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Staff Scientists Awarded Honorific Titles

Fewer than 15% of researchers are selected

Congratulations go to six Staff Scientists who recently received the honorific titles of Senior Associate Scientist and Associate Scientist.

The Clinical Center created these titles last year to professionally recognize staff scientists who support research and are functioning at a more senior level. They must be national or international experts in the field, have made scientific or scholarly contributions of major significance, have received honors and awards for those contributions or have special knowledge and skills which benefit their Institute or Center or NIH.



Senior Associate Scientist
Anna F. Lau,
Department of Laboratory Medicine -
Microbiology Services

Dr. Ana Lau provides microbiological testing services to support the intramural cGMP program. Current Good Manufacturing Practice regulations are enforced by the FDA and help assure proper design, monitoring and control of manufacturing processes and facilities. ***"I'm excited and humbled to have been selected for the honorific title of Senior Associate Scientist. I am grateful for the recognition and opportunities it provides,"*** said Lau.



Senior Associate Scientist
Liang Ma,
Critical Care Medicine Department -
AIDS Section

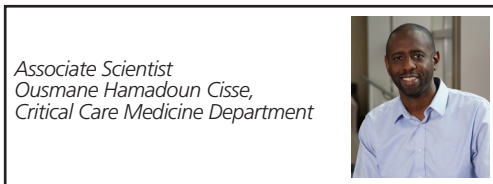
A relatively small number of Staff Scientists may hold these honorific titles. Currently, no more than 15% of the total number of Staff Scientists in any NIH Institute or Center may be Associate Scientists and no more than 10% may be Senior Associate Scientists. Recipients of these titles are selected from nominations by Department Chiefs that are reviewed by an executive committee appointed by Dr. John Gallin, Clinical Center Chief Scientific Officer.



Associate Scientist
Valeria De Giorgi,
Department of Transfusion Medicine
- Infectious Diseases Section

Dr. Valeria De Giorgi, currently the acting chief of the Infection Diseases Section and associate director for research in the Department of Transfusion Medicine, was awarded the title of Associate Scientist.

De Giorgi said ***"This past year has been challenging for the Infection Diseases Section; in a very short time frame we have implemented SARS-CoV-2 testing, both molecular and immunoassay, in order to support NIH SARS-CoV-2 asymptomatic testing and qualification of COVID-19 convalescent plasma unit collected in our department respectively. I am truly grateful***



Associate Scientist
Ousmane Hamadou Cisse,
Critical Care Medicine Department

"Staff scientists who support research at the Clinical Center are vitally important to the work here," Dr. Gallin noted. ***"These titles are comparable to those in universities, allowing Staff Scientists to more easily translate their positions."***



Senior Associate Scientist
Hyesun Kuehn,
Department of Laboratory Medicine -
Immunology Services

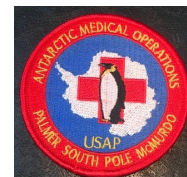


Associate Scientist
Kevin M. Vannella,
Critical Care Medicine Department -
Research Section

for receiving this honorary title. It's such a nice feeling to be recognized for one's hard work. I look forward to continuing to support the Department of Transfusion Medicine, the Infectious Diseases Section and the outstanding CC biomedical research program and would like to thank my mentors, Dr. Alter and Dr. Cantilena, for their invaluable support and encouragement."

- Debbie Accame

From Texas to Antarctica: new Transfusion Medicine chief brings diverse experience



Dr. Bryant's
Antarctica patch

The Department of Transfusion Medicine and Center for Cellular Engineering has a new Chief, but she's no stranger to the NIH Clinical Center. Dr. Barbara Bryant joins the hospital from the University of Texas Medical Branch (UTMB) in Galveston.

Dr. Bryant has four decades of experience, including 17 years in nearly every position possible in a blood bank, before entering medical school. She was a Clinical Fellow in DTM from 2005-2007, staying on as a staff physician through 2008 and then working as a volunteer physician on the IRON protocol (Iron Replacement or Not) which maintained iron balance in routine blood donors. She worked with many colleagues, including 2020 Nobel Prize winner, Harvey Alter.

