

NIH Clinical Center Nursing Department

# Annual Report



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

2014



National Institutes of Health  
*Turning Discovery Into Health*

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

[clinicalcenter.nih.gov](http://clinicalcenter.nih.gov)









# Table of Contents

Mission.....	4
Vision.....	4
Message from the Chief .....	5
Executive Team .....	6
Nursing Department Organization.....	7
Highlights in 2014.....	9
Clinical Research Nursing Accomplishments .....	13
Nursing Research at the Clinical Center .....	17
Clinical Practice and Shared Governance .....	21
Professional Development and Outreach .....	25
Nursing Department Activities .....	29
Awards.....	31
Scholarly Activities .....	35
Research.....	41





## 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.



# Message from the Chief



**Clare Hastings, PhD, RN, FAAN**

Chief, Nursing Department  
National Institutes of Health Clinical Center

2014 was an astonishing year for the Nursing Department and the Clinical Center (CC) as a whole. We faced challenges which provided opportunities to demonstrate flexibility, unity and resiliency as world wide headlines frequently mentioned the National Institutes of Health. As Ebola Virus Disease (EVD) burst into a global crisis, the nursing department forged forward implementing new care standards and practices that resulted in positive patient outcomes and tested our resilience in the face of uncertainty. The need for rapid training and development of new processes demonstrated how quickly we are able to respond to groundbreaking requirements for care of a critical nature. We experienced the use of the Clinical Center as it was intended to be used – as a facility for the rapid translation of innovative therapies into clinical trials, including resource intensive studies that could not be done any place else.

2014 also presented us with the challenge to adapt to a continuing reduction in patient activity, as research funding and resources across the country have steadily diminished, including here on the NIH campus. We have used creative and strategic approaches for staffing including adapting to the closure of 3SE-N more than a year ago, with resulting increases in patient activity and acuity on the oncology and hematology units (3NE and 3NW). These census challenges have required us to balance the clinical and operational work that we do while maintaining accountability and flexibility on a daily basis.

We also launched the second generation of our effort to extend and document the specialty of Clinical Research Nursing: CRN 2.0, as teams began reaching out to interdisciplinary colleagues to see what the specialty of Clinical Research Nursing offers them. The focus of this initiative is to bring clinical research nursing to the next level with targeted attention to further define the roles of clinical research nurses, identify metrics to measure the contributions of the CRN, further describe leadership within the Domain of Practice and prepare the CRN Fundamentals Course for online delivery.

Through all this, the true work of YOU, the Clinical Research Nurse, continues to shine through and highlight amazing accomplishments that make us all proud. Congratulations on a wonderful year!

# Nursing Department Executive Team

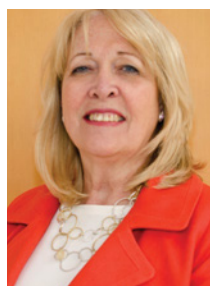
The Nurse Executive Team meets regularly to assess program priorities based on Institute research goals, to plan operations and to allocate resources and set policy to govern clinical practice. The Executive Team includes the Chief Nurse Office (CNO), the Special Assistant to the Chief Nurse, the Senior Nurse Consultant for Extramural Collaborations, the Deputy CNO for Research and Practice Development, the Deputy CNO for Clinical Operations, the Service Chief for Critical Care and Oncology, the Service Chief for Neuroscience, Behavioral Health and Pediatrics, and the Service Chief for Medical Surgical Specialties.



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



**Gwenyth Wallen, PhD, RN,**  
Chief Research and Practice  
Development



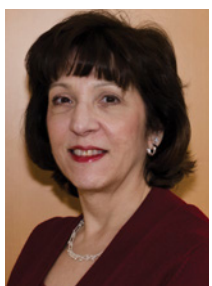
**Debra Kolakowski, DNP,  
RN,** Service Chief for  
Oncology and Critical Care



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



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

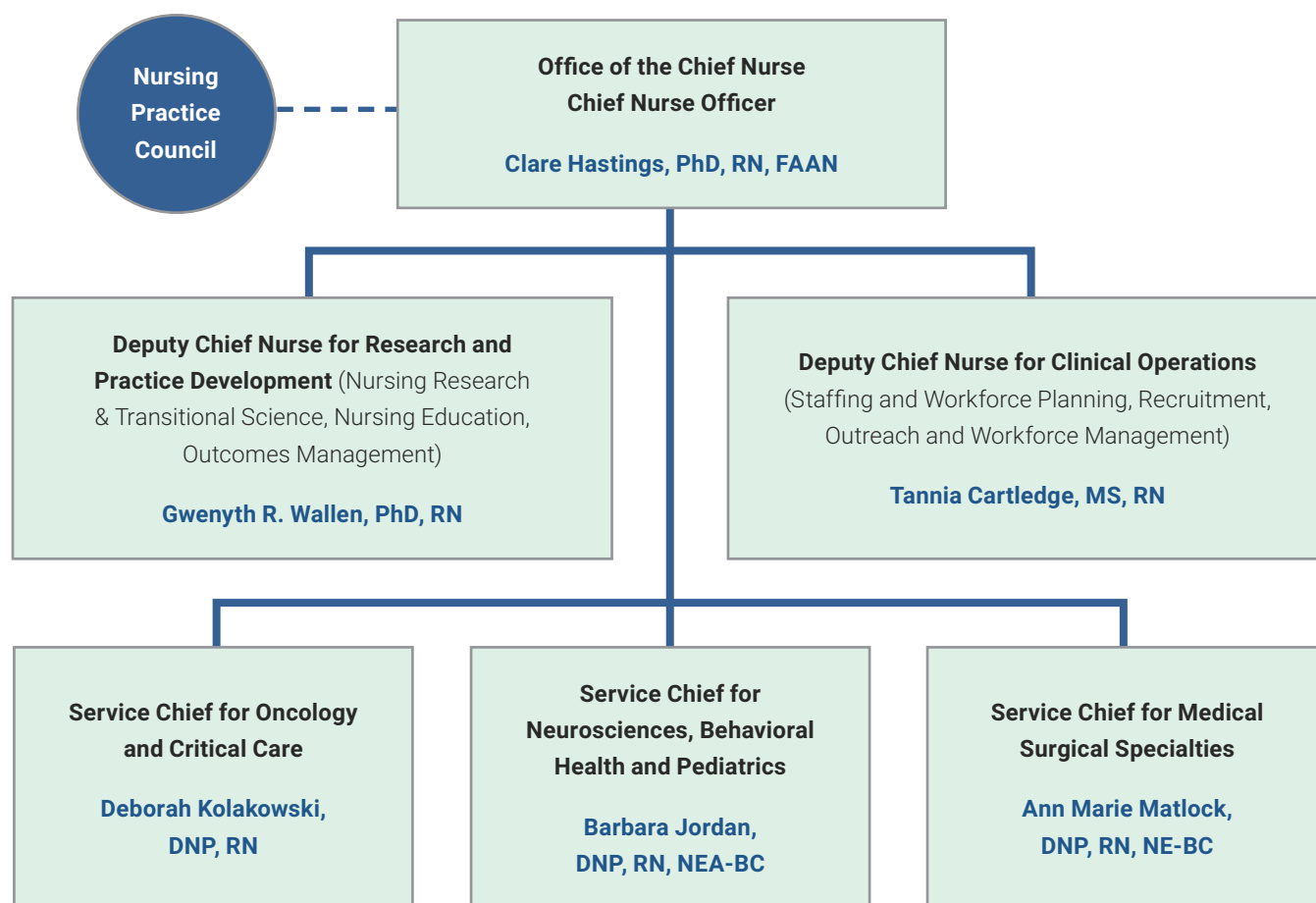


**Diane Walsh, MS, RN,**  
Special Assistant to the  
Chief Nurse



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

# Nursing Department Organizational Structure



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



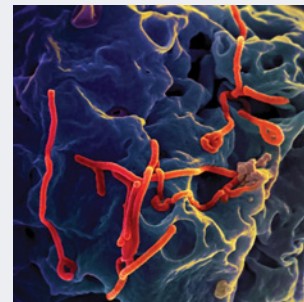




# Highlights in 2014

## Protocols and Patient Activity in 2013 and 2014

	FY 2013	FY 2014
Active Protocols	1,570	1,611
New Protocols	162	168
New Patients	10,196	10,053
Inpatient Days	51,418	48,182
Inpatient Admissions	5,887	5,615
Outpatient Visits	102,115	99,402



## Support for New Protocols

### First EBOLA Patient

The first patient diagnosed with Ebola to be treated at the NIH Clinical Center was admitted on October 16<sup>th</sup> and was discharged 2 weeks later disease free. Nurse Nina Pham stated, "I feel fortunate and blessed to be standing here today," "As a nurse, I have a special appreciation for the care I have received from so many people. Not just doctors and nurses, but the entire support team."



