

- A Silver Tsunami approaches: guest speaker addresses aging in America
- New CC quick serve food cart delivers meals



Clinical Center

NIH...Turning Discovery Into Health®

New training course highlights patient safety

As part of the Clinical Center's continual efforts to improve the safety and quality of care and services provided to patients, the Office of the Director is offering a new training opportunity for staff titled "Introduction to the Principles and Tools of Patient Safety."

The program is comprised of two components. The first is the Institute for Healthcare Improvement Online Open School Patient Safety Curriculum, which provides access to case studies and lesson on quality improvement and patient safety training and helps learners become change agents in health care. The second is monthly Facilitated Discussion Groups, which are one-hour "brown bag" discussion forums that address that month's curriculum topic. The monthly discussions are facilitated by senior NIH Clinical Center staff.

Some monthly topics include Introduction to Patient Safety, Teamwork and Communication, Communicating with Patients after Adverse Events and Introduction to Culture of Safety. To participate, contact Laura Lee at LLee@cc.nih.gov.

Protect against phishing, malware; what staff need to know



In recent months, the NIH Information Security Office (ISO) has seen an increase in the number of phishing emails and ransomware scams – two to three a week – that could lead to security incidents and widespread damage. While the NIH ISO has strong security measures and tools in place to keep the majority of malware and phishing emails from the network, Clinical Center staff also need to remain vigilant to guard against these digital attacks.

The biggest threats to the NIH Clinical Center's information networks are unauthorized access by malicious sources. Phishing emails and malware are a constant threat to the hospital's data management.

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A final farewell from Senator Mikulski to NIH



Dr. Francis S. Collins (left), director of NIH, introduced Senator Barbara Mikulski who visited NIH and gave what may be her final address at the Clinical Center before she retires as Maryland's senior senator.

Senator Barbara Mikulski visited the NIH in what may be her final address at the Clinical Center before she retires as Maryland's senior senator. In her remarks on April 11, Mikulski's reminisced on highlights of her 30-year congressional career, reflected on her mentorship and support of female congressional members and discussed the importance of supporting medical research and

discoveries made at NIH.

"When I came to Congress, I had a rotary phone and I had a typewriter," said Mikulski. "Look at how the world has changed. Who would have known of the dawn of the internet? Who would have known the dawn of the genome? We want continuous dawns, we don't want twilight."

Videocast: <http://go.usa.gov/cu3wF>

The NIH Clinical Center needs your feedback! Take the Federal Employee Viewpoint Survey

The annual Federal Employee Viewpoint Survey (FEVS) is an important tool that measures Federal Government employees' perceptions of the strengths and weaknesses of their respective agencies. Completely confidential, this is an opportunity for NIH Clinical Center employees to candidly share their perceptions about their work experiences, organizations and leaders. The ultimate goal of the survey is to provide NIH and CC leadership with information to build on strengths and improve. It is crucial for NIH CC employees to provide their feedback to help the NIH community. The FEVS launched May 5 and will

be open through the week of June 10. Employees received an email invitation from Federal Employee Viewpoint Survey-HE (evhe@opm.gov) containing a unique link to the survey. Employees who have not completed the questionnaire will receive weekly email reminders with a survey link.

The survey is open to all full- and part-time permanent, non-seasonal employees, including Title 42 and Commissioned Corps employees, onboarded on or before October 31, 2015. More information: <https://www.fedview.opm.gov/>. Questions about the survey? Email NIHFEVS@mail.nih.gov.

A Silver Tsunami approaches: guest speaker addresses aging in America

By the year 2030, the US will likely double the population of people above the age of 65. To address this "Silver Tsunami," Dr. Jimmie C. Holland presented a Clinical Center Grand Rounds lecture April 13 on the character strengths in coping with age, reducing society's negative attitudes about aging and increasing dialog between the generations.

Holland, the founder of psycho-oncology, a subspecialty of oncology that focuses on intertwining psychology and lifestyle with oncology, is an attending psychiatrist and Wayne E. Chapman chair in psychiatric oncology at Memorial Sloan Kettering Cancer Center in New York.

With an aging population comes health risks and chronic illnesses that need to be addressed, she said. Poor choices in regards to obesity, diet and exercise are leading to diabetes, cardiovascular disease, cancer and orthopedic concerns.

This is a "worrisome societal problem that we need to get some handle on," she said. She emphasized there is a tsunami of unmet psychological needs in older patients who are ill.

"I'm astounded at how we send people



Dr. Jimmie C. Holland (from far right to left), Grand Rounds speaker, is joined by her husband, Dr. James Holland, Distinguished Professor of Neoplastic Diseases at Mount Sinai Medical Center in New York, her son Dr. Steven Holland, NIH Distinguished Investigator in the National Institutes of Allergy and Infectious Diseases and her daughter-in-law, Dr. Maryland Pao, Clinical Director of the NIH National Institute of Mental Health.

home sicker and quicker. This [is a] burden on home care and [caregivers] who must continue to work with the nearly 14 million cancer survivors in the country, 59% of which are above the age of 65," Holland said.

