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Clinical Center news
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First person perspective: Dr. Anthony S. Fauci & the NIH Clinical Center

- Dr. James K. Gilman,
NIH Clinical Center CEO

Everyone on the planet knows that Dr. Fauci is leaving the NIH at the end of this year. While there is no shortage of interviews and stories in the national media marking this event, Dr. Fauci's unique relationship with the NIH Clinical Center deserves at least this brief commentary. I think the relationship is best viewed through a series of short vignettes that – as the CEO of the Clinical Center – I have access to but others may not. None have occurred in the public whirlwind of Dr. Fauci's activities during the COVID-19 pandemic. I am confident that the essence of these vignettes is true, but I have not fact checked with Dr. Fauci. There is something pleasantly naughty about writing this piece without his approval.

Some time ago, the Clinical Center's executive officer, Dan Lonnerdal, informed me that participants in Project SEARCH, a program dedicated to providing education and training to young adults with intellectual and developmental disabilities, wanted to know if they could have a picture taken with Dr. Fauci. I was pretty confident that Dr. Fauci would be up for this request but also knew – like everyone else – that he had more on his plate than anyone could manage. I approached him through his inner circle and, sure enough, we had the green light to make the arrangements for the photo shoot. Because of scheduling issues, the photo shoot had to be postponed and rescheduled two or three times. Note the wording here. The photo shoot was never cancelled. Dr. Fauci understood full well what this photo op meant to our staff from Project SEARCH. The photos were eventually taken, and I have it from a reliable witness that Dr. Fauci took time with these incredible young people and he had a good time personally. Note that there was no media present and pictures never hit the public domain. This event was for the Project SEARCH folks.

We had a young patient in the 7 SWN clinic who had the audacity (I say "audacity" with a smile and tongue in cheek) to ask to meet Dr. Fauci. As his accompanying parent noted, the nature of the patient's malady eliminated the lifesaving (at least in my case) filter between his brain and his mouth.

The patient made his request to a member of the Department of Perioperative Medicine staff involved in his procedure. The staff member sent an email to Dr. Fauci, and, sure enough, Dr. Fauci paid the patient a visit. Just as in the previous vignette, no fanfare, no entourage, no media, no pictures in the public domain – just Dr. Fauci providing a bright spot in the life of a young man who has few enough bright spots because of his medical issues.

Dr. Anthony Fauci in the Clinical Center's Special Clinical Studies Unit.

The only important things Dr. Fauci and I have in common are (1) we both married well (somebody please tell my wife that I wrote this) and (2) we both have three daughters and no sons.
Parenthetically, acclaimed Drs. Steve Holland (NIAID) and Maryland Pao (NIMH), who also work inside the Clinical Center, are members of the three-daughters-with-no-sons club as well, while NIAID Deputy Director for Clinical Research and Special Projects Dr. Cliff Lane overachieved with four daughters and, hence, only qualifies for affiliate status.

One of Dr. Fauci's daughters recently got married in New Orleans. Only problem was that Dr. Fauci had COVID-19 and could not get on a plane to be there. Watching your daughter get married on Facebook Live isn't any father's dream. Again – no media attention even though it would have been a great opportunity to enlist some sympathetic support for Dr. Fauci. Putting this into the public domain would have further detracted from his daughter's big day.

Now I do not want anyone to think that I am not aware of Dr. Fauci's many faults. Some time ago I noticed a book for children in the FAES (Foundation for Advanced Education in the Sciences) bookstore window entitled *Dr. Fauci is Never Grouchy*. I asked Dr. Christine Grady, Dr. Fauci's wife, if she had been consulted about the book title. She assured me that she had not been consulted and that the book should probably be catalogued in the bookstore section devoted to fiction. He gets grouchy. Who knew?

Then there is that time when a hot mic captured him calling a senator from Kansas a bad word during a contentious hearing. Most significantly, there is that first pitch at the Washington Nationals game (no doubt memorialized on YouTube for those who didn't bear witness). Probably nothing more needs to be said about that.