Bryant describes herself as a "Bedside Pathologist" who gives equal importance to direct patient care and laboratory work. "Embracing both sides of the microscope (clinical care/lab medicine) makes me a better physician," said Bryant.

Bryant's unique background includes working in many roles in blood bank services, including blood bank medical technologist, specialist in blood banking, supervisor and lab manager. She enrolled in medical school at University of Texas Medical Branch at Galveston and was a pathology resident at UTMB when her daughter started medical school making them the first mother-daughter team in training at the same time in the 112-year history of the school.

After two years as chief resident in pathology, she did her fellowship training at Transfusion Medicine/Blood Banking at the NIH. Some of the long-time blood donors at NIH remember her from when she was a fellow.

Bryant established and was the medical director of the "Walking Blood Bank" program at the three U.S. posts in Antarctica (at the South Pole, McMurdo and Palmer stations). The term "walking blood bank" describes a pre-tested donor pool for immediate use in bleeding casualties, usually in remote or battlefield settings. She was also involved with colleagues from NASA and the military in planning the "Floating Blood Bank" for the space program.

Dr. Bryant's research endeavors and clinical interests have focused on maintaining optimal iron balance in blood donors, hemoglobinopathies (blood disorders where there is abnormal production or structure of the hemoglobin molecule), novel granulocytes (a type of immune cell that has small particles with

On the frontline of research for COVID-19

During the COVID-19 pandemic, NIH has been on the frontline in conducting and supporting research to prevent, treat and better understand the virus. This investigation is made possible by clinical research volunteers who participate in clinical trials evaluating therapeutics and vaccine candidates against SARS-CoV-2, the novel coronavirus that causes COVID-19, as well as studies of people who have recovered from infection.



The NIH Clinical Center has a website resource where the public can find studies related to COVID-19. Researchers across NIH are interested in collecting samples and information from otherwise healthy people, or people with weak immune systems, for studies that investigate the effects of this virus and its development.

The objectives of the studies vary according to the institute investigating COVID-19. For example, the National Institute on Alcohol Abuse and Alcoholism has a study assessing the impact of COVID-19 on alcohol use and the consequences in individuals across the spectrum of alcohol use. The National Cancer Institute is examining how immune cells respond to COVID-19 infection.

At another institute, the National Human Genome Research Institute is interested in the role genes may play in how COVID-19 affects people with mitochondrial disease (mitochondria are structures within cells that convert the energy from food into a form that cells can use). Even though the objectives of these clinical research studies are different, they all have the same goal - creating treatment strategies that improve people's health.

The NIH, the largest biomedical research agency in the world, is the leader in enhancing health, lengthening life and reducing illness and disability - and these COVID-19 studies are just the latest example of this.

Interested in participating in a COVID-19 study?

- Visit <https://cc.nih.gov/recruit/search/covid-search.html>.
- Email prpl@nih.gov
- Or call the NIH Clinical Center Office of Patient Recruitment at 800-411-1222

- Omar Echegoyen

Caring for the caregivers

Tracking burnout, challenges helps NIH trainees thrive

The life of a healthcare professional can be difficult: working long hours in an often hectic environment. When you add treating patients in the midst of a global pandemic, the stress levels can increase exponentially.

The Wellness Subcommittee of the NIH Graduate Medical Education Committee - which is supported by the Clinical Center's Office of Clinical Research Training and Medical Education - has been hard at work ensuring the well-being of the clinical fellows during the COVID-19 crisis.

The Wellness Subcommittee, which was established in 2019, is charged with monitoring and enhancing clinical fellow, resident and faculty well-being. The subcommittee consists of interdisciplinary members: from clinical fellows, staff clinicians, program coordinators and social workers to the NIH Civil Program and Employee



Participants engage during a January 2020 professional development pizza social sponsored by the Clinical Fellows Committee.

Assistance Program (EAP) specialists. Given the unprecedented challenges of 2020, the Wellness Subcommittee stepped-up efforts on several projects to further meet the needs of NIH's clinical fellows.