Holland also highlighted the importance of keeping people healthy. She refer-

enced a study that found that elderly people who received a phone survey as opposed to a written survey on important areas such as meaning, anxiety and depression tended to show improved outlook in their answers to questions.

When asked what was useful about the phone survey as opposed to a written survey, the answer was simple – "Somebody cared." The personal connection in talking to someone on the phone made a difference.

According to Holland, a long and lengthy life can be sustained through "positive psychology" – maintaining positive character traits such as courage, humanity, justice, temperance and humor.

"We're all aging. It's better we call it living. We're living every single day," she said. "There is data showing that if you have a better attitude toward aging when you're younger, you fare better when you're older in terms of overall function. It's really fascinating, how attitudes make more of a difference than I would have predicted."

Videocast: <http://go.usa.gov/cu3wF>

Clinical Center welcomes attendees of D.C.'s Translational Science Conference

On April 13, the NIH welcomed 30 attendees of the Translational Science 2016 conference, held in Washington, D.C., to visit the Clinical Center and learn more about collaborative and educational opportunities. The Translational Science 2016 gathering, April 13-15, was held in partnership with the Association for Clinical and Translational Science, the American Federation for Medical Research and the Clinical Research Forum.

Dr. Frederick P. Ognibene, deputy director for Educational Affairs and Strategic Partnerships and director of the CC Office of Clinical Research Training and Medical Education, welcomed the visitors and gave an overview of what occurs in Building 10.

"It is always invigorating to meet with these young investigators who are eager to learn more about the CC and the role it plays in enabling clinical and translational research for the intramural research program," said Ognibene.

Participants were introduced to award-

ees of the Opportunities for Collaborative Research at the CC (U01) grants from the National Human Genome Research Institute, National Institute of Allergy and Infectious Diseases and National Cancer Institute during a poster session and learned about varying research projects underway at NIH.

"I was impressed with the facility and the reception we received from staff and researchers and I was particularly glad to learn more about the opportunities for collaboration and access to the many resources that are potentially available to my university's investigators and trainees," said visitor Elizabeth Fortune, Administrative Director at the Virginia Commonwealth University Center for Clinical and Translational Research.

"I look forward to possible future collabora-



Dr. Agnes Mwakingwe, a clinical fellow in the National Institute of Allergy and Infectious Diseases, presents a poster on the development of a new malaria vaccine to a group visiting NIH while in town for the Translational Science 2016 conference.

tions between our two organizations."

The visitors also met with investigators from the Metabolic Clinical Research Unit, the Radiation Oncology Clinic, the Clinical Movement and Analysis Lab and the advanced cardiovascular imaging group.

Read more online! Scan the barcode or visit www.cc.nih.gov/about/news/newsletter.html



- Researchers have sequenced nearly the entire genome of human, mouse and rat *Pneumocystis*
- Tannia Cartledge retires from CC Nursing Department after 41 years of service

Use a downloaded app on a smartphone or tablet to scan the Quick Response (QR) barcode. You will be directed to the CC News online.

Clinical Center News

Editor: Molly Freimuth

Contributors: Cindy Fisher, Richard Hawkins, Donovan Kuehn, Maria Maslennikov, Rachel Wolf

National Institutes of Health Clinical Center
10 Center Drive, Room 6-2551
Bethesda, MD 20892-1504

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Contact: 301-594-5789
Molly.Freimuth@nih.gov



Quick-serve food cart delivers convenient dining to staff, visitors

A new “On The Go” food cart is now making rounds across the NIH Clinical Center to deliver fresh meals for breakfast and lunch. This service is aimed at staff and visitors who may be too busy to leave the patient care unit or bedside to grab a bite to eat.

The Clinical Center is supporting the collaboration between the Office of Research Services (ORS) and Eurest Dining Services for the pilot phase of this project which will last seven weeks, from April 18 to June 3. Eurest Dining Services will evaluate cart sales and customer feedback to measure its successes. In the future, patrons might see expansions of services to outpatient clinics and staff conference rooms.

The cart was inspired by the Clinical Center’s dedication to provide the best possible experience for staff and guests. By bringing meals directly to the care units it is more convenient for families and friends of patients and it provides an opportunity for busy staff to pick up a meal without interrupting patient care.

“To my knowledge, this is pretty unique,” said David Folio, chief of the Nutrition Department. “Most hospitals

might have kiosks, but they remain in one place for a day and don’t roam around.”