The hyperpolarized world may debate Dr. Fauci's greatness. This piece has been about his goodness. If the price of greatness is the price Dr. Fauci and his family have paid over the last couple of years, then I don't know why anyone wants to be great anyway. But I think I know a thing or two about goodness. I think Dr. Fauci's inherent goodness, as evidenced by the vignettes in this piece, is the epoxy that binds the NIH Clinical Center tightly to him. Those of us who work in the hospital have been witnesses to Dr. Fauci's goodness for over forty years. We know what he's like when the rest of the world isn't looking, and we couldn't be more proud of what we have been privileged to see. There is no debate for us.

It's time to ask the hard questions about the future of work

Changes implemented over the pandemic can help us rethink our approach

- Dr. James K. Gilman, NIH Clinical Center CEO

At the October town hall meeting, I introduced the general topic of the "future of work" (hereafter abbreviated FoW). I indicated that as we have the opportunity to think about our work and our place of work because of the reduced need to focus on COVID-19, we have to think about all the work that we do. For the purposes of discussion, the work is divided into transactional work and relational work.

Transactional work may be thought of as "my" work. It represents my individual assignment and the specific work product on which my contributions to the NIH and the Clinical Center are assessed. The attributes of transactional work are enumerated in my performance plan and assessed in my performance appraisal. At least some of the elements of my transactional workload are readily measurable. My first premise is that we have managed to get pretty good at doing transactional work during the pandemic whether we are present in the workplace, working remotely or working in a hybrid fashion – sometimes here and sometimes remote.

On the other hand, relational work is "our" work or the work we do together. It represents my contributions to the transactional work of others and their contributions to mine. I don't think there is a better synonym for relational work than teamwork but teamwork is still too restrictive to encompass all aspects of relational work. For instance, my relational work includes contributions to workplace culture and climate; filling in for my supervisor when they are ill or on leave; problem-solving discussions in departmental and work unit meetings and teaching and coaching the latest accession to the workplace until they can function independently. Inherently more difficult to measure, it is also more difficult to hold any individual or individuals accountable when the products of relational work diminish or the quality of work performed is reduced. My second premise is that our relational work has not been accomplished so well during the pandemic, and we need to make certain that our strategies for the FoW account for the relational work that is crucial to organizational success.

In order to approach the FoW correctly, we must endure a significant period of critical assessment. Our own personal and work situations introduce undeniable biases into self-assessments. Most of us are familiar with 360-degree surveys. A 360-degree survey involves assessment by supervisors, direct reports and peers – up, down, left and right. Using the analogy of a family, a 360-degree survey would involve our parents, our children and our siblings – all first degree relatives. (I do not advocate 360-degree surveys in families, just trying to make a point.) However, just as teamwork is a little too simplistic to describe relational work, a 360-degree survey is still too narrow to encompass our relational work. Even if we get thoughtful assessments from our supervisor (another member of the Clinical Center staff), our direct reports (also members of the CC staff) and our peers (yep, also members of the CC staff), we neglect crucial constituents. I will get to those in the conclusion of this piece, but the quickest way to make a problem too hard to solve is to make it so big and so complicated that we lose hope. So, let's start with a simple 360-degree assessment of our relational work. Here are the hard questions to get this assessment going.

There are lots of questions and, in one way or another, they all have importance. However, I think these questions are only the starting point for the discussions that need to occur. If we go back to the analogy of the family, what happens when we extend the assessment to our extended family – all the cousins, aunts, uncles, grandparents, etc. For instance, the questions listed do not address perceptions by the other NIH Institutes and Centers of our level of support while working from home or the perceptions of our patients and their families. The questions do not adequately describe the impact our physical presence or absence has on workplace climate and workplace culture.

But wait! There's more. While it is great to try to answer objectively questions about what is or isn't going as well while we telework, there is still the issue of whether, now that we are aware of the issues, we can get back to our pre-pandemic relational work productivity without all having to work onsite. What technology is available to us and will it help. My final premise is that technology helps enormously, but there are situations when it is a poor substitute for proximity and familiarity. No group of outstanding basketball players became a great team just by hours and hours of individual practice.

