



# news

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## The Future of "Our" Work

By Dr. James Gilman, Chief Executive Officer of the NIH Clinical Center

This is the second in a series of articles about the Future of Work (FoW). By way of review, the work we do here in the NIH Clinical Center has been divided into transactional work or "my" work for which we have built technological tools to make certain we get that work done and relational work or "our" work that still cannot be accomplished as readily even with the available tools.

Managing by Walking Around (MBWA) is a term popularized in the early 1980's in a book by business experts Tom Peters and Robert W. Waterman.

The book title was "In Search of Excellence: Lessons from America's Best-Run Companies". They observed

that the best companies' managers spend a portion of their time with their reports looking for how the assigned work is being accomplished, making on-the-spot corrections, and acknowledging those doing excellent work. Perhaps even more importantly, managers use this time to listen to staff other than their direct reports about problems or issues or even suggestions about how the work might be done better. Peters and Waterman posit that MBWA pays big dividends at the institutional level. Although Peters and Waterman were not talking about healthcare specifically, MBWA remains very important in the hospital setting.

In August of 2002 I signed in to the hardest job I had in my Army career. The duty was at the Office of The Surgeon General – the Army Surgeon General, not the US Surgeon General. Part of the time my office was in the Pentagon and part of the time it was not but the job was a "Pentagon" job. Pentagon jobs are grueling under even the best of circumstances. I started at a particularly difficult time, 11 months after 9/11. At 9:37 on that date, American Airlines flight 77 crashed into the southwest corner of the Pentagon, killing everyone on the plane and 125 people working in the Pentagon. The section of

the building that took the most direct hit housed the Army's G-1 offices. For those unaccustomed to Army terms, the Army G-1 oversees all the human resources functions for every Army soldier. The Army G-1, Lieutenant General Timothy J. Maude, was among the fatalities. Understandably, the survivors of the attack on the Pentagon were severely traumatized even if not physically injured.

The Army Surgeon General charged the senior behavioral health consultants for the Army to come up with a plan to deal with the many manifestations of PTSD in the G-1 staff after the attack. The code name for the plan put together by senior psychiatrists,

psychologists, and social workers was Operation Solace. Since the consultants worked for me in my Pentagon job, I needed to know what Operation Solace was all about. It was explained to me quite simply as "Therapy by Walking Around" (TBWA). The consultants understood that it would be extremely difficult to get soldiers to sign up for psychiatric consultations and private counseling or therapy sessions, especially if they did not know and had little trust in behavioral health providers. The essence of Operation Solace was the behavioral health providers going to the patients rather than the other way around. They made regular visits to the offices where the staff worked. They engaged in seemingly idle chitchat and shared coffee breaks with the Pentagon staff. They fostered familiarity and, in many cases, trust. The consultants made themselves available for private meetings as well, but the key to Operation Solace was TBWA.

Just in case you have the idea that TBWA is somehow unique to Operation Solace, I encourage you to check out the model by which the Spiritual Care Department of the NIH Clinical Center supports the CC staff.

One more acronym – LBWA. You probably guessed that it is Leading by

*Management by walking around remains very important in the hospital setting*

## Bond detailed to support CC Leaders on SRLM

*The right person at the right time*



Richard Bond

A staggering degree of thought went into designing blueprints for the Surgery Radiology, and Lab Medicine (SRLM) tower that will soon begin to rise from the northeast side of the Clinical Center. If one

were to just as carefully design the ideal person to help figure out how to outfit, operationalize, and, indeed, optimize that space, well, those "blueprints" might look a lot like...Richard Bond's resume.

Fortunately, the aforementioned Bond already works "across the street" at Uniformed Services University of the Health Sciences (USUHS), on the grounds of Naval Support Activity Bethesda. Now, thanks to a special arrangement with USUHS, Bond is detailed to the CC part time for that very purpose.

Although Bond will retain his job at USUHS as Special Assistant to the President for Strategic Infrastructure Investments, he will provide temporary support to the CC a couple days per week.

"I worked extensively with Rick Bond the last 15 years or so when I was in the Army. He has extraordinary experience in overseeing the construction of healthcare facilities and laboratories in DoD as well as in the VA," said CC Chief Executive Officer Dr. James Gilman. "We are indeed fortunate that the folks at Uniformed Services University of the Health Sciences agreed to share him with us and we cannot thank Dr. Jonathan Woodson, President of USUHS, enough for his support."

# Research, industry and advocacy join on NIH Rare Disease Day

Event returns to NIH Visitors Center

After two years of online-only participation, NIH Rare Disease Day 2023 (RDD) returned on Feb. 28 to its previous hybrid format for a vigorous day of renewed, in-person communication and networking in the rare disease community.