Pham contracted the virus at Texas Health Presbyterian Hospital while providing care to a patient who died of Ebola. She was admitted to the Special Clinical Studies Unit (SCSU) within the Clinical Center where a specially trained team of nurses and doctors provided care under high-levels of isolation. The SCSU Developed guidelines for management of Ebola patients and collaborated with the Intensive Care Unit (ICU) interdisciplinary team and the National Institute for Allergy and Infectious Diseases to prepare for the care of patients infected with the Ebola Virus. Through this collaboration the teams worked closely in the development and plan for critical care support in the SCSU defining training, staffing requirements, and the development of ICU standards of practice to provide medical care for ventilator management, CVVH, invasive lines, code blue procedures, supplies and emergency medication requirements. This team also collaborated with Children's National Medical Center and completed training for pediatric intensive care nurses in the event of the admission of a pediatric Ebola Virus patient. The SCSU has now initiated vaccine trials for the Ebola virus taking place in OP8 and the vaccine research center.

## Other New Protocols and Clinical Highlights

In response to increased protocol activity with the National Center for Complementary and Integrative Health (NCCAM), in 2014 the OP4 Behavioral Health clinic completed integrating the Institute into their clinic space. OP4 clinic staff worked with administrative and facilities staff to plan for and coordinate all renovations. Three treatment rooms were added to the clinic by dividing up a former lab space and changing group consult rooms into a mock scanner and procedure room. The clinic also added sound proofing to two other treatment rooms in order to improve study conditions and confidentiality. The clinic staff then worked to orient NCCAM staff to the clinic and assisted them with obtaining supplies. Since the renovations, several OP4 nurses have been trained to work with the NCCAM studies and are currently managing patients in three of their protocols.

7SW-N leadership and clinical staff collaborated with the National Institute of Neurological Disorders and Stroke (NINDS) and the National Human Genome Research Institute (NHGRI) to provide clinical research nursing support to an extended family from Northern Uganda. Extensive planning with multiple Institutes, departments and stakeholders ensured the success of this highly complex study effort. In addition to providing superb patient care, 7SW-N also:

- Partnered with the Nutrition Department and coordinated the care and provision of the dietary needs of the extended family that was respectful of their tradition;
- Coordinated translator services to ensure the timely completion of clinical care using multiple translators throughout the day and evening;
- Consulted the Social Work Department for assistance and advice on the provision of social support of infants, teenagers and elderly adult members of this extended family.



**HCV and HIV Trials** were completed leading to the development of new medication therapies for both diseases. Medical Surgical Specialties ambulatory and inpatient units supported these trials at the Clinical Center.

**Malaria Trials** continue to be supported by the MSS. Clinical coordination of these trials is particularly challenging for nursing due to the necessity for patient cohorting. Early work with the protocol team in the planning stages included all impacted areas including OP8, 5SEDH and 5SE. This is facilitating a smooth process with optimal nursing resource management.

**CADME Study** – A Phase II randomized study was implemented to compare Anti-VEGF Agents in the Treatment of Diabetic Macular Edema. The CADME study is the first randomized double blind study to be performed by the National Eye Institute in conjunction with the Clinical Center nurses. The OP 10 clinic nurses served as the unblinded members of the research study team and there have been no violations of the blinding or randomization process and no reported adverse events.

**Sickle Cell** – Care coordination has increased communication and collaboration between the clinical research nursing team and the National Heart Lung and Blood Institute (NHLBI) research team. Patient and physician satisfaction has increased and the model of care delivery is patient centered. Prior to changes the SCD research team used “block” scheduling instead of individualized patient clinic appointments. Clinic pre-planning meetings did not include the CRNs and the patients were seen in five separate areas to complete clinical/research requirements during one clinic visit. Multiple meetings with the Sickle Cell Disease (SCD) team, education for the CRN staff and expansion of the scope of services improved delivery of nursing care and care coordination for the patients.





### Transparent Classification

The Clinical Center Nursing Department went live with an automated patient acuity classification system that formulates acuity and complexity scores based on nursing assessment documentation. The program, known as Transparent Classification, was implemented in February of 2014 and eliminated manual patient acuity classification by nursing staff. This seamless electronic process required creating an interface between over 1000 nursing documentation elements and two acuity classification methodologies for inpatient and mental health classification indicators.



### Development and Implementation of the Electronic Appointment Request (EAR) for the Procedures Unit

In the spring of 2014, an electronic appointment request (EAR) was implemented on the 3SWN procedure unit. This patient care unit provides central venous catheter placement, hemodynamic monitoring, conscious sedation, endoscopy and bronchoscopy support services, exercise stress testing and cardiac catheterization services to all institutes within the Clinical Center. Implementation of the EAR streamlined the process for scheduling procedural appointments on 3SWN utilizing an e-mail confirmation system to confirm dates and times for scheduled procedures. Implementation of the EAR has improved scheduling and work flow, decreasing delays in procedures, and enhancing communication between health care providers.



### Ommaya Reservoir Training and Implementation

In response to a Phase 1 study of Immuno-Chemotherapy in Primary CNS Lymphoma nursing leadership developed and implemented a course targeted at training Clinical Research Nurses (CRN's) from the 3SE Day Hospital and 3NE Hematology, Oncology Transplant inpatient unit to infuse chemotherapy and withdraw cerebral spinal fluid samples from an Ommaya reservoir. The course utilized a competency based practicum validation tool and 2 hour simulation training for CRN's with experience in accessing Ommaya drains in addition to training CRN's new to this competency.





# Clinical Research Nursing Accomplishments in 2014

## Recruitment, Outreach and Workforce Management

The Recruitment, Outreach, and Workforce Management (ROWM) office worked hard in 2014 toward acquiring first rate staff and strengthening the CCND workforce through best practices in recruiting, educational offerings and outreach activities.

Through marketing, social media and outreach activities Clinical Research Nursing Careers were showcased to thousands of nursing professionals. This effort resulted in screening 1,594 applicants, conducting 358 interviews and filling 218 hard to fill nursing vacancies. We also successfully facilitated the transition of 18 CCND staff from Title 42 to Title 5 employees.



*First cohort of Nurse Residents*

To strengthen and retain the current CCND workforce, ROWM facilitated the launch of the New Clinical Manager/ Team Leader program and conducted leadership training workshops especially tailored to meet the needs of the leadership staff. The office collaborated with The Advisory Board Company Nursing Executive Center to stay abreast of current health trends and best practices for leadership development. Highlights from our collaboration include participation at national leadership summits by our Senior Nurse Executives and onsite presentations: ***The Prescription on Nurse Engagement***, was attended by 70 CCND leadership members and ***Emerging Health Care Leaders*** Workshop, was attended by 25 CCND leadership members.

In an effort to extent our reach out to the community and promote the role of Clinical Research Nursing the ROWM office:

- Coordinated clinical placements for over 20 students from local universities such as the University of Maryland, George Mason University and Howard University
- Processed approximately 30 shadow day requests from licensed registered nurses and nursing students
- Approximately 32% of shadow day requestors were hired for the New Grad Clinical Center Nurse Residency Program or vacant positions
- Facilitated the placement of 5 interns from the Summer Intern Program for Biomedical Research in collaboration with the Office of Intramural Research and Education

As a growing extension of our outreach network and continued partnerships, the office collaborated and participated in projects led by the NIH Office of Human Resources and the Office of Communications & Public Liaison, Office of the Director. ROWM was instrumental in the development and implementation of programs geared to expose local high school and university students to the field of Nursing and the unique specialty of Clinical Research Nursing at the Clinical Center.

## Outcomes Management

The new Outcomes Management (OM) team had many accomplishments in 2014. The first Performance Metrics Retreat was held on 2/28/2014 for all of CCND leadership with a focus on quality improvement (QI) and patient safety. Donabedian's Structure-Process-Outcome Theory, why data is important for improvement, an overview of Performance Measurement Panel (PMP) and National Database of Nursing Quality Indicators (NDNQI) data were all addressed. Small group work focused on questions about data and opportunities for using data for improvement. A second retreat followed on 10/1/2014 with a focus on a repeat of content from the previous retreat with application for the clinical managers and shared governance chairs. The afternoon session focused on kicking off the Institute for Healthcare Improvement QI Education training, a review of accountability for data and benchmarks, break-out discussions about follow-up on opportunities for improvement from the previous retreat, and break-out groups assessing patient satisfaction data from the "Picker" Patient Satisfaction Survey.