We will not solve the FoW conundrum once and for all anytime soon, but we start the process by identifying all the work we do, transactional and relational, and then asking all the hard questions. When we have answered those questions objectively and honestly, we have the beginning for understanding what the FoW is all about.

Questions for all staff

(1) Is my supervisor satisfied with the quantity and quality of my transactional work?

(2) Is my supervisor readily accessible?

(3) Am I readily accessible to my supervisor?

(4) Am I fully abreast of indi vidual and collective goals of my work unit?

(5) Are our staff meetings as productive in the virtual environment as when they were held face-to face?

(6) Do my co-workers think I am pulling my weight, doing my fair share?

(7) If I am someone who has been in our work unit a while, am I able to lend my experience and expertise to co-workers who may be new? Am I accessible to them? How do they know I am accessible to them?

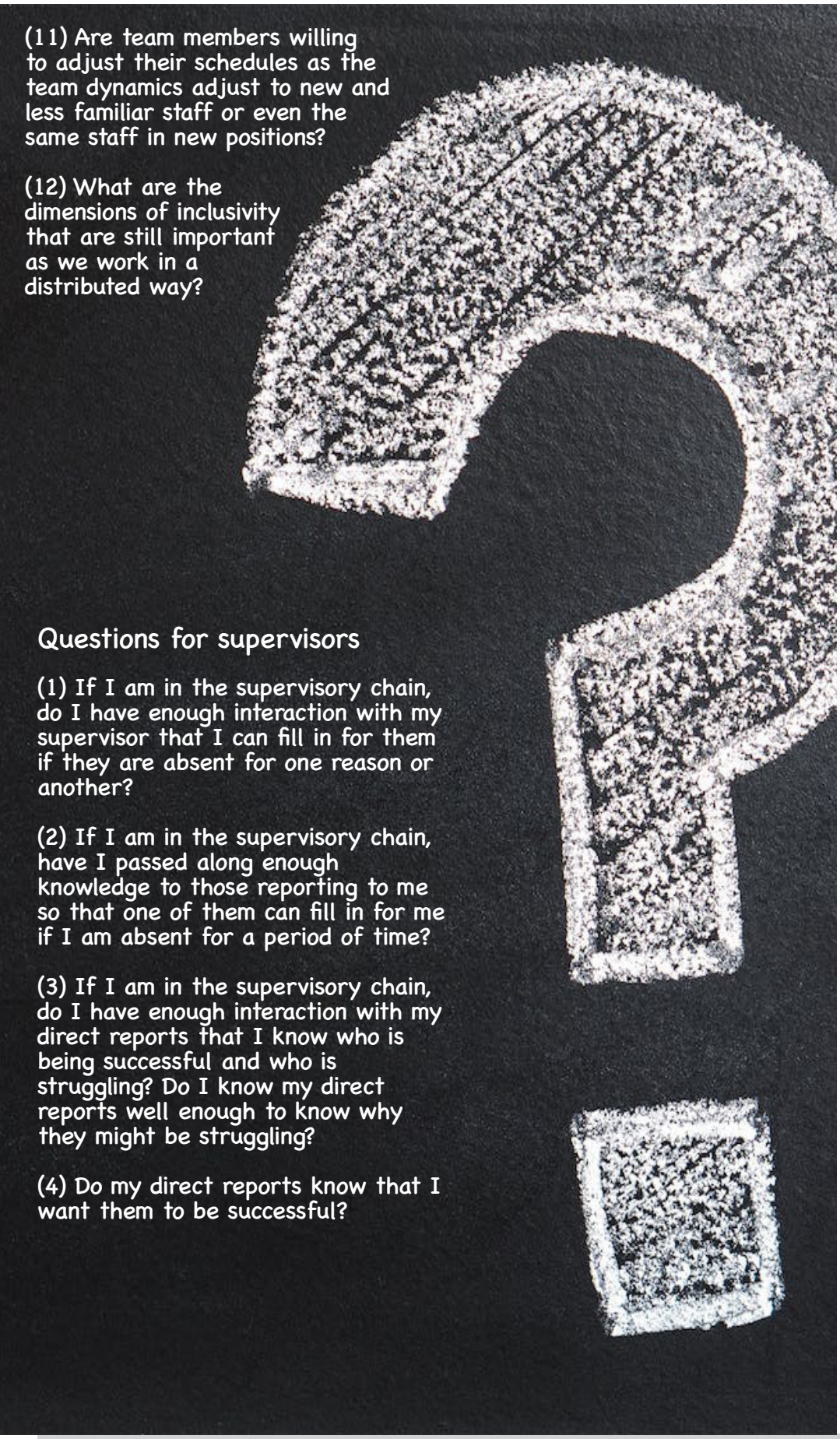
(8) Do I know what my co-workers are doing and what work priorities have been assigned to them?