The meal cart offers simple, fresh and convenient options for breakfast and lunch from 8 a.m. and Noon Monday through Friday. Food options include muffins, Greek-style yogurt and whole fruits for breakfast and salads, artisanal sandwiches and specialty sushi rolls for lunch. Gluten-free and kosher items are also available. The cart makes several stops outside of the patient care units on the third and fifth floors, also stopping at the Surgical Waiting Room. Each stop along the route has a kiosk that provides the schedule and menu. The cart only accepts debit and credit cards.

For additional information or to provide a comment on the cart, please contact John Crawford, director of Food Services and Concession Programs, ORS/DATS at 301-402-8180.



Joy James, a research staff assistant from 7SW-N, the neurology unit, didn’t have to go far for a cup of coffee, thanks to the new On The Go food cart.

Route and Schedule

Unit/Area	Time
3N Atrium	8:00 a.m. - 8:25 a.m.
5N Atrium	8:35 a.m. - 9:00 a.m.
3S Atrium	10:30 a.m. - 10:55 a.m.
5S Atrium	11:55 a.m.- 11:30 a.m.
Surgical Waiting room	11:40 a.m. - 12:00 p.m.

NETWORK PROTECTION

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Ransomware is malware that may restrict access to infected computers and demands victims provide payment to the attackers in order to decrypt and recover files, explained Jothi Dugar, Chief ISO for the CC.

“As of this time, the primary means of infection appears to be phishing emails containing malicious attachments,” Dugar said. “Malware can find and encrypt files located within shared network drives, USB drives, external hard drives, network file shares and even some cloud storage drives. If one computer on a network becomes infected, mapped network drives could also become infected.”

There are signs that might indicate an email is a phishing scam, Dugar said. Common signs that may indicate a phishing e-mail include: typos, poor grammar, referring to an individual as a general organization (e.g. Dear NIH), an urgency in the message (e.g. Click on this link or else your account will be disabled!), a dire emotional situation that “needs” your help (e.g. orphaned boy in Nigeria that really needs your help), etc.

“The majority of the time, (phishing scams) use timely topics to catch your interest,” Dugar said. “For example, around tax season, you may see a phishing email

stating that your W-2 is ready and to click on a link to retrieve it or provide your personal information.”

Legitimate organizations will not ask users to send personal sensitive information via email. Do not visit banking or financial institutions by clicking on a link embedded in an unsolicited email. If you want to verify a suspicious email, contact the organization directly, but don’t call the number provided in the email, Dugar suggested.

One of the most common phishing emails claims your mailbox is full and you must click on a link to increase the mailbox size. You will never receive a legitimate e-mail from a user at another NIH Institute claiming that your mailbox is full and to click on a link to increase the size, Dugar indicated. This basically means that user’s account was most likely compromised and is being used to target others, Dugar clarified.

Damage from phishing scams and certain malware attacks could range from individual accounts’ being disabled and all of that individual’s files’ being encrypted, to causing entire department shared drives’ to be encrypted with the ultimate possibility of infecting the entire CC and/or NIH network.

Recent ransomware incidents have cost

multiple teams and departments a significant effort to restore file directories and shared drives, conduct investigations and educate users on their role in security. Security is everyone’s responsibility and part of the mission at the NIH; it is not just the job of the CC Information Security Office anymore, Dugar reinforced.

If you receive an email you are fairly certain is a scam, spam or phishing, report it to the NIH automatically via the Outlook Spam plugin. Instructions and more information on downloading this plugin is located at <http://go.usa.gov/cuTM4>. You do not need elevated privileges to download this plugin. However, if users encounter any technical issues with it, they may contact the CC Service Center.

“If you are not sure the email is a scam, please send the email as an attachment to CCSecurity@cc.nih.gov,” Dugar said. Forwarding e-mails does not include the original header information that is needed to conduct a full analysis of the e-mail, so sending the suspicious e-mail as an attachment would be ideal.

The following videos provide more information: <http://tinyurl.com/hfzdwak>, <https://youtu.be/FV-HW3NYdf8>, <https://youtu.be/9QGh5ChrLNY>.

Diane Rehm discusses radio career, personal life

Dr. Francis S. Collins, director of the NIH, interviewed Diane Rehm April 7 for this year's J. Edward Rall Cultural Lecture, an annual lecture which highlights a top author or cultural figure. Rehm is the host of The Diane Rehm Show on WAMU 88.5 FM in Washington D.C. which has been distributed by NPR since 1979. The show has a weekly listening audience of 2.5 million and is broadcast on nearly 200 stations and Sirius Satellite Radio across the country, as well as internationally by the Armed Forces Radio Network.

Reflecting on her early career, Rehm said she began as a secretary in Washington D.C. in the 1950s and then took a hiatus to raise her family. In the 1970s, when she realized her children were almost grown, she took a course which eventually led to her presence in broadcasting.