Additional accomplishments included changes to the Performance Improvement Leadership (PIL) meeting, incorporating a 7-step meeting process, writing and formally adopting meeting objectives. Collaborations have also been established with the Office of Staffing and Workforce Planning (OSWP) to stream line processes for data collection for the monthly performance management report and NDNQI surveys. This new team has worked hard to increase visibility through active participation with the Performance Improvement Committee (PIC), increased collaborations with the Department of Clinical research Informatics (DCRI), visiting nursing units to discuss concerns and mentoring staff in abstract development for QI projects.

Highlights for data collection and data management in 2014 for the OM team included:

- Automation of restraint data collection and daily restraint monitoring documentation
- Automation of blood culture labeling
- Daily printed reports available on patient care units for critical value notification
- Outpatient isolation procedures & education
- Development of QI Toolkit
- Improved processes for pressure ulcer prevalence data collection & prevention



Nurses in skills lab



### Nursing Education

Central Nurse Educators, in collaboration with service-line Nurse Educators, are responsible for assuring workforce readiness and competence through ongoing education and training in leadership and professional development, Clinical Research Nursing and clinical practice. In 2014, the Central Nurse Educators provided oversight for new graduate trainings such as the award winning and novel, Clinical Research Nursing Residency Program, a new preceptor program for resident preceptors, and a new “learner-centered” nursing orientation curriculum. Increased collaborations with an inter-institute workgroup was also convened to develop a new Genetics and Genomics Competency Based Nursing Education Program.



*Central and service educators join forces to support the education and training needs of the CCND*

Major enhancements were also made to the **Nursing Education and Training Room** including a new simulation lab. The acquisition of state-of-the-art simulation equipment provides a more life-like simulation environment and experience for the nurses. Additionally, multiple central and service-line Nurse Educators completed the internationally renowned WISER iSIM program for simulation educators at the University of Pittsburgh in order to provide nurses with more realistic training opportunities. A focus on increasing contact hours was also coordinated by the Nursing Department Contact Hour Program yielding eight approved applications in 2014, totaling 76.8 contact hours now available.

Based on the need for increased competency in genetics, this past year an inter-institute workgroup was convened to develop a new Genetics and Genomics Competency Based Nursing Education Program. A one day introductory course and two day intermediate course were implemented incorporating an interdisciplinary and inter IC group of instructors.







# Nursing Research at the Clinical Center

## The NIH CC Nursing Department Research Portfolio

The nursing research portfolio at the Clinical Center is a combination of studies responding to agreed upon program priorities and studies 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 have connected areas of focus in their work with staff members and clinical research questions to closely link staff with the investigators matching interests. Program priorities for nursing research at the Clinical Center include the following:

- Health Related Quality of Life
- Health Behaviors
- Health Disparities
- Chronic Pain, Symptom Management and Functional Status
- Health Effects of Caregiving
- Evidence-Based Practice/Translational Nursing Science

### Clinical Nurse Scientists

**Dr. Gwenyth Wallen**, Deputy Chief Nurse for Research and Practice Development, Chief for Nursing Research and Translational Science, and Clinical Nurse Scientist is a well-established bilingual clinician and investigator in the field of health behavior and chronic disease management. Dr. Wallen was recognized this year for her contributions to diversity in research with a National Heart Lung and Blood Directors award.

**Dr. Margaret Bevans**, Program Director for Scientific Resources and Clinical Nurse Scientist is an expert in hematopoietic stem cell transplantation nursing and investigator in the area of health-related quality of life and the effects of stress in caregivers of cancer patients. Dr. Bevans was recognized this year as a Fellow in the American Academy of Nursing (FAAN).

### New Nurse Researchers in 2014

**Dr. Nancy Ames** has a clinically focused research portfolio examining the oral microbiome in immunocompromised patients in addition to her research to identify the signs and symptoms of fever.

**Dr. Alyson Ross** is exploring the relationship between stress and health behaviors, and the impact of mind-body techniques such as yoga to reduce stress and change health behaviors.

**Dr. Teresa Brockie** is conducting community based participatory research in tribal communities specifically examining the consequences of violence and trauma and the prevention of suicide in high-risk youth.

## Research and Training Highlights

The research highlights include seven studies actively enrolling new subjects, four new in 2014, and eight studies undergoing analysis and dissemination. In 2014, the research staff produced 20 peer-reviewed publications.

Studies actively enrolling new subjects include populations that range from in-patient subjects with severe aplastic anemia (A Description of the Oral Microbiome of Patients With Severe Aplastic Anemia PI: Dr. Nancy Ames) and those receiving treatment for alcoholism (Sleep Disturbance and Relapse in Individuals with Alcohol Dependence: An Exploratory Mixed Methods Study PI: Dr. Gwenyth Wallen, Lead AI: Alyssa Brooks) to community based studies in minorities with chronic illness (Pilot Study of Yoga as Self-Care for Arthritis in Minority Communities, PI: Kimberly Middleton), and caregivers of patients receiving allogeneic transplantation (A randomized controlled trial to determine the effectiveness of a stress reduction intervention in caregivers of allogeneic hematopoietic stem cell transplant (HSCT) recipients, PI: Dr. Margaret Bevans, Lead AI Dr. Alyson Ross) or caregivers of cancer patients (Web-Based Patient Reported Outcome Measurement Information System to Explore Burden, and Stress in Cancer Caregivers (BaSiC2), PI: Margaret Bevans, AI: Leslie Wehren). More information about Nursing Research and Translational Science staff and research can be found at <http://cc.nih.gov/nursing/research/index.html>.

The training aspect of the research group included hosting Dr. Chunping Ni, Associate Professor from the School of Nursing at the Fourth Military Medical University, China, five new Intramural Research Training Award (IRTA) fellows, and six U.S. Uniformed Services University of the Health Sciences nursing doctoral students. The research fellows in 2014 include post-baccalaureate intramural research training award recipients Miriam Magana-Lopez, Alexandra Ranucci, Elyssa (Ellie) Stoops, and Kristen Regini. Alyssa Brooks currently holds a pre-doctoral fellowship and Dr. Deana Around Him is conducting tribal research as a post-doctoral fellow.

Kimberly Middleton, RN, MPH and Dr. Wallen continue to build on their community based participatory work in chronic care management and integrative self-care approaches in minority patients with rheumatic diseases. Mrs. Middleton was recognized with a NIH CC Director's award in Science in 2014.

Dr. Christina Slota, a pre-doctoral fellow with National Institutes of Nursing Research, National Institute on Aging and CCND, successfully defended her dissertation at the University of Pennsylvania, School of Nursing in December under the mentorship of Dr. Bevans. Her dissertation titled, *The effects of chronic stress on CD8 t cells in human adults: an examination from bench to bedside*, was designed to examine the effect of stress released hormones and the stress of caregiving on immune cell subsets, specifically CD8 T cells. During her time as a pre-doctoral fellow, Dr. Slota extended her training with Dr. Wallen to include qualitative methods in palliative care. This collaborative work resulted in a BMC Palliative Care publication entitled *Qualitative Inquiry: A Method for Validating Patient Perceptions of Palliative Care While Enrolled on a Cancer Clinical Trial*.

## Scientific Partnerships

Dr. Wallen and Dr. Bevans continue to provide expert consultation to multiple institutes serving as research experts on sleep quality, Community Based Participatory Research (CBPR), health-related quality of life and the inclusion of patient-reported outcome data in clinical trials. These trials include populations such as those with Sickle Cell Anemia, Alcoholism, Cancer, and those undergoing Allogeneic Hematopoietic stem cell transplantation (HSCT).



## Translational Nursing Science

A systematic and integrated process for translating nursing practice innovation into practice was successfully implemented in 2014 via the INSPIRE model, or Innovation for Nursing Sensitive Practice in a Research Environment. The INSPIRE Committee was established to provide consultation to Clinical Research Nurses and other interprofessional team members interested in conducting formal initiatives to improve care at the bedside through three approaches: evidence-based practice, quality improvement, or research.