The Clinical Fellow Buddy Program

This effort paired current clinical fellows together as peer buddies in the fall of 2020. Fifty-seven fellows who participated in the pilot program responded to a feedback survey which has helped to continue to mold the program.

"The buddy program has been a nice bridge to meeting people at the NIH, networking and finding friends/like-minded people. Assigned buddies takes away some pressure of connecting. I think it would be a great opportunity for the incoming fellows to get oriented as well," reported anonymous feedback on the program.

This summer, incoming clinical fellows will be matched to Senior Guides, who are current clinical fellows who will serve as mentors to guide the incoming fellows during their first six-month transition at the NIH. These incoming clinical fellows will have the opportunity to be paired with a peer incoming fellow buddy by matching interests and career goals.

Organizers are hopeful that the peer buddy portion of the Clinical Fellow Buddy Program will allow social connection, support and information sharing as fellows progress through their training years. The buddy program is a collaborative effort and spearheaded by Allergy/Immunology fellow and current NIH Clinical Fellows Committee Co-Chair, Dr. Stephanie Kubala.

Virtual one-on-one EAP information sessions

The NIH EAP is providing virtual one-on-one information session for all new clinical fellows. New fellows can meet with a specialist to learn about the program, various resources and how to lower the barrier to reaching out to the EAP if needed in the future. Trainees will be

paired with counselors, all of whom have been trained specifically around resident training needs.

Systematic burnout tracking initiative

Burnout is common, especially among physician trainees, and can have many negative consequences. Job dissatisfaction, poorer quality of care, professional mistakes and absenteeism are just a few potential effects of burnout. Now more than ever, it is important to assess burnout and provide support to NIH's trainees. Participating programs administer a burnout survey semi-annually to trainees and program directors or designated faculty review the results with them.

Tracking burnout can provide programs with a guided, proactive and standardized way to discuss well-being with their trainees, monitor how the fellows are doing and track the main drivers of burnout within their programs.

If you have ideas for enhancing the well-being of NIH's clinical fellows or would like to join the Wellness Subcommittee, please email the subcommittee chair, Dr. Jennifer Cheng at mok-chung.cheng@nih.gov

- Dr. Stephanie Kubala and Dr. Jennifer Cheng

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Should unused clinical samples be repurposed for further research?

Grand Rounds explores a unique ethical challenge

Many clinical research studies struggle to find enough participants. Meanwhile, during their regular operations, clinicians, hospitals and clinics frequently see many patients. What if patient samples and information collected during their visits was used for research purposes? This issue was the focus of a recent Ethics Grand Rounds hosted by the NIH Clinical Center.

The April Ethics Grand Rounds, "Using Leftover Clinical Samples for Research: When is it Ethical?", posed a question: can the large amount of stored clinical samples from the on-site tests of asymptomatic NIH staff for SARS-CoV-2 (the virus that causes COVID-19) be reused for research purposes? And if so, what guidance should researchers follow surrounding their research use?

The Clinical Center, which has continued operating throughout the pandemic, was concerned about the potential spread of COVID-19 in the facility, particularly as it treats so many immune-compromised patients. In May 2020, the hospital began offering voluntary testing for asymptomatic SARS Cov-2 and since then has collected thousands of samples from NIH staff as a part of its epidemiological surveillance program.

"OMS [the Office of Medical Services] offers NIH staff free asymptomatic testing... It's voluntary but all NIH employees are encouraged to participate in this testing program," said Dr. James K. Gilman, Clinical Center CEO, describing the program during the lecture.

This created a research opportunity - residual clinical samples remained after staff had been tested. Now researchers wondered if these samples could help trace workplace transmissions, provide other information such as the progression of viral variants or affect procedures in hospital infection control. These and similar questions could be studied by further research on the stored specimens, moving beyond the original purpose of identifying NIH staff who were exposed to the virus.

The Grand Rounds discussion was led by Dr. David Wender of the Clinical Center Bioethics Department, and featured contributions from Dr. Gilman and Glenn Cohen who is a professor of Law at Harvard Law School and director of Harvard Law School's Petrie-Flom Center for Health Law Policy, Biotechnology and Bioethics.

