

April 2003

N Clinical Center News

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Mary Bell and Thang Dinh were presented with awards by Clinical Center Director Dr. John Gallin for demonstrating superior customer service.

Employees honored for excellence in customer service

Mary Bell and Thang Dinh have established themselves as role models in providing excellent and consistent customer service. Last month, they were presented with certificates