CDR Leslie Wehrle was instrumental in translating best evidence into practice by leading the 5th annual NIH CC Family Caregiver Day and hosting the Oncology Nursing Society (ONS) for the filming of a Putting Evidence into Practice (PEP) video. The NIH CC Family Caregiver Day was recognized with an NIH CC Director's award in Clinical Practice and provides an annual resource for both professional and informal caregivers at the NIH CC. The ONS PEP Caregiver Burden and Strain videos will be supporting the dissemination of best evidence to oncology nurses across the nation.

### *Research and Translational Science Team*

#### *Back Row:*

*CDR Leslie Wehrle, RN, MSN, OCN®; Alexandra Ranucci, BS; Elyssa Stoops, BS; CDR Mike Krumlauf, RN, OCN®; CAPT; Chad Koratich, RN, MS, ACRN; Katharine Touchton-Leonard, MA; Alyssa Brooks, BS; Li Yang, MS; Stephen Klagholz, BS.*

#### *Front Row:*

*Alyson Ross, RN, PhD; Gwenth Wallen, RN, PhD; CDR Margaret Bevens, PhD, RN, AOCN®, FAAN; Nancy Ames, RN, PhD.*

#### *Not pictured:*

*Teresa Brockie, RN, PhD; Kimberly Middleton, RN, MPH, MS; Deana Around Him, ScM; Kristen Regini, BS; Miriam Magana-Lopez*



1st place winner of the Annual Gingerbread House Contest:  
Frozen Mountain; 3NE Hematology, Oncology Transplant





# Clinical Practice and Shared Governance

The CCND has a very strong and active Shared Governance structure which has been in place for over 30 years. The Coordinating Council is comprised of all shared governance committee Chairs and Chair-elects and the Chief Nurse of the nursing department. The Coordinating Council supports the work of Shared Governance by setting the agenda for the Nursing Practice Council and communicating between standing committee leadership and promoting collaboration on joint practice issues.

Nurses at the Clinical Center are active participants in the development and management of clinical practice through proactive nursing shared governance. "Shared Governance" is a well known organizational design within health care facilities around the country that provides clinical staff with a strong voice in decisions affecting nursing practice. This was the second full year for the two new committees added to the shared governance structure; the Recognition and Retention Committee and the Nursing Research Participant Education Committee.

Through collective decision-making, the Nursing Practice Council (NPC) and clinical nurses who participate on the committees support professional nursing practice and engage in professional development.

In support of the Coordinating Council member's professional development, the members participate in monthly education sessions that focus on their leadership development to help prepare them for the challenges that arise as they step up and out onto the leadership path. In 2014 these educational sessions included topics focused on goal planning, developing abstracts, professional writing, speaking to power and others in support of their emerging leadership roles.

## Committee Highlights and Updates

### Nursing Practice Council



*2014 Chair and Chair-elect of NPC*

### Clinical Practice Committee

With a total of 28 requests from staff via the Nursing Practice Council, The Clinical Practice Committee (CPC) was very busy in 2014 using evidence and experts to update 9 procedures and 6 standards of practice in 2014. The new process of document review, now on a 5 year rotation, has afforded the committee the opportunity to focus on communication of the practice changes as they emerge from the committee. One strategy used has been to build on the nursing intranet highlights page that lists document changes each month with specific summaries of changes since the last review of the document. For 2015 the committee plans to continue its work revising the practice documents using evidence and teaching staff the process of evidence utilization along the way.



2014 Chair of the CPC committee.

### Performance Improvement Committee

The Performance Improvement Committee (PIC) continued with their focus for 2014 looking at data and ongoing committee education, as an opportunity to improve clinical practice. The committee's primary project was on prevention of catheter acquired urinary infections (CAUTI). The standard operating procedure (SOP) on care of the urinary catheter was approved and posted to the nursing intranet in May. The Committee had the opportunity to expand their knowledge base by participating in a library session on researching the various research databases to locate scholarly articles. Outcomes management shared information on the Picker Survey (a patient satisfaction survey), basic principles and steps in performance improvement. Dr. Caitlin Brennan presented on the topic of Human Factors Engineering and Shaping Systems for Better Behavioral Choices: lessons learned from a fatal medication error." Additionally, a presentation on "How to get over the Hump while working on a performance improvement project" was provided and was well received by the group.



2014 Chair of PIC Committee Chair elect photo not available



### Nursing Information Systems Committee

The Nursing Information System (NIS) Committee had a productive year in 2014 with a major focus on merging flow sheets within the electronic medical record system to combine the current nursing assessment flow sheet with the nursing treatment and care flow sheet. This project was completed in December 2014 when the new flow sheet went live in the medical documentation system. Another focus in 2014 was on the Chemotherapy/Biotherapy flow sheet which was updated to reflect a new process and to incorporate updates and modifications. Other highlights from the committee included a new flow sheet for documenting pharmacokinetic specimen collection, a new patient controlled analgesia (PCA) and point of care flow sheet and a new structured note for documenting patient education.

Additional accomplishments included a partnership with Hospital Epidemiology to create an Ebola screening tool. And finally, new screening tools were added for Carbapenamase Surveillance and for abuse and neglect screening which was added to the admission note.



2014 Chair and Chair-elect of NIS Committee

### Nursing Research Participant Education Committee

The Nursing Research Participant Education Committee (NRPEC) celebrated its first year in the shared governance structure in 2014. The need to develop an orientation tool was met by outlining the stakeholder steps and the chairs response in the "Stakeholder Expectations" document. This document is available on the NRPEC website <http://intranet.cc.nih.gov/nursing/npc/nrpec.html> with other current resources and monthly meeting minutes. A five year document review process is tracked on a database including 123 research participant education documents. The committee scrutinizes the need for revision versus retirement of each document, considering if the need is met by existing resources such as CareNotes or by other existing NRPEC or CC Research Participant Education Committee (RPEC) documents. The need for 16 new research participant education documents has been identified and will be the future work of the committee. Fifty documents have been assigned to stakeholders, 61 documents have been reviewed by stakeholders and are in process with CADMUS, the "plain language" contractor. The 61 documents will be reviewed by the committee after CADMUS has made their suggestions, before being sent for branding and 508 compliance before being posted to the web. The need to revise the Patient Handbook will be addressed and completed in collaboration with the Clinical Center Research Participant Education Committee. The process of posting educational videos to the Patient Portal is also being discussed for future work.



2014 Chair-elect, Chair and Administrative Liaison of the NRPEC Committee

### Recognition and Retention Committee

As one of the newest additions to the CCND Shared Governance structure, the Recognition and Retention Committee (R&R) continued with ongoing efforts to review evidenced based recognition practices for future implementation. In 2014, the committee participated in the 2014 annual RN staff survey and continued to sponsor recognition and celebratory activities. The R&R committee took a three pronged approach to their work with subcommittees focusing on special programs for nurse's week, length of service awards, the annual NDNQI survey results, and holiday celebrations. A second subcommittee focused on communications of the varied activities and events that the R&R committee sponsored and a third subcommittee conducted a vast literature review to begin creating a table of evidence to support proposed recommendations for implementing a meaningful recognition program for the CCND nurses.

The committee is working to shift its focus towards targeted activities that will promote recognition and retention with consultation and creative ideas from outside sources to bring in new approaches and fresh perspectives to recognize the many wonderful accomplishments of the CCND nurses.



*Chair and Chair-elect of the Retention and Recognition Committee*

### Recognition and Retention Committee Sponsored Events



*Staff enjoy night shift breakfast as a part of the holiday celebration.*



*A surprise visitor attends the afternoon holiday celebration*



# Professional Development and Outreach

## Summer Internship in Biomedical Research

A total of 6 undergraduate and high school students participated in the 2014 Summer Internship Program (SIP) within the Clinical Center Nursing Department. The eight-week program provided students with opportunities to explore the fundamentals of project and research development, and evidence-based practice. The NIH Institutes and the Office of Intramural Training & Education sponsored a wide range of summer activities including lectures featuring distinguished NIH investigators, and career/ professional development workshops. The SIP students ended their summer experience with a professional poster presentation on their project at the NIH Summer Poster Day. Projects that the students presented included:

- Neurobiological Effects of Vitamin D in the Brain
- Virtual Training Can Improve Staffing, Retention, and Job Satisfaction
- Facilitating Self-Healing through Complementary Methods for Pain Management
- The insidious spread of *Clostridium difficile* associated diarrhea: Symptoms gone...spores forgotten?
- Of Mice and Men: Translational Science in Anxiety and Alcohol Abuse
- Understanding the Syndrome: Chédiak Higashi



Summer Interns 2014



# Nursing in the United States Public Health Service

*A legacy of protecting, promoting, and advancing the health and safety of the people.*

## Origins:

Nursing attendants have served in the Public Health Service (PHS) since its creation in 1798. As the practice of public health expanded and improved during the late nineteenth century, more and more professionally trained nurses entered the Public Health Service. The U.S. Public Health Service was established in 1885.