In this case, the Department of Bioethics was consulted for guidance on the policy for further use of de-identified samples of the SARS Cov-2 virus. U.S. regulations permit the research use of previously collected and de-identified (all personal identifiable information removed) samples without notification or consent from the patients.

The speakers discussed the voluntary nature of staff participation and how the insights gleaned by moving from surveillance to research could potentially affect employees through adjusted working hours, emphasis on telework versus onsite work or other related workplace epidemiological issues. The panel also discussed what manner of employee notification is advisable, ranging from no notification, various opt-in/opt-out policies to formal written consent. Even though it is not required by federal research regulations, Cohen believed obtaining consent in this case is desirable, given the intended use of these samples - or at the very least gaining staff

input to this in other ways.

"When it comes to law and regulations, things are crystal clear... but what's interesting is whether NIH should go beyond what the regulations require," stated Cohen.

At NIH and elsewhere, bioethics relies on experts with diverse areas of specialization to advise in sometimes unanticipated research scenarios.

"Bioethics at NIH most often concerns us... doing the research on others. What's interesting about this case is the possibility of some NIH employees ending up as the research subjects through the use of their leftover biospecimens," said Wender.

COVID-19 affected the daily operation of the Clinical Center in many ways - and some staff might contribute to an understanding of the virus in the workplace in ways they could never have anticipated.

- Robert Burleson

Hernandez Honored as Distinguished Clinical Teacher



Dr. Jonathan Hernandez, a surgical oncologist with the Surgical Oncology Program in the National Cancer Institute, was presented the NIH 2021 Distinguish Clinical Teacher Award (DCTA) on June 9. The award is the highest honor bestowed on an NIH senior

investigator, staff clinician or tenure-track investigator. As the 2021 DCTA awardee, Hernandez will deliver the John Laws Memorial Lecture in June 2022.

Dr. Stephanie Kubala, co-chair of the CC's Clinical Fellow's Committee, made the presentation and read a clinical fellow's comment, "[Hernandez] is everything one could wish for in a mentor/teacher/educator. He is incredibly approachable, thorough and thoughtful in teaching style, constantly involving fellows in every aspect of clinical care, both inside the OR and outside, and allows for appropriate autonomy and thought process formation, with guiding input where necessary to develop as a trainee. He is truly a rarity, and wholly deserves recognition."

As a DCTA winner, Hernandez exemplifies the ideal qualities of a mentor, teacher, clinician and researcher. He specializes in the treatment of pancreatic tumors and tumors of the liver and bile ducts and his research aims to improve treatment of some of the most aggressive and hard to treat GI malignancies, including pancreatic cancer, metastatic colorectal cancer and hepatocellular cancers.

The presentation of the award preceded the annual CC Grand Rounds: John Laws Decker Memorial Lecture. Last year's DCTA winner, Dr. Charles Natanson, Senior Investigator with the NIH Clinical Center's Critical Care Medicine Department, presented the lecture entitled "Mechanistic Insights into Cell-free Hemoglobin-Induced Injury During Red Blood Cell (RBC) Transfusion and Infection" at <https://videocast.nih.gov/watch=42265>.

- Mickey Hanlon

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enzymes that are released during infections, allergic reactions and asthma) therapies, patient blood management, and ensuring patient safety and best outcomes.

As the new Chief, Bryant hopes to continue the innovation, research and growth of her department.

Bryant replaces long-time Department Chief Dr. Harvey Klein after he retired in 2019. Dr. Cathy Conry-Cantilena served as acting chief in the interim.

Bryant has served on the American Association of Blood Banks Board of Directors, the Food and Drug Administration's Blood Product Advisory Committee, the Health and Human Services Advisory Committee on Blood and Tissue Safety and Availability working group and she is a past president of the South Central Association of Blood Banks.

"It's so good to be back at the NIH working with such an amazing group of dedicated individuals. The NIH has an incredible reputation in the Transfusion Medicine and Cellular Therapy arenas," said Bryant.