Organized by National Center for Advancing Translational Sciences (NCATS) and the Clinical Center, RDD brings together diverse research interests in government and academic settings. It also brings together patient advocacy organizations, including representative patients and families affected by rare diseases. Sharing highlights in rare disease research, recognizing those who are making exceptional contributions and proposing an agenda to keep research moving forward, RDD is established as a cornerstone event in the field.

Several presentations discussed relevant activity at NCATS, including the Division of Rare Disease Research and Innovation, the Genetic and Rare Diseases Information Center resource, the Rare Disease Alert System project and the newer RARe-source program.

The Clinical Center's own involvement with clinical trials was addressed by its Office of Patient Recruitment. They focused on resources to help volunteers with a rare disease find useful clinical research studies at the NIH.

"Our mission is to support the research performed at the Clinical Center by coordinating the referral process as the primary point of contact between those seeking to volunteer in clinical studies and the researchers conducting them," stated Nikita Curry, supervisor of the Office of Patient Recruitment.

Presenters addressed the special attention needed for the AYA (adolescent and young adult rare disease patients) population as they



*Dr. Pangkong Fox, Science Engagement Director at CACNA1A Foundation, was one of many presenters during RDD*

move between pediatric and adult care settings.

Speakers also highlighted the essential role of The Children's Inn at NIH in supporting pediatric and young adult patients and their families.

Other sessions included "Rare Stories," where patients, research, treatment professionals and other roles aligned with rare diseases spoke about their specific interests and activities. Participants also spoke about the complementary roles and collaborative efforts that bring industry and advocacy groups together.

Both ground and lower levels of the NIH Natcher Visitors Center, the host site for RDD '23, were lined with exhibitors – patient advocacy nonprofits and NIH programs alike. All expressed enthusiasm for the return of face-to-face interaction with attendees.

Dynamic interaction between all constituents is what makes each RRD a time of hope, promise and renewed commitment from all segments of the rare disease community.

This year's RDD was attended in person by more than 570 attendees and more than 1,700 attendees viewed the presentations online. If you would like to watch the RDD presentations online, please visit: <https://videocast.nih.gov/watch=46435>

- Robert Burleson

# Parker Quartet captivates audience



*Grammy-award winning Parker Quartet performs in the Clinical Center's Atrium*

On January 26th, the Grammy-award winning Parker Quartet performed in the Clinical Center's Atrium as part of the "Music in the Atrium" concert series. The quartet features Daniel Chong and Ken Hamao on Violin, Jessica Bodner on Viola and Kee-Hyun Kim on the Cello. They mesmerized the audience with their music program, as patients, staff, and visitors stopped to watch and listen. The quartet's harmonious sounds traveled up to the 6th floor, providing a soothing and uplifting atmosphere in the Clinical Center.

The concert series offers a nice break for all at the Clinical Center and provides an opportunity to heal through live music.

For more information, please visit the Music in the Atrium page at <https://www.cc.nih.gov/ocmr/music.html>.

-Janice Duran

## Clinical Center dials into telehealth

New tool keeps patients and care teams connected

What can you do when you have patients who need medical care, but you're in the middle of a pandemic? For many healthcare providers, the solution was increasing access to telehealth, and the NIH Clinical Center was no exception.

The importance of staying connected to patients during a health crisis meant that telehealth became an important tool overnight. Implementing this task was the Clinical Center's Health Information Management Division (HIMD) who provide support for both NIH care teams and patients. As the telehealth service evolves, the Clinical Center transitioned to a new telehealth platform, called ThinkAndor, on

March 1, 2023. The new platform supports virtual visits, virtual rounding, virtual waiting room, and in the future will add the ability to securely transmit questionnaires to patients based on scheduled appointments (for example, MRI screening questionnaires) as well as remote patient monitoring for clinical research studies.

The Section on Developmental Neurogenomics, a part of the National Institute of Mental Health's (NIMH) Human Genetics Branch, was an early adopter of the new telehealth platform and found it was an easy transition.

"[T]he user interface is familiar, simple and

intuitive," said Jonathan Blumenthal, a research psychologist with NIMH.

"The team supporting Andor has been very responsive with setting up appointments, even at the last minute, and very helpful with early troubleshooting."

Spurred by the pandemic, telehealth appointments at the Clinical Center skyrocketed from fewer than 100 a month in April 2020 to more than 630 a month in 2022.

Read more online: [cc.nih.gov/ccnews](https://cc.nih.gov/ccnews).