In 1885, medical officers and nursing attendants of the U.S. Marine Hospital in San Francisco.

## Caring for Patients:

Throughout their history, Public Health Service nurses have prioritized patient care, working in both the Public Health Service hospitals and in local communities, and the opportunity to go beyond the traditional settings and serving previously underserved, historically isolated and/or vulnerable populations.



An Indian reservation, PHS nurses often provided care to patients in their homes.



In the 1940s, PHS nurse Anne ... worked in an operation in ...

## Disease Prevention and Education:

In the late nineteenth century, the development of germ theory enabled health professionals to prevent and fight diseases more effectively. Following this development, Public Health Service nurses began instructing Americans on disease prevention and health promotion.





**The Mission of the Commissioned Corps of the U.S. Public Health Service:** "Protecting, promoting and advancing the health and safety of the nation"

- Rapid and effective response to public health needs,
- Leadership and excellence in public health practices and
- The advancement of public health science.

Other activities that the nurses contributed to include the annual gathering on the mall in Washington DC for the July 4th celebration, the State of the Union address, the World War II Memorial event (music and chorale ensemble), NIH USPHS Awareness Day, Annual USPHS Nursing Recognition Day and the USPHS Scientific Training Symposium.









# Nursing Department

## Nurses Week 2014

Nurses Week 2014 was celebrated with a series of events organized to recognize the Nursing Department's achievements and successes. Grand Rounds was presented by CAPT Ann Marie Matlock on Understanding Protective Immunity by an Attenuated Malaria Vaccine: A Collaborative Effort in Science and Clinical Care to Achieve Successful Protocol Implementation.

The presentation described the importance of finding an effective malaria vaccine, the process of using large cohorts of healthy volunteers in clinical trials at the NIH Clinical Center and shared effective strategies for collaboration between nursing and the institute with protocol implementation.



CAPT Ann Marie Matlock, DNP presents at Grand Rounds during Nurses Week



Nurses Week Closing ceremony included a panel discussion on how CRNs lead the way in clinical research, treatment and the care of NIH patients and families.

## Camp Fantastic

Camp Fantastic is a week-long summer camp for children 7-17 years old, who are in treatment for cancer or have received cancer-specific treatment within the past three years or transplantation within the past 5 years. The children come from hospitals in the Washington D.C., Maryland, and Virginia areas to have a week filled with activities such as sports, swimming, horseback riding, crafts and other adventures. Camp provides the unique experience of integrating normal activities, while at the same time associating with peers who have shared the trauma of the cancer experience.

The Pediatric Oncology Branch (POB) of the National Cancer Institute (NCI) organizes, coordinates and implements the medical aspects of camp. Camp is part of an NIH protocol and as such each camper becomes an NIH patient.

Between 95 to 110 children come to camp each year, and their medical needs vary from minimal to extensive. A majority of children will be getting some chemotherapy and several will require close monitoring. The Clinical Center Nursing Department supports the camp each year by sending nurses to work at the camp for 3 day to one week periods of time. In 2014, Neurosciences, Behavioral Health and Pediatrics sent 9 nurses from pediatrics to support the clinical operations of the camp.



Staff and patients at Camp Fantastic event Summer 2014





# Awards



**Helen Mayberry** receives the "NIH Mission First, Safety Always" award for her demonstrated leadership and dedication towards promoting a positive safety culture at the National Institutes of Health.



**LT Janel Parham** receives publication award at USPHS Nurse Recognition Conference

**Deborah A. Kolakowski** receives NIH Directors award for her exceptional leadership and initiative in directing design and implementation of an industry standard and nursing acuity measurement system for use in a clinical research environment.



**Lori Purdie** receives best mentor award for Clinical Center Summer Internship Program



**Dr. Margaret Bevans** is inducted as a fellow into the American Academy of Nursing. Margaret was chosen based on her leadership in education, management and policy and her work to improve the health and well-being of the nation.

## 3NE Hematology, Oncology Transplant Nurses Receive Patient Safety Award

Clinical Research Nurses are most often the last line of defense in the delivery of safe and effective medications and clinical care. Through the utilization of Clinical Center and Nursing Department Policies, Procedures, and Standards of Practice nurses on 3NE follow multiple checks ensuring research participants under their care receive the correct medications. In the fall of 2014, the 3NE nursing team on duty utilized their experience and knowledge of medication administration policies, procedures, and standards of practice to prevent medication errors from occurring. As a result of their actions and identification of issues the nursing team was able to promptly collaborate with the pharmacy department to prevent medication errors from reaching the patients. Their action, in collaboration with the pharmacy department, is an example of putting patient safety as a first priority.

### 3SWS Critical Care Interdisciplinary Team receives Letter of Commendation Award

During the spring of 2014 the 3SWS Intensive Care Unit received an unexpected admission; a clinical research participant was in need of full cardiopulmonary resuscitation. The interdisciplinary ICU team worked in tandem utilizing Advanced Cardiovascular Life Support algorithms and successfully resuscitated the patient. As the team worked to revive the patient her spouse observed their "heroic efforts and teamwork" unfold before him. He submitted an award nomination for a Letter of Commendation citing that the team "showed extreme poise under pressure and sound decisions which led them to saving the life of a patient, his nomination stated the team exhibited "Exceptional professionalism, personal initiative, and selfless devotion to duty."



**Gwenyth Wallen**, PhD, RN and Alyssa Todaro Brooks, BS were awarded the NIH National Heart, Lung, and Blood Institute (NHLBI) Director's Award for Diversity in recognition of exceptional work to expand the diversity of the populations recruited in NHLBI protocols

## U.S. Public Health Service Honor Awards

### Commendation Medal

CDR Felicia Andrews

### PHS Citation

LCDR Reggi Parker  
LCDR Michael Gwathmey  
LCDR Janice Oparah  
LT Leslie Poudrier  
LT Cara Kenney  
LT Kamah Howard  
LTJG Santhana Webb  
LT Melissa Amaya  
LT Kristen Cole

### Unit Commendation

CAPT Janice Davis  
CDR Allison Adams-McLean  
LT Cara Kenney  
LT Kristen Cole  
LT Ick Ho Kim

### Achievement Medal

CDR Karen Chandler Axelrod  
LCDR Andrew Keel  
LCDR Michael Gwathmey  
LT Leslie Poudrier  
LT Kristen Cole  
LT Cara Kenney  
LT Tyhis Coates  
LTJG Tonya Jenkins

### Crisis Response Service Award (CRSA)

CDR Margaret Bevans  
CDR Rosa Clark  
CDR Michael Krumlauf



### NIH Director's Awards

#### Debbie Kolakowski

For transformational leadership of clinical nursing operations at the Clinical Center during a period of reorganization, intensive patient care needs and major changes.

### NIH Clinical Center Director's Awards 2014

#### Administration

CDR Allison Adams  
LT Cynda Hall  
Shawna Oliver-Wilder  
Helen Owens  
Lori Purdie  
Gladys Tataw-Ayuketah

#### Radiology and Procedure Order Enhancements within CRIS

Linda Tondreau

#### Jesse Ferguson Customer Service

Tonya Ferguson

#### OP11 Customer Service Team

Dirk Darnell  
Deborah Rawson

#### Mentoring

Ekene Monyei  
Tye Mullikin  
Pamela Stoll

#### Patient Care

Mary Bowes  
Kim Cox  
Karyn Hawkins  
Ann Peterson  
Anita Stokes

#### 3SE Day Hospital Patient Safety Team

LT Kirsten Cole  
Legna Hernandez

#### Caregiver Day Team

CDR Margaret Bevans  
CDR Leslie Wehren

#### Knowledge-Based Medication Administration

Kathy Feigenbaum

#### The Intravenous Solution Shortage Management Team

Ellen Eckes  
Kathy Feigenbaum

#### Patient Safety -3NE Nursing Unit

Relia Atienza  
Olayinka Awe  
Colleen Buckley  
Phillipa Crawford  
Nicole Dayo  
Ufuoma Egelebo  
Chanelle Gutari  
Jennifer Hunt  
Florence Messi  
Annastecia HNduagba  
Nadine Raphael  
Deborah Romero