- Donovan Kuehn

Quilt marks medical journey



NIH Clinical Center Surgeon-in-Chief Dr. Jeremy Davis (center) accepted a handmade quilt from his patients Dana Dunham (left) and Signe Lewis. Dunham was treated for an inherited form of stomach cancer caused by germline mutations in the CDH1 gene. The quilt will be on display at the 3rd floor outpatient clinic as a thank you to the Clinical Center team that supported the siblings during their medical journey at NIH.

Upcoming Events

11th Annual Symposium Red Cell Genotyping 2021 September 22, 2021

This symposium is co-hosted by the Department of Transfusion Medicine, the NIH Clinical Center, the National Institutes of Health and Versiti. This is an in-person & virtual event (subject to change). For information and registration, visit our website: <https://versiti.org/rcg2021> or contact Natasha Leon, email: NMLeon@versiti.org

40th Annual Immunohematology and Blood Transfusion Symposium September 23, 2021

This symposium is co-hosted by the Department of Transfusion Medicine, the NIH Clinical Center, the National Institutes of Health and the American Red Cross. This is a virtual event. There is no registration fee but advance registration is required. E-Mail: cc-dtmsymposium@mail.nih.gov

Hospital adopts policy for patient recordings

Social media is a huge part of American life with 500 million tweets posted each day and 221.6 million Americans using Facebook in 2020. Add in easy access to technology with smartphones in most people's pockets and people are connected online in unprecedented numbers.

In fact, many NIH Clinical Center patients share their medical journeys through social media and personal blogs for months or even years prior to coming to campus. Once here, it's totally understandable that patients – who come from all over the world and often have relatively long lengths of stay - wish to capture their experiences at NIH through recordings, providing updates and sharing special moments with family and friends. The Clinical Center is well recognized for its patient-centric environment of care.

However, this also makes it necessary to apply common sense guardrails around recording activity to ensure the hospital meets its obligation to protect the privacy and safety of patients, caregivers and staff (as well as in rare circumstances to protect data integrity of studies).

To address this, the Clinical Center is socializing a new policy that provides guidance for patients in the hospital who want to record their



Patient recording

experience. The policy is two-fold: it focuses on consent of the people involved and the potential reach of photos, video and sound taken at the Clinical Center.

The policy states "that no audio, video or photography recording of patients, visitors or NIH staff take place without the knowledge of and consent of all involved participants."

What this means is if a patient plans to record their interaction with staff, they need to communicate that desire, and understand that in some cases the recording activity may not be possible.

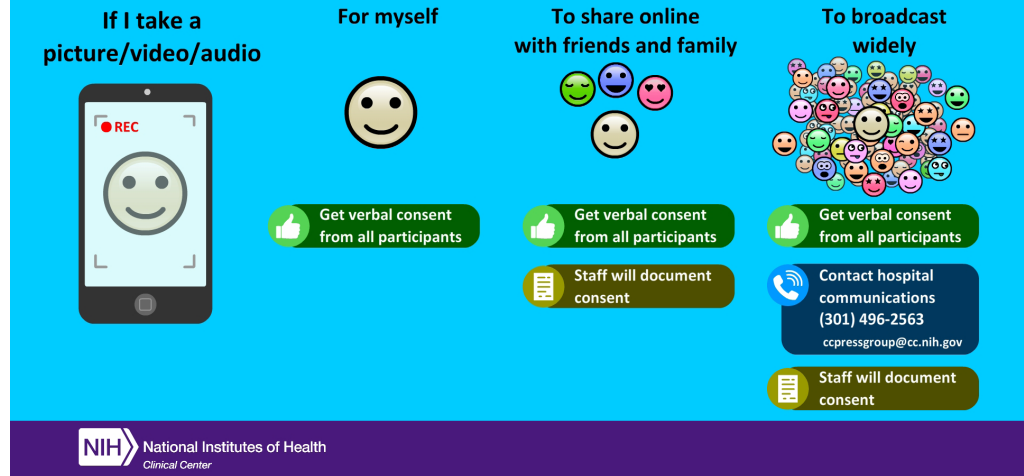
Further, patients are asked to communicate how the recording is intended to be used, for example, strictly for personal use like a memento photo with a favorite staff person upon discharge versus recording something to be shared in a widely read blog. Depending on the intended use, staff may need to document that the recording is taking place.