(9) If I am new to the organization, do I have enough access to those who have been here longer that I have the opportunity to learn and grow and become an even more productive NIH'er?

(10) In well-developed teams able to telework very successfully, are there plans for when a shake-up in the team occurs due to promotion, retirement or sickness?

(11) Are team members willing to adjust their schedules as the team dynamics adjust to new and less familiar staff or even the same staff in new positions?

(12) What are the dimensions of inclusivity that are still important as we work in a distributed way?



Questions for supervisors

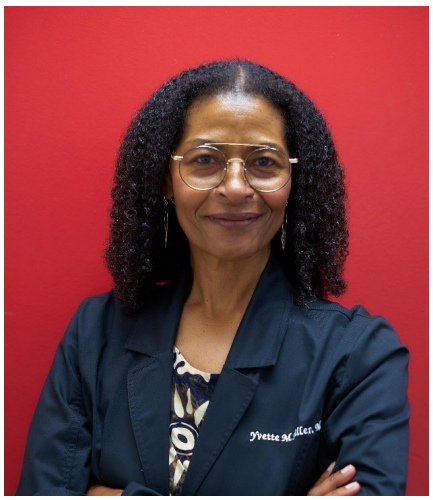
(1) If I am in the supervisory chain, do I have enough interaction with my supervisor that I can fill in for them if they are absent for one reason or another?

(2) If I am in the supervisory chain, have I passed along enough knowledge to those reporting to me so that one of them can fill in for me if I am absent for a period of time?

(3) If I am in the supervisory chain, do I have enough interaction with my direct reports that I know who is being successful and who is struggling? Do I know my direct reports well enough to know why they might be struggling?

(4) Do my direct reports know that I want them to be successful?

Symposium focuses on blood donors



2022 RJD Award recipient Dr. Yvette M. Miller

The NIH Clinical Center's Department of Transfusion Medicine (DTM) and the American Red Cross co-hosted the 41st Annual Immunohematology & Blood Transfusion Symposium in September. The program was designed for healthcare providers who participate in the collection, production, transfusion and monitoring of blood products.

The virtual symposium focused on current topics challenging transfusion medicine professionals, including red cell antibodies, CAR T-cells, COVID-19 and donor recruitment efforts. The symposium also featured three clinical vignettes presented by transfusion medicine fellows, Dr. James Long (Administration of RhIG after transfusion of RhD positive product), Dr. Cathy Marcucci (Urgent Plasma Exchange for Atypical Myasthenia Gravis Syndrome after Immune Checkpoint Therapy) and Dr. Tsung-Lin Tsai (Mobilization and collection of hematopoietic stem cells from a patient with sickle cell disease).

The annual Richard J. Davey, MD, Lectureship was awarded to a past DTM transfusion medicine fellow, Dr. Yvette M. Miller, for her contributions in the field of transfusion medicine in research, clinical practice, commitment to education and her continuing efforts to recruit minority donors. Dr. Miller is an Executive Medical Officer at the American Red Cross in Charlotte, N.C.

For more information on the symposium, visit http://bit.ly/3Pbt3io

- Karen M. Byrne, MDE, MT(ASCP)SBB

Clinical Center highlights extraordinary clinicians & administrator

A cancer doctor, an eye specialist, an ICU nurse practitioner and an IT administrator were selected for their outstanding efforts as a part of the Clinical Center's 2022 Clinical Recognition award program.