#### Nursing Management Team

CDR Felicia Andrews  
Deborah Gutierrez  
Bruce Steakley

#### 3NW Clinical Research Nurse Leadership Team

Caitlin Carlock  
Lori McIntyre  
Tye Mullikin  
Barbara Rawlings

#### Veterans Recruitment Team

Bobby Gibson

## NIH Clinical Center Director's Awards 2014 (continued)

### Science

Kimberly Middleton

### Strategic Initiative-Acuity Plus Transparent Classification Team

Shirley Gorospe

Pam Horwitz

Sue Johnson

CDR Mike Krumlauf

### PVCS Electronic Appointment Request (EAR)Team

Steve Calamuci

LT Ick-Ho Kim

Grace Kim

Carline Samedy

Linda Tondreau

### Teaching/Training

Deldelker James

### Clinical Research Nursing Residency Development Team

Sharon Flynn

Julie Kohn-Godbout

Rachel Perkins

### Medical Surgical Staff Education Team

Mary Myers

Paul Wong

### Ebola Response Awards-Hands-on Nursing Team

Diana Alvarez

Neil Barranta

Kevin Barrett

Gillian Boldarini-Beziat

Mabel Brossa

Steven Calamuci

Lori Cunningham Leighann Ebenezer

Florence Fatungase

Anitra Fitzgerald-Monroe

Meredith Frey

Danelle Gori

Melissa Hubbard

Glory Inwang

LT Ick-Ho Kim

Deidre Levy

LCDR Yolawnda McKinney

Pia Nierman

Jerod Noe

Kimberly Pritchett

Julissa Reyes

Alexander Ross

Michelle Rowan

Pavin Safavi

LTJG Yvette Sankoh

Meghan Schlosser

David Smith

Stacy Spivey

Tami Williams

LT Jason Wood

### Nursing Leadership

Debbie Gutierrez

Sue Johnson

Connie Kotefka

CAPT Ann Marie Matlock



# Scholarly Activities

## Publications

**Bevans M, Ross A**, Cella D. Patient-Reported Outcomes Measurement Information System (PROMIS): efficient, standardized tools to measure self-reported health and quality of life. *Nursing Outlook*. 2014; 62 (5): 339-345.

**Bevans M, Wehrle L**, Castro K, Prince P, Shelburne N, Soeken K, Zabora J, **Wallen GR**. A problem-solving education intervention in caregivers and patients during allogeneic hematopoietic stem cell transplantation. *J Health Psychol*. 2014; 19 (5): 602-617.

**Bevans MF**, Mitchell SA, Barrett JA, Bishop MR, Childs R, Fowler D, **Krumlauf M**, Prince P, Shelburne N, **Wehrle L**, **Yang L**. Symptom Distress Predicts Long-Term Health and Well-Being in Allogeneic Stem Cell Transplantation Survivors. *Biology of Blood and Marrow Transplantation*. 2014; 20 (3): 387-395.

**Brennan CW**, Daly BJ. Methodological Challenges of Validating a Clinical Decision-Making Tool in the Practice Environment. *West J Nurs Res*. 2014.

**Brooks AT, Andrade RE, Middleton KR, Wallen GR**. Social Support: a Key Variable for Health Promotion and Chronic Disease Management in Hispanic Patients with Rheumatic Diseases. *Clinical Medicine Insights: Arthritis and Musculoskeletal Disorders*. 2014; 7: 21-26.

**Brooks AT, Wallen GR**. Sleep Disturbances in Individuals with Alcohol-Related Disorders: A Review of Cognitive-Behavioral Therapy for Insomnia (CBT-I) and Associated Non-Pharmacological Therapies. *Subst Abuse*. 2014; 8: 55-62.

Desmond R, Townsley DM, Dumitriu B, Olnes MJ, Scheinberg P, **Bevans M**, Parikh AR, Broder K, Calvo KR, Wu CO, Young NS, Dunbar CE. Eltrombopag restores trilineage hematopoiesis in refractory severe aplastic anemia that can be sustained on discontinuation of drug. *Blood*. 2014; 123 (12): 1818-1825.

Galassi AL, Grady MA, O'Mara AM, Ness EA, Parreco LK, Belcher AE, **Hastings CE**. Clinical research education: perspectives of nurses, employers, and educators. *J Nurs Educ*. 2014; 53 (8): 466-472.

Gibbons SW, Ross A, **Bevans M**. Liminality as a conceptual frame for understanding the family caregiving rite of passage: an integrative review. *Research in Nursing and Health*. 2014; 37 (5): 423-436.

**Hastings C**. Promoting patient safety with evidence-based management. *Nurs Manage*. 2014; 45 (12): 11-13.

**Hastings C**. Using evidence to inform management practice. *Nurs Manage*. 2014; 45 (7): 15-17.

**Hastings C, Fisher CA**. Searching for proof: Creating and using an actionable PICO question. *Nurs Manage*. 2014; 45 (8): 9-12.

**Hastings C, Ross AC**. Proven strategies for workforce health. *Nurs Manage*. 2014; 45 (11): 18-20.

Jiang H, Sidhu R, Fujiwara H, De Meulder M, de Vries R, Gong Y, Kao M, Porter FD, Yanjanin NM, Carillo-Carasco N, Xu X, Ottinger E, **Woolery M**, Ory DS, Jiang X. Development and validation of sensitive LC-MS/MS assays for quantification of HP-beta-CD in human plasma and CSF. *Journal of Lipid Research*. 2014; 55 (7): 1537-1548.

**Kutney-Lee A, Brennan CW**, Meterko M, Ersek M. Organization of Nursing and Quality of Care for Veterans at the End of Life. *J Pain Symptom Manage*. 2014; (Epub).

**Minniti CP**, Delaney K-MH, Gorbach AM, Xu D, Lee C-CR, Malik N, Koroulakis A, Antalek M, Maivelett J, Peters-Lawrence M, Novelli EM, Lanzkron SM, **Axelrod KC**, Kato GJ. Vasculopathy, inflammation, and blood flow in leg ulcers of patients with sickle cell anemia. *American Journal of Hematology*. 2014; 89 (1): 1-6.

**Ni C**, Hua Y, Shao P, **Wallen GR**, Xu S, Li L. Continuing education among Chinese nurses: A general hospital-based study. *Nurse Education Today*. 2014; 34 (4): 592-597.

**Ni C**, Ma L, Hua Q, Huang Y, Chen X, **Wallen G**, Yongping Y, Wang B. Lifetime Prevalence and Correlates of Neurotic Disorders Among Non-psychiatric Outpatients in General Hospitals: Survey Results from Xi'an, China. *Psychiatric Services*. 2014; Epub ahead of print.

## Publications (continued)

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**Peterson A**. Respiratory Complications in a Patient with Autoimmune Polyendocrinopathy Candidiasis Ectodermal Dystrophy. *Newsletter in Perspectives in Respiratory Nursing, Respiratory Nurses Society*. 2014; Fall (2014): 4.

Slota C, Ulrich CM, **Miller-Davis C**, Baker K, **Wallen GR**. Qualitative inquiry: a method for validating patient perceptions of palliative care while enrolled on a cancer clinical trial. *BMC Palliative Care*. 2014; 13 (43).

**Wallen GR**. Innovations that INSPIRE. *Nursing Management*. 2014; 45 (9): 23-25.

**Wallen GR, Brooks AT, Whiting B, Clark R, Krumlauf MC, Yang L**, Schwandt ML, George DT, Ramchandani VA. The prevalence of sleep disturbance in alcoholics admitted for treatment: a target for chronic disease management. *Fam Community Health*. 2014; 37 (4): 288-297.

**Wallen GR, Middleton KR, Ames N, Brooks AT**, Handel D. Randomized trial of hypnosis as a pain and symptom management strategy in adults with sickle cell disease. *Integrative Medicine Insights*. 2014; 9: 25-33.

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## In-press

Bishop M, **Bevans M**, Cooke L. Graft versus Host Disease: Understanding & Living with the After Effects of Bone Marrow/Stem Cell Transplant. Southfield, MI: National Bone Marrow Transplantation Link; In press.

**Fisher C, Feigenbaum K**. Harnessing Technology to Promote Evidence-based Practice for Patient Centered Care. *Nurs Manage*. In press.

**Fisher C, Sheeron J**. Creating a Culture of Evidence Based Practice: What's a Manager to do? *Nurs Manage*. In press.

**Matlock AM, Gutierrez D, Wallen GR**. Ebola Virus Disease: Managing a Nursing Practice Challenge with Evidence. *Nursing Management*. In press.