There will be shades of grey, and the success of the policy ultimately depends on the cooperation of all involved.

Importantly, this policy is not intended to stop recordings that help patients to correctly follow clinical care instructions. Recordings may improve a patient's recall and understanding of medical information and enhance the ability to capture important information for family members and caregivers.

The policy: CC Administrative Policy C-003: Photographs, Audio and Video Recording by Patients or Visitors in the NIH Clinical Center - can be found online [Staff Only]

NIH Clinical Center Recording Policy



If I take a picture/video/audio

- Get verbal consent from all participants

For myself

- Get verbal consent from all participants

To share online with friends and family

- Get verbal consent from all participants
- Staff will document consent

To broadcast widely

- Get verbal consent from all participants
- Contact hospital communications (301) 496-2563
ccpressgroup@cc.nih.gov
- Staff will document consent

NIH National Institutes of Health
Clinical Center

NIH Clinical Center Recording Policy

Questions?

Contact the NIH Clinical Center Office of Communications and Media Relations by phone at (301) 496-2563 or by email at CCCommunications@nih.gov.

Celebrating Asian Americans and Pacific Islanders at NIH

Leaders speak out on contributions and concerns

In May, NIH celebrated Asian American and Pacific Islander (AAPI) Heritage Month. It was a time to recognize and celebrate the contributions these groups have made and to advocate for their equity and safety.

A rather broad term, Asian American and Pacific Islander traditionally refers to those who have origins in the East, Southeast, the Indonesian subcontinent of Asia, as well as the Pacific islands.

During May, several lecture series featured NIH researchers from these locations, including the recent COVID-19 seminar series and the annual Kuan-Teh Jeang Lecture, which honors the life and legacy of the late senior investigator at the National Institute of Allergies and Infectious Diseases. This year's presenter was Dr. Peter Kwong, the chief of the Structural Biology Section for NIAID's Vaccine Research Center which is dedicated to the rigorous pursuit of effective vaccines for human diseases, including the development of an effective HIV-1 vaccine. The lecture was titled "On Being an Asian-American Structural Virologist: A Personal Perspective."

NIH also honored its National Academy of Sciences members, Wei Yang (National Institute of Diabetes and Digestive and Kidney Diseases), Shiv Grewal (National Cancer Institute), Sankar Adhya (NCI), and Kiyoshi Mizuuchi (NIDDK).

"It's important to acknowledge the contributions of these groups," says Caroline Goon, with the Office of Equity, Diversity, and Inclusion (EDI) at NIH. She noted that "the rise in hate incidents and crimes against AAPIs, have risen dramatically since March 2020. According to the national tracking organization, Stop AAPI Hate, there have been over 6,600 hate incidents reported to their center."

The White House responded in late May when President Biden re-established the White House Initiative on Asian Americans, Native Hawaiians and Pacific Islanders (NHPI) and charged the Initiative with "driving an ambitious, whole-of-government agenda to advance equity, justice and opportunity for AA and NHPI communities."



Dr. Leighton Chan (second from the left), part of a panel on cancer convalescence at the Global Cancer Rehabilitation Initiative in Brazil in 2017.

AAPI leaders at NIH are paving the way and demonstrating leadership on a daily basis. A recent panel interview was hosted by the NIH Chapter of the Federal Asian Pacific American Council and the NIH EDI Office. It included Dr. Michael Chiang, director of the National Eye Institute, Dr. Rena D'Souza, the director of National Institute of Dental and Craniofacial Research, and Dr. Noni Byrnes, director for the Center for Scientific Review. Dr. Leighton Chan, chief of the Rehabilitation Medicine Department, spoke with CC News about working in the Clinical Center as an Asian American. He added: "NIH is a welcoming place that encourages diversity. I applaud leadership's efforts to confront our unconscious biases. But I worry about the rise of violence and rise in racism toward AAPI people in society. The observance of AAPI Heritage Month seems more vital than ever."

- Debbie Accame