The CC Clinical Recognition Program was launched in 2018. Initially, the program recognized NIH's outstanding staff clinicians, nurse practitioners and physician assistants. In 2019, the program expanded to include outstanding administrators at the hospital.

Two physicians shared the Staff Clinicians of the Year award in 2022.

Dr. Jaydira del Rivero

The first is Dr. Jaydira del Rivero, a staff clinician in the Developmental Therapeutics Branch for the National Cancer Institute. Dr. del Rivero was cited for providing professional, compassionate and high-quality care to patients with advanced neuroendocrine malignancies and acting as a role model in the clinical research community, helping nurture, teach and develop trainees and colleagues.

She regularly trains and mentors clinical fellows and physician scientists, serves as a mentor for the Staff Clinician/Staff Scientist Career Enrichment Program and is a faculty member for the FLARE (Future Leaders Advancing Research in Endocrinology) program. An effective collaborator, del Rivero works across Clinical Center and other NIH Institutes and Centers to forge new relationships and enhance existing connections.

"She is a true visionary in the field. This is evident, as she is a highly sought-after speaker at multiple national and international Neuroendocrine conferences," said her colleague Dr. Sadhana Jackson an investigator in the Developmental Therapeutics and Pharmacology Unit at the National Institute of Neurological Disorders and Stroke.

Dr. Teresa Magone

Also selected was Dr. Teresa Magone who serves as chief of the Consult Services Section at the National Eye Institute (NEI). Magone was cited as a team player focused on patient care. Within her first year as the consult chief, Magone observed the flow and care of patients and made changes that have decreased consult patients' waiting, testing and treatment time by half. Her easy communication with patients and families helps put their needs front and center and reduced confusion by thoroughly explaining treatments.

Magone's leadership and problem-solving skills are appreciated by the staff in the ophthalmology clinic, and she is skilled at bringing the various departments in the NEI to together as one to serve the needs of patients.

"In 18-plus years of nursing, she is one physician who knows the importance of nurses and treats them like the professionals they are," said her nursing colleague Celestina Igbinosun.

Therese Kent

Therese Kent, a supervisory nurse practitioner for the Critical Care Medicine Department in the NIH Clinical Center, was selected as the Nurse Practitioner of the Year. Kent was cited for creating a diverse and vibrant group of advanced care practitioners who have been an essential part of the ICU multidisciplinary care team.

Kent was praised for her outstanding clinical knowledge, composed demeanor - even in highly stressful scenarios - professionalism and compassion towards all patients and is highly regarded by all consultants and primary teams as a reference point when their patients are in the ICU. Her positive professional rapport, ability to forge strong relationships with patients and family members and empathy is widely respected. "Ms. Kent is an exceptionally proficient advanced care practitioner who provides outstanding and compassionate care for patients in the NIH Clinical Center ICU and makes important, multi-faceted contributions to the Intramural Research Program," said Dr. Henry Masur, chief of the hospital's Critical Care Medicine Department.

Seth Carlson

Seth Carlson, a supervisory IT specialist for the Department of Clinical Research Informatics (DCRI) at the NIH Clinical Center, was recognized as Administrator of the Year. Carlson is the clinical architect at DCRI and translates clinical needs into practical IT applications. For the past 12 months, this has included projects based on COVID such as lab asymptomatic and symptomatic testing, the vaccine clinics and influenza clinic.

He was also cited with making a large list of improvements for CRIS, the Clinical Research Information System, that manages patient and clinical records, improving communication to providers and his leadership in the development of a Pediatric Blood Volume tube. When shortages forced the Clinical Center to switch to a new set of test tubes, he helped the hospital adjust to account for what tubes are available on site.

As the hospital had to adjust to treating patients during the COVID-19 pandemic, Carlson helped the hospital set up "a virtual patient registration tool, manage the infrastructure for telehealth communication, set up telehealth appointments, virtual rounding, virtual visits and comply with new telehealth requirements," said Dr. Jon McKeeby, the chief information officer for the NIH Clinical Center, the chief of DCRI and the acting chief of Biomedical Translational Research Information System.

- Donovan Kuehn

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