**Matlock AM, Gutierrez D, Wallen GR, Hastings C**. Providing Nursing Care on the National Stage: The NIH Ebola Experience. *Nursing Outlook*. In press.

Mull H, **Brennan C**, Folkes T, Hermos J, Chan J, Rosen A, Simon S. Identifying previously undetected harm: Piloting the Institute for Healthcare Improvement's Global Trigger Tool in the Veterans Health Administration. *Drug, Healthcare and Patient Safety*. In press.

Ulrich C, **Wallen GR**. Ethics of Clinical Research. In: Klimaszewski. *Manual for Clinical Trials Nursing*. 3rd Ed.; Pittsburgh, PA: Oncology Nursing Society; In press.

Ulrich CM, **Wallen GR**, Cui N, Chittams J, Sweet M, Plemmons D. Establishing Good Collaborative Research Practices in the Responsible Conduct of Research in Nursing Science. *Nursing Outlook*. In press.

Wexler L, Chandler M, Gone J, Cwik M, Kirmayer L, LaFromboise T, **Brockie T**, O'Keefe V, Walkup J, Allen J. Advancing Suicide Prevention Research with Rural American Indian and Alaska Native Populations. *American Journal of Public Health*. In press.



### Presentations/Abstracts

Applebaum A, Son T, DuHamel K, **Bevans M**, Hernandez M. *The experience of caregivers of outpatient hematopoietic stem cell transplant patients: Lessons learned from the inpatient HSCT literature*. American Psychosocial Oncology Society 11th Annual Conference. Tampa, FL; February 2014.

Bailey J, **Fisher C**, **Hastings C**. *Developing Outcome Measures to Document Contributions of the Clinical Research Nurse*. IACRN 6th Annual Conference Boston, MA; November 2014.

**Bevans M**. *Caregivers: Practical Tips to Cope*. CancerCare Teleconference. November 2014.

**Bevans M**. *Coping with the Stresses of Caregiving When Your Loved One Has Multiple Myeloma*. CancerCare Teleconference. June 2014.

**Bevans M**. *HSCT Caregiving: A Chronic Stressor and Its Impact on Health*. Tandem BMT Nursing Meeting. Dallas, TX; February 2014.

**Bevans M**, Applebaum A. *Care of the Cancer Caregiver: Access, Options and Future Directions*. American Psychosocial Oncology Society Webinar. December 2014.

**Bevans MF**, **Klagholz SD**. *The PROMIS of PROs in Clinical Research*. Consortium for Health and Military Performance. Uniformed Services University for the Health Sciences, Bethesda, MD; November 2014.

**Brockie T**. *Celebrating Native American Heritage Month: More than Beads and Feathers*. National Institute on Neurological Disorders and Stroke, Bethesda, MD; November 2014.

**Brockie T**. *Cultural Influence on an Indigenous Scientist*. National Institute on Neurological Disorders, National Institute on Aging and Drug Abuse, Baltimore, MD; November 2014.

**Brockie T**. *Health in Indian Country*. National Congress of American Indians, Graduate Health Fellowship Workshop. Washington, DC; July 2014.

**Brockie T**. *How Native American Culture Influenced My Career Path*. Society for Advancement of Chicanos and Native Americans in Science (SACNAS), NIH Chapter. Bethesda, MD; February 2014.

**Brockie T**. *The Impact of Cultural and Health Disparities in Clinical Research*. Research Rotation. NIH Clinical Center, Bethesda, MD; July 2014.

**Brockie T**. *My Journey to NIH*. National Native American Youth Initiative in Biomedical Research. NIH and Association of American Indian Physicians, Bethesda, MD; June 2014.

**Brockie T**. *Native American Health and Health Disparities*. NIH Clinical Center, Bethesda, MD; October 2014.

**Brockie T**. *NIH Native American Scholars*. Secretary's Tribal Advisory Committee (STAC) Meeting. NIH Clinical Center, Bethesda, MD; May 2014.

**Brockie T**. *Research Roundtable*. American Indian and Alaska Native Health Research Advisory Council (HRAC), . Office of Minority Health, Rockville, MD; June 2014.

**Brockie T**, **Wallen G**, Campbell J. *Witnessing Domestic Violence, Trauma and Suicide Among Native American Youth*. 19th International Conference & Summit on Violence, Abuse & Trauma; Linking Research, Practice, Advocacy & Policy. San Diego, CA; September 2014.

**Brockie T**, Wetsit L, Ricker A, **Wallen G**. *A Tribal Partnership to Address Violence and Suicide: Building Tribal Research Evidence and Increasing Tribal Research Capacity*. 22nd Society for Prevention Research Annual Meeting. Washington, DC; May 2014.

**Brockie T**, Wilcox H, Campbell J, **Wallen G**, Wissow L. *Suicide Ideation and Attempt in a Reservation-based Adolescent and Young Adult Sample*. 142nd American Public Health Association. New Orleans, LA; November 2014.

**Brooks AT**, **Krumlauf MC**, **Whiting B**, **Clark R**, **Yang L**, Ramchandani VA, Schwandt ML, George DT, **Wallen GR**. *Improved sleep during four weeks of an inpatient alcohol treatment program: characterizing patients who may benefit from targeted sleep interventions*. Society of Behavioral Medicine 35th Annual Meeting & Scientific Sessions. Philadelphia, PA; April 2014.

**Callahan A**. *Factors Influencing the Use of Hazardous Drug Safe Handling Precautions among Nurses Working in and Oncology Research Setting*. NIH, CCCD, OCC, Advanced Oncology Education Series, Clinical Research Protocols in Oncology: A Systems Approach. Bethesda, MD; October 2014.

**Cartledge T**, **Purdie L**, **Fisher C**, **Hastings C**. *Clinical Research Nursing: Creating a Brand for Successful Recruiting into a Specialty Practice*. IACRN 6th Annual Conference. Boston, MA; November 2014.

## Presentations/Abstracts (continued)

Da Costa M, Antolin M, **Woolery M**. *Safety in Nursing Practice: Recognizing Pediatric Hypertension*. Pediatric Nursing Conference. National Harbor, MD; July-August 2014.

**Elliott D**. *Management of Acute Alcohol Withdrawal*. 41st Annual Convention Infusion Nurses Society. Phoenix, AZ; May 2014.

**Fisher C, Miller-Davis C, Krumlauf M, Shelburne N, Wallen GR**. *A Hybrid Learning Approach to Patient Education for Blood and Marrow Transplantation*. 2014 Summer Institute in Nursing Informatics. Baltimore, MD; July 2014.

**Fisher C**, Piringner P, Bell C, Simmons J, Aaleem-Smith H, Hayunga E, Ognibene FP, Gallin JI. *Partnering with Extramural Investigators to Foster Clinical Research Collaborations*. Translational Science 2014. Washington, DC; June 2014.

**Flynn SL**. *Hematopoietic Stem Cell Transplantation*. 2014 Infusion Nurses Society Fall National Academy of Infusion Therapy. Atlanta, GA; November 2014.

**Hastings C**. *The State of the Science of Clinical Research Nursing*. IACRN 6th Annual Conference Boston, MA; November 2014.

**Hubbard M**, Adao K, Delfino H. *Nursing Care of Occupational Exposure to Lassa Fever* United States Public Health Service 23rd Annual Nursing Recognition Day National Institutes of Health, Bethesda, MD; May 2014.

Hudson C, Fejka A, **Woolery M**. *Traversing the Winding Road of Anti-CD19 CAR T Cell Immunotherapy in Children*. Association of Pediatric Nurses Conference: Innovate, Motivate and Communicate. Portland, OR; September 2014.

Iwang G, **Eckes E, Peterson A**. *Nursing Management of Patients with Marburg Hemorrhagic Virus*. United States Public Health Service 23rd Annual Nursing Recognition Day National Institutes of Health, Bethesda, MD; May 2014.

**Jordan B**. *The Impact of Relationship-Based Care on Patient and Staff Satisfaction and Patient Falls*. American Organization of Nurse Executives Annual Conference. Orlando, FL; March 2014.

**Kohn-Godbout J**. *Implementation of a competency based educational program for bedside Clinical Research Nurses at a major United States clinical research hospital*. 6th Annual IACRN Conference. Boston, MA; November 2014.

Kreuzberg S, Fitzgerald-Monroe A, **Hubbard M**. *Don't Cross the Line: Maintaining Professional Boundaries*. United States Public Health Service 23rd Annual Nursing Recognition Day National Institutes of Health, Bethesda, MD; May 2014.