- Donovan Kuehn

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Walking Around. I am re-reading a book I read about 20 years ago about World War II in the Pacific. The US forces were woefully unprepared for the beginning of hostilities there and it quickly became very evident. US military leaders knew that they would eventually fail yet they also were under orders to hold out as long as they could. Even in a losing cause they were buying time for the United States to fully mobilize.

Without food, medicine, or better weapons, the US general in operational command, Lieutenant General Jonathan Wainwright, still spent his time visiting with and talking to the American and Filipino soldiers doing their best to hold back the invaders. Wainwright said on a number of occasions – “the only thing I had to offer them was morale”. Wainwright provides a great example of the importance of LBWA. LBWA combines elements of MBWA and TBWA. Morale is important in all organizations.

During the pandemic our MBWA, TBWA, and LBWA activities were curtailed as we focused on social distancing and doing as much as we could remotely. I think our appreciation for MBWA, TBWA, and LBWA declined and our skills in those domains atrophied. MBWA, TBWA, and LBWA activities are not transactional. They are relational work activities. MBWA, TBWA, and LWBA cannot be done at a computer, on the phone, on Zoom, or using Teams. It cannot be done in a private office or a staff meeting. MBWA, TBWA, and LWBA require proximity and presence. The sooner we recognize that the better off organizationally we will be.

## Bond from page 1



Artist's rendering of the Surgery Radiology and Laboratory Medicine tower

Bond is a registered Architect, and his resume includes degrees from top universities in architecture, engineering, and business. A retired U.S. Army Colonel, his military specialty was oversight of planning, programming, design and construction of medical treatment and research facilities worldwide. His service culminated as Commander of the U.S. Army Health Facility Planning Agency.

After the Army, he held lofty positions in Construction and Facility/Project Management in private industry and at the Department of Veterans Affairs. The man has eaten billion dollar projects for breakfast. The secret sauce, however, is that his technical expertise is leavened with the wisdom, savvy, and “softer” skills gained from all that experience: stakeholder relations, problem-solving, collaboration, acculturation. “Rick will provide a very influential voice connecting Clinical Center leaders to the project managers at the NIH Office of Research Facilities,” said Gilman.

“Rick is expert in the language of healthcare facilities while also understanding the language of construction companies and the building trades.” Added CC Chief Operating Officer Pius Aiyelawo, “Rick has all the required expertise, experience, and an eye for detail in facility and project management. We are thrilled to have him onboard as the CC SRLM Project Executive.”

Bond will work closely with Gilman and Aiyelawo to ensure timely decision making, resource planning and preparation for the successful occupancy of the SRLM. “New buildings mean new ways of doing business,” said Bond. “Long established inter-relationships of people and processes

will change, and navigating that subtle cultural change is sometimes the trickiest part.” For a successful transition, Bond says planning should start now. High quality patient care needs to be seamless from pre-SRLM to post-occupancy, and upfront planning is essential to better safety, efficiency and morale.

Director of the Office of Research Facilities (ORF) Dan Wheeland commented, “As a conduit between the CC and ORF, Rick will ensure that the CC perspectives and priorities are coordinated and harmonized. So, Rick’s appointment will benefit a number of entities.” Bond echoed that success will be a team effort. “This construction effort is tremendously complex, from the siting and the building systems to the technology, and I have full confidence that ORF will overcome all of the inherent challenges and deliver a transformative building to the CC. Our job, in collaboration, is to be prepared to occupy and bring that building to life as expeditiously as possible - the endgame - in the interest of advancing patient care and the discovery process,” Bond explained. Within the CC, that coordination goes beyond the departments whose names form “SRLM”. Think: equipment, materials management, IT, contracting, hospital epidemiology, communications, and more. A big task, but one to which Bond is no stranger.

Bond says staff in any affected departments can reach out to him about “what’s keeping them up at night”. If he doesn’t know the solution right away, he’s poised to find out, and intuitively has a good sense of “what right looks like”.

- Justin Cohen

## Hospital namesake ended Chinese exclusion

Opened in 1953, the Warren G. Magnuson Clinical Research Center is named after a former senator and representative from the state of Washington from 1937-1981. While linked to the NIH by establishing the National Cancer Institute in 1937, he's also tied to Americans of Asian heritage through his repeal of the Chinese Exclusion Act, which prevented people of Chinese descent from immigrating to the United States.

May is Asian American and Pacific Islander and Native Hawaiian Month, read more online at [www.cc.nih.gov/ccnews](http://www.cc.nih.gov/ccnews).

