and genomics competency development. Association for Nursing Professional Development Annual Convention. . New Orleans, LA.
- Flynn S, & Mikula M. (2017). Bridge to Practice: Connecting Online Courses with Institutional Practice Association of Nurses in Professional Development Annual Convention. . New Orleans, LA.
- Gartrell K, Brennan CW, Liu F, Wallen GR, & Fontelo P. (2017). Clinicians' perceptions of usefulness of the pubmed4hh app for clinical decision-making at the point of care. 2017 AMIA Annual Symposium. Washington, DC.
- Geraci M, Blair K, & Pine DS. (2017). Childhood Adverse Events and Anxiety Sensitivity in Adult Anxiety Disorders: Panic Disorder, Generalized Anxiety Disorder, and Generalized Social Phobia. Anxiety and Depression Association of America Annual Meeting. . San Francisco, CA.
- Goldgar C, Flynn S, Seibert D, & Calzone KA. (2017). Panel Discussion: Nurse and Physician Assistant Competency Review and Discussion. National Human Genome Institute Short Course in Genomics: Nurse Physician Assistant and Faculty Track. Bethesda, MD.
- Grasmeder S, Roskom K, Flynn S, & Cusack G. (2017). Genetics/Genomics and the Research Nurse Coordinator: Applying New Knowledge to Practice. ACMG Annual Clinical Genetics Meeting. . Phoenix, AZ.

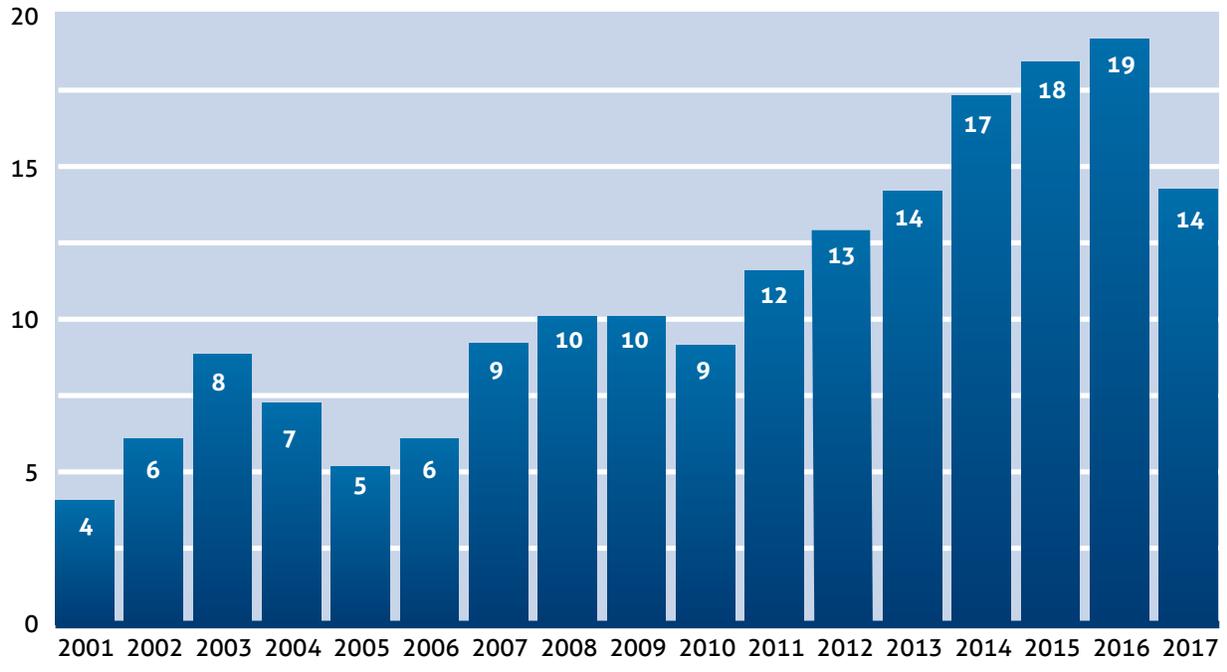
- Jaworski EL, & Elokda K. (2017). Prostatectomy Patient Education: Filling the Gap ONS 42nd Annual Congress. Denver, CO.
- Krumlauf M, & Haeny A. (2017). How to Create an Effective Poster and Talk About It. 40th Research Society on Alcoholism Annual Scientific Meeting. . Denver, CO.
- Matlock AM, Morin M, & Start R. (2017). Measuring the Impact of Ambulatory Nursing in a Value-Oriented Health Care System: A Panel Discussion World Health Congress. Washington, DC.
- Matlock AM, & Start R. (2017). Ambulatory Nurse Sensitive Indicators American Academy of Ambulatory Care Nursing Conference. New Orleans, LA.
- Matlock AM, Start R, Aronow H. & Brown D. (2017). Meaningful Measurement of the Ambulatory Care Nurse Role: Reaching a Tipping Point. American Academy of Ambulatory Care Nursing Conference. New Orleans, LA.
- Matlock AM, Trehearne B, Cox D, & Herold K. (2017). Nurse Leaders Empowering Change in the Ambulatory Care Setting Collaborative Alliance for Nursing Outcomes Conference. Seattle, WA.
- Matlock AM. & Start R. (2017). Realizing Synergy: Identifying the Value of Ambulatory Nursing Care. Collaborative Alliance for Nursing Outcomes Conference. Seattle, WA.
- Mayberry H, Nansel M, McGann M, Miller-Davis C, Lee C, & Brennan C. (2017). Linking Real-Time Data to the Bedside to Accelerate Change. 2017 ANA Annual Conference: Translating Quality into Practice. Tampa, FL.
- Middleton KR, Hasni SA, Haaz Moonaz S, Magaña López M, Tataw-Ayuketah G, & Wallen GR. (2017). Assessing the Feasibility and Acceptability of Yoga for Systemic Lupus Erythematosus (SLE) American Public Health Association Annual Meeting and Expo. Atlanta, GA.
- Mikula M, Smith L, & Luthardt M. (2017). Three Checkpoints For Safety: Defining A Standard Of Practice For Independent Double Checks Of Chemo/Biotherapy Across The Continuum Of Care Oncology Nursing Society. Denver, CO.
- Mudra SE, Barb J, Kim H, Oler A, Ranucci A, Childs R, Townsley D, Cashion A, Wallen GR, & Ames NJ. (2017). Species-level characterization of the oral microbiome in severe aplastic anemia Keystone Symposia: Microbiome in Health and Disease. Keystone, CO.
- Mudra SE, Barb J, Scheubel K, & Ames N.J. (2017). An entire stool sampling method to characterize the human gut microbiome. National Institutes of Health, Research Festival. Bethesda, MD.
- Munro E, & Wallen GR. (2017). Our leadership paths unite us internationally: UK and USA perspective on research nurse leadership National Institute for Health Research Meeting to Celebrate International Nurses Day. London, UK.
- Park J, & Bevans M. (2017). Use of biomarkers in research on caregivers' health: A scoping review Multinational Association for Supportive Care in Cancer. Washington, DC.

- Park J, Wehrle L, Mitchell SA, & Bevens M. (2017). Social adjustment in long-term survivors of allogeneic hematopoietic stem cell transplantation (aHSCT) American Psycho-Oncology Society. Orlando, FL.
- Ross A, Brooks AT, Touchton-Leonard K, Raju S, & Bevens M. (2017). Stress and health behaviors: Moving from clinical practice to a research portfolio Uniformed Services University Graduate School of Nursing Research Colloquium lecture series. Bethesda, MD.
- Seibert D, Goldgar C, Brennan P, Flynn S, Obeng AO, Wolpert C, Michaud E, & Calzone KA. (2017). Panel Discussion and Small Group Discussion: Genomics in Practice and in the Academic Environment. National Human Genome Institute Short Course in Genomics: Nurse Physician Assistant and Faculty Track. . Bethesda, MD.
- Smith L. (2017). Nursing Assessment and Management of Patients Receiving CAR Cell Therapy Oncology Nursing Society 42nd Congress. Denver, CO.
- Tataw-Ayuketah GO, Rozga IT, & Feigenbaum KM. (2017). Clinical Research Nurses Assuring Data Accuracy and Integrity In Clinical Trials: Reducing Blood Sample Hemolysis In The Metabolic Clinical Research Unit At The National Institutes of Health Clinical Center. 9th Annual International Association of Clinical Research Nurses conference. . Providence, RI.
- Wallen GR, & Brooks AT. (2017). So much data, so little time: distilling actigraphy into meaningful sleep data among patients with severe alcohol uses disorder Research Society on Alcoholism. Denver, CO.
- Warrick A, Varadarajan S, Tataw-Ayuketah G, & Ude A. (2017). Examining the Relationship Between Food, Obesity and Diabetes. 7th Bowie State University Annual Food Day Symposium. . Bowie, MD.
- Wong MK, Flynn S, Koontz S, & Slovin S. (2017). Taking Your Pills on Schedule: The Importance of Adherence in the Treatment of Cancer. CancerCare Connect® Education Workshop. [Podcast].

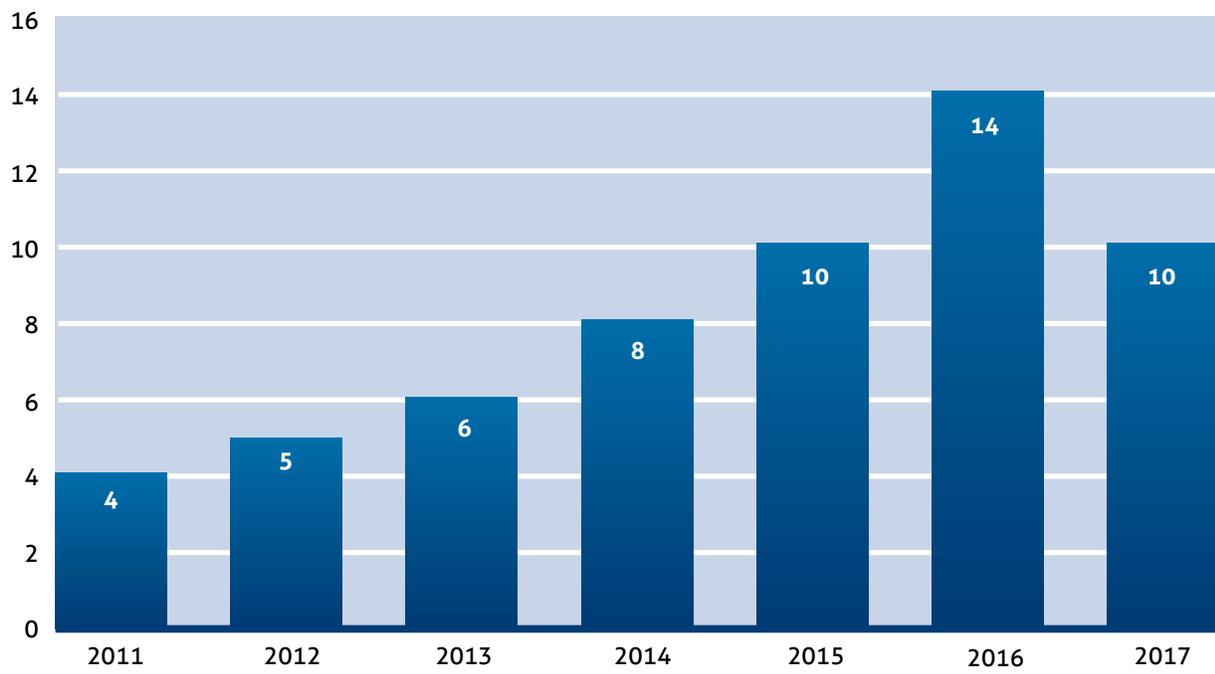
Research Studies 2017

The NIH CC Nursing Department Research Portfolio

Active Research Protocols by Year



Active OHSRRP Studies by Year



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 Bevans, PhD, RN, AOCN, FAAN

Title **14-CC-0143**
Sleep Disturbance and Relapse in Individuals with Alcohol Dependence: An Exploratory Mixed Methods Study

Principal Investigator Gwenyth R. Wallen, RN, PhD

Studies in Analysis/Dissemination

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

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

Title **13-CC-0161**
A Description of the Oral Microbiome of Patients With Severe
Aplastic Anemia

Principal Investigator Nancy Ames, RN, PhD

Title **12-CC-0145**
Pilot Study of Yoga as Self-Care for Arthritis in Minority
Communities

Principal Investigator Kimberly Middleton, BSN, MPH, MS

Title **11-CC-0083**
Beyond Intuition: Quantifying and Understanding the Signs and
Symptoms of Fever

Principal Investigator Nancy Ames, RN, PhD

Title **11-CC-0265**
A Pilot Study to Examine Physiological and Clinical Markers of
Chronic Stress in Caregivers of Allogeneic Hematopoietic Stem
Cell Transplant (HSCT) Recipients

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

Title **11-CC-0201**
The Effect of Music Listening on the Amount of Opioids Used in
Surgical Intensive Care Patients

Principal Investigator Nancy Ames, RN, PhD

Title **10-CC-0149**
Comparing Expectorated and Induced Sputum & Pharyngeal Swabs for Cultures, AFB Smears, and Cytokines in Pulmonary Nontuberculous Mycobacterial Infection (doctoral dissertation)

Principal Investigator Ann Peterson, RN, PhD, MS

Title **08-CC-0220**
A Phase II clinical trial to determine the effectiveness of problem solving education in caregivers and patients during allogeneic HSCT

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

Title **07-CC-0011**
Hypnosis as a Pain and Symptom Management Strategy in Patients with Sickle Cell Disease

Principal Investigator Gwenyth R. Wallen, RN, PhD

Title **07-CC-0153**
Effects of Peripheral Blood Stem Cell Transplantation on the Microbial Flora of the Oral Cavity (doctoral dissertation)

Principal Investigator Nancy Ames, RN, PhD

Title **05-CC-0216**
Prospective Assessment of Functional Status, Psychosocial Adjustment, Health Related Quality of Life and the Symptom Experience in Patients Treated with Allogeneic Hematopoietic Stem Cell Transplantation

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

Title **04-CC-0070**
Exploring Patient-Provider Trust Among Individuals with End-Stage Renal Disease

Principal Investigator Lori Purdie MS, RN

Title **04-CC-0130**
The Effect of a Systemic Oral Care Program on Reducing Exposure to Oropharyngeal Pathogens in Critically Ill Patient

Principal Investigator Nancy Ames, RN, PhD

Title **03-CC-0301**
Health Beliefs and Health Behavior Practices among Minorities with Rheumatic Disease

Principal Investigator Gwennyth 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 Gwennyth 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

Title **2012 OHSRP #11724**
The Factors Influencing the Use of Hazardous Drug Safe Handling Precautions Among Nurses Working in an Acute Care Oncology Research Setting

Principal Investigator Nancy Ames, RN, PhD

Title 2011 OHSRP #5849
The Delphi Process: Naturopathic management of females with HPV

Principal Investigator Gwenyth R. Wallen, RN, PhD

Title **2010 OHSRP #5246**
Clinical Research Nurse (CRN) Role Delineation Survey Study

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

Title **2009 OHSRP #3956**
NLM InfoBot Integration

Principal Investigator Cheryl Fisher, EdD, RN

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

Principal Investigator Cheryl Fisher, EdD, RN

Collaborative Studies with Intramural Research Program(s)

Title **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 Bevans, 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 Bevans, 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 Gwennyth 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 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 Bevans, PhD, RN, AOCN, FAAN

Title **10-H-0154**
Allogeneic hematopoietic stem cell transplantation for severe aplastic anemia and other bone marrow failure syndromes using G-CSF mobilized CD34+ selected hematopoietic precursor cells co-infused with a reduced dose of non-mobilized donor T-cells

Institute NHLBI

Principal Investigator Richard Childs, MD

Associate Investigator Margaret Bevans, PhD, RN, AOCN, FAAN

Title **08-H-0046**
Co-Infusion of umbilical cord blood and haploidentical CD34+ cells following nonmyeloablative conditioning as treatment for severe aplastic anemia and MDS associated with severe neutropenia refractory to immunosuppressive therapy

Institute NHLBI

Principal Investigator Richard Childs, MD

Associate Investigator Margaret Bevans, PhD, RN, AOCN, FAAN

Title **05-AA-0121**
Assessment and Treatment of People with Alcohol Drinking Problems
Nursing Led Amendment
Sleep Quality and Daytime Function in Patients Undergoing Inpatient Treatment for Alcohol Dependence

Institute NIAAA

Principal Investigator 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





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