**Kutney-Lee A, Brennan C**, Meterko M, Ersek M. *Organization of nursing and quality of care for Veterans at the end of life*. Eastern Nursing Research Society Annual Scientific Session. Philadelphia, PA; April 2014.

**Mayberry HS**, Decker B, **Cochran K**, Michelin A, **Brennan C**. *Leadership success achieved through interprofessional Collaboration: A quality improvement case study*. 26th Annual National Forum on Quality Improvement in Health Care. Orlando, FL; December 2014.

**Middleton KR**, Fike A, **Andrade R, Tataw-Ayuketah G**, Moonaz S, Dietz L, **Wallen GR**. *Personal Narratives to Assess Acceptability of Yoga for Self-Care in Minorities with Arthritis*. American Public Health Association 141th Annual Meeting. New Orleans, LA; November 2014.

Noe J, Ebeneze L, **Hubbard M**. *Nursing Care of Occupational Exposure to Highly Pathogenic Avian Influeza*. United States Public Health Service 23rd Annual Nursing Recognition Day National Institutes of Health, Bethesda, MD; May 2014.

**Parham J**. *Path to Green: Practice Improvement in the OR*. United States Public Health Service 23rd Annual Nursing Recognition Day National Institutes of Health, Bethesda, MD; May 2014.

**Peterson A**. *Respiratory Complications in a patient with Autoimmune Polyendocrinopathy Candidiasis Ectodermal Dystrophy*. Respiratory Nurses Society, 24th Annual Educational Conference. Rochester, MN; September 2014.



### Presentations/Abstracts (continued)

Preussler J, Majhail N, Mau L, Carr D, **Bevans M**, Clancy E, Messner C, Parran L, Pederson K, Ferguson S. *Housing and Caregiver Challenges for Hematopoietic Cell Transplant Recipients and Their Potential Solutions: Results from a Mixed-Method Study*. Tandem BMT Meeting. Grapevine, TX; February 2014. *Biology of Blood and Marrow Transplantation*. 20 (2, Supplement 1): S124.

Prince P, **Wehrle L**, **Bevans MF**. *Outside the ring of fire: Distress screening for cancer caregivers during the survivorship phase*. APOS 11th Annual Conference. Tampa, FL; February 2014.

Pusineli M, Ryder C, Singh M, **Woolery M**. *PLEAS Check: A Bedside Safety Handoff Checklist to Decrease Error*. 6th Annual International Association of Clinical Research Nurses Conference. Boston, MA; November 2014.

**Ross A**, **Yang L**, **Wehrle L**, **Klagholz SD**, **Bevans M**. *Do healthy behaviors have a relationship with sleep disturbances and fatigue in transplant caregivers?* Society of Behavioral Medicine 35th Annual Meeting & Scientific Sessions. Philadelphia, PA; April 2014. *Annals of Behavioral Medicine*. 47 (Supplement 1): S124.

Schlosser M, Jeffries K, **Hubbard M**. *Nursing Care of Severe Acute Respiratory Syndrome and Middle Eastern Respiratory Syndrome*. United States Public Health Service 23rd Annual Nursing Recognition Day National Institutes of Health, Bethesda, MD; May 2014.

**Sheeron J**, **Woolery M**. *Coordination and Navigation of Research Participants through a Complex Natural History Protocol*. 30th Annual Pediatric Nursing Conference. Chicago, IL; July 2014.

**Wallen GR**, **Brooks AT**, Covington L, **Miller-Davis C**, Sterling E, Eads C, Prodanov T, Rafique S, Davis M, Nelson L. *Health promotion behaviors in chronic management of primary ovarian insufficiency*. Society of Behavioral Medicine 35th Annual Meeting & Scientific Sessions. Philadelphia, PA; 2014.

**Wehrle L**. *Quality of Life and Caregiver Support for Clinical Research Participants*. Presentation to NIH Clinical Center Nursing Department Nurse Residents. National Institutes of Health, Bethesda, MD; October 2014.

**Wehrle L**. *Translating Patient-Centered Outcomes into Clinical Research: Implications for IRP Investigators*. Presentation to NIH Intramural Research Program. National Institutes of Health, Bethesda, MD; April 2014.

Wexler L, Allen J, Cwik M, **Brockie T**, Walkup J. *Tensions and Possibilities for Advancing American Indian and Alaska Native Research*. 22nd Society for Prevention Research Annual Meeting. Washington, DC; May 2014.

**Woolery M**. *Constipation: Concept, Model and Measurement*. Oncology Nursing Grand Rounds. National Institutes of Health, Bethesda, MD; April 2014.

**Woolery M**, Sheeron J. *Overcoming the Challenge of Height Measurement in Children with Disabilities*. 30th Annual Pediatric Nursing Conference. Chicago, IL; July 2014.







# Research

## Studies Currently Accruing Participants

**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

**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

## Studies in Analysis/Dissemination

**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 Expecterated and Induced Sputum & Pharyngeal Swabs for Cultures, AFB Smears, and Cytokines in Pulmonary Nontuberculous Mycobacterial Infection (doctoral dissertation)

**Principal Investigator:** Ann Peterson, RN, PhD, MS

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

**Principal Investigator:** Margaret 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 Patients

**Principal Investigator:** Nancy Ames, RN, PhD

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

**Principal Investigator:** Gwenyth R. Wallen, RN, PhD

**Title:** 02-CC-0053 (OHSRP 5443): A Randomized Study Evaluating the Process and Outcomes of the Pain and Palliative Care Team Intervention

**Principal Investigator:** Gwenyth R. Wallen, RN, PhD

## IRB Exempt Research Projects

**Title:** 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

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:** Gwentyth R. Wallen, RN, PhD

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

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

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

**Principal Investigator:** Cheryl Fisher, EdD, RN

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

**Principal Investigator:** Cheryl Fisher, EdD, RN

## Collaborative Studies with Intramural Research Program(s)

**Title:** 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:** Gwentyth R. Wallen, RN, PhD

**Title:** 13-H-0144: Peripheral blood stem cell allotransplantation for hematological malignancies using ex vivo CD34 selection – a platform for adoptive cellular therapies

**Institute:** NHLBI

**Principal Investigator:** Minocher M. Battiwalla, MD

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

**Title:** 13-H-0133: Extended Dosing with Eltrombopag in Refractory Severe Aplastic Anemia

**Institute:** NHLBI

**Principal Investigator:** Thomas Winkler, MD

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

**Title:** 12-C-0047: A Phase I/II Study of the Safety, Pharmacokinetics and Efficacy of Pomalidomide (CC-4047) in the Treatment of Kaposi Sarcoma in Individuals With or Without HIV

**Institute:** NIH CC, NCI

**Principal Investigator:** Robert Yarchoan, MD

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

**Title:** 12-CH-0083: The Effectiveness of Botulinum Toxin on Persistent Pelvic Pain in Women With Endometriosis

**Institute:** NICHD

**Principal Investigator:** Pam Stratton, MD

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



**Title:** 12-H-0242: Eltrombopag added to standard immunosuppression in treatment-naïve severe aplastic anemia

**Institute:** NHLBI

**Principal Investigator:** Danielle Townsley, MD

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

**Title:** 11-H-0134: A Pilot Study of a Thrombopoietin-receptor Agonist (TPO-R agonist), Eltrombopag, in Moderate Aplastic Anemia Patients

**Institute:** NHLBI

**Principal Investigator:** Ronan Desmond, MD

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

**Title:** 11-HG-0218: A Natural History Study of Patients with Hereditary Inclusion Body Myopathy (HIBM)

**Institute:** NHGRI

**Principal Investigator:** Nuria Carrillo-Carrasco, MD

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

**Title:** 11-H-0252: Exploratory Studies of Psychophysical Pain Phenotyping and Genetic Variability in Sickle Cell Disease

**Institute:** NHLBI

**Principal Investigator:** James Taylor, VI, MD

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

**Title:** 10-CH-0083: A Phase I trial of safety and immunogenicity of Gardasil® vaccination post stem cell transplantation in patients with and without immunosuppression

**Institute:** NICHD

**Principal Investigator:** Pam Stratton, MD

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

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

**Institute:** NHLBI

**Principal Investigator:** Richard Childs, MD

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

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

**Institute:** NHLBI

**Principal Investigator:** Richard Childs, MD

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

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

**Institute:** NIAAA

**Principal Investigator:** David T. George, 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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