-Donovan Kuehn

# Clinical Center welcomes back volunteers

April is National Volunteer Month, and a great opportunity to give back to the community. If you're looking for a chance to volunteer, check out the NIH Clinical Center's Volunteer Services Program.

After pausing the program during the pandemic, the hospital is welcoming volunteers back onsite. "We are so excited to have our dedicated volunteer corps back serving in various capacities at the NIH Clinical Center," said Vivian Blair, the hospital's chief of the Office of Hospitality and Volunteer Services. "Volunteers provide valued support to NIH Clinical Center departments in customer service and program assistance."

In a large organization like the Clinical Center, there are hundreds of ways that people can contribute. From helping new patients navigate their first visit to the hospital, to bringing resources to patients too sick to leave their hospital bed, to helping families settle in for long visits as their family members undergo extensive treatments to taking photos and writing stories for the hospital's communications, volunteer opportunities are extensive and varied.

In 2019, the year prior to the pandemic, there were 120 volunteers who contributed 9,800 hours of service, the equivalent of five full time employees.

"We are always looking for warm, dependable and empathetic people who have a sincere interest in helping patients, families and visitors," said Marcus Means, the volunteer coordinator of the Office of Hospitality and Volunteer Services.

The program places volunteers in hospital administrative departments, inpatient units and outpatient clinics. Volunteer opportunities focus on customer service and clerical duties and provide direct and indirect services to patients.

The Clinical Center doesn't offer research or laboratory focused volunteer opportunities at this time.

Potential volunteers are welcome year-round, Monday - Friday from 6:30 am to 4:30 pm. For summer volunteer positions, the Volunteer Services Program encourages people get their applications in by April to

ensure a timely placement.

Volunteers must be at least 16 years of age, fluent in English and willing to volunteer on an ongoing basis for a minimum of six months, unless other arrangements have been made. All volunteers go through the Clinical Center orientation to understand hospital emergency procedures and comply with Joint Commission guidelines on infection control, patient safety, confidentiality and privacy.

Robert Burleson has been a volunteer



*Robert Burleson (center) volunteering as a simulated patient for the hospital's Department of Perioperative Medicine. Photo is from 2019, before mask protocols were in effect*

with the Clinical Center's Office of Communications & Media Relations since 2018.

"From 2012 through 2017, I had been in a study at the Clinical Center and came in two or three times a year. Since I had almost always worked in medical publications, I took an interest in Clinical Center News, the NIH Record and The Catalyst and in May 2018 was accepted as a volunteer," said Burleson.

"The Clinical Center is a great place to be involved with. New patients are arriving every day needing assistance getting oriented, and volunteers are right there, helping out. Some retired employees have come back as volunteers and the volunteer program managers keep in touch - they don't forget about you," he added.

"This experience has not only helped me transition into semi-retirement by keeping me active in this new phase of life, but also led me to a second volunteer relationship with a rare disease advocacy group," added Burleson.

- Donovan Kuehn

## Clinical Center News

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# DNA Day 20th Anniversary Symposium

April 25th celebrates two landmarks: the 20th anniversary of the Human Genome Project's completion and the 70th anniversary of the discovery of the DNA double helix. Dubbed National DNA Day, the National Human Genome Research Institute (NHGRI), part of the National Institutes of Health, will host a symposium to commemorate these milestones. The event will be held in NIH's Lipsett Auditorium or virtually and is free and open to the public.

National DNA Day is a global movement to mobilize, energize and empower clinicians, educators, students and other communities to innovate, collaborate and discover the promise of our shared genetic blueprint and connection to the natural world.

During this year's special symposium, attendees will explore the evolution and future of genomics research, learn about the greater impacts of genomics on society and discover the wide array of careers in genetics and genomics – from scientists to social media specialists.

NHGRI Director Eric Green, M.D., Ph.D., will moderate a panel of leaders from NIH Institutes and Centers that aim to provide disease treatments tailored to an individual's genes and use next-generation sequencing services to facilitate basic and translational research. Panelists will discuss how the Human Genome Project directly influenced research at their respective institute or center. NHGRI Acting Deputy Director Vence Bonham, Jr. will lead a discussion about the benefits and challenges of using population descriptors in genomics and biomedical research.

The program will also feature the annual Louise M. Slaughter National DNA Day Lecture.

All will be invited to participate in fun and interactive experiences aimed to inspire future leaders in the field. There will also be information on NIH funding and upcoming training opportunities.

Visit [genome.gov/DNA-Day-2023](http://genome.gov/DNA-Day-2023) for more information and follow #NHGRIevents and #DNADAY23 on social media.

- Mauresa Pittman

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News, article ideas, calendar events and photos are welcome. Submissions may be edited.

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