She also gave advice on how to give interviews about inherently scientific topics. Rehm emphasized that people should be concise and know the subject so well that it becomes conversational.

"That is the kind of message that really reaches people," she said. "When



Diane Rehm, radio host of "The Diane Rehm Show," visited the NIH for the J. Edward Rall Cultural Lecture.

that happens and people can put it into natural, conversational terms, that's when it works."

Rehm also discussed the death of her husband from Parkinson's disease and her struggle to rebuild her life without him, which was the subject of her new book, "On My Own." She talked about palliative care and end-of-life considerations.

"If, at the end of your life, you want endless palliative care that never ends until you go, then I support that 100 percent," said Rehm. "But if you want to go, as I want to go when my time feels no longer of use, I support you in that as well."

Videocast: <http://go.usa.gov/cubVR>

Upcoming Events

View lectures online: <http://videocast.nih.gov>

Bench-to-Bedside Pre-application Information Session

May 24, 2016, 9:30 a.m. - 11:00 a.m.
CC Medical Broad Room 4-2551

The Bench-to-Bedside (BtB) Program funds research teams seeking to translate basic scientific findings into therapeutic interventions for patients and to increase understanding of important disease processes. Intramural Investigators, the session encourages you to ask questions and learn from previous awardees.

NIH Take a Hike Day - Step It Up

June 2, 2016, 11:30 a.m. - 1:30 p.m.

In front of Building 1

Participate in a non-competitive Walk/Fun Run. Also, take part in the Step It Up campaign, launched by the US Surgeon General, by integrating physical activity, such as using the stairs, in the workplace.

NIH Community Market & Food Trucks

June 14 - Aug. 16, 2016, 10:00 a.m.-2:00 p.m.

Lot 10H (Outside Bldg 10 South Lobby)

The Tuesday weekly market will soon be including food trucks (at 11:00 a.m.)!

Nursing Department highlights the specialty of Clinical Research Nursing

Hospitals around the world look to the Clinical Center's Nursing Department as an example of how important and special clinical research nurses (CRN) are in the care of patients and the success of clinical research.

Every nurse at the CC working in a clinical setting has completed training as a clinical research nurse, which creates a strong foundation for research and patient care. To highlight this important specialty, and National Nurses Week (May 6-12), the CRN 2.0 Professional Identity Team has gathered stories from CRNs, research nurse coordinators and principal investigators.

The specialty of Clinical Research Nursing encompasses two distinct practice roles. A CRN describes clinical staff nurses with a central focus on the care of research participants. Clinical research nurses work in the nursing department as well as other clinical departments. The other role is that of a research nurse coordinator which describes nurses whose primary responsibility is study coordination and data management, with a central focus on managing subject recruitment and enrollment, consistency of study implementation, data management and integrity and compliance with regulatory requirements and reporting. Research nurse coordinators work primarily within one of the institutes at NIH.

"For the Clinical Center nurses, they do a lot of the clinical practice piece; they also do a lot of the care coordination continuity and human subject's protection," said Georgie Cusack, Advanced Oncology Certified Clinical Nurse Specialist and Nurse Consultant for the National Heart, Lung, and Blood Institute. "The tests are actually done either in inpatient or in ambulatory care with the clinical research nurses' directing care. The research nurse coordinator is responsible for making sure that the tests are scheduled and that the tests actually happen. They also make sure that all regulatory items are done behind the scenes, including filing adverse events and managing unanticipated problems, reviewing the protocol, monitoring visits and overseeing the auditing process. They are just looking at the research from a different angle."

Marie Abbazio, who works on 3NE, a unit that treats Hematology and Oncology Transplant patients, further explained the role of the CRN.

"CRNs must possess a knowledge base which exceeds the level of instruction and training provided specific to nursing, such that the CRN can speak, as an equal partner, to other members of the multidisciplinary team, particularly when a patient reaches a

challenging moment in their level of care."

The stories and information the Nursing Department has gathered over the past year will educate CC and NIH partners about the role of the CRN and reach our patients and stakeholders around the globe online.

"Dissemination of the understanding of the roles of CRNs is important in the growth and development of the specialty of clinical research nursing," said Debbie Parchen, team lead of the CRN 2.0 Professional Identity team. Diane Walsh, team executive sponsor, says, "CRNs want their story to be told, understood and valued by stakeholders such as patients, principal investigators and professional colleagues."

These nurses make major contributions every day to patient care and outcomes in ways that are not always seen in the community setting. With new testimonials used in marketing the profession to future NIH staff, in addition to the department's most recent publication titled "Building the Foundation for Clinical Research Nursing: Domain of Practice for the Specialty of Clinical Research Nursing," they hope to bring awareness to the crucial role clinical research nurses and research nurse coordinators have in allowing CC clinician-investigators to translate laboratory discoveries into better treatments, therapies and interventions to improve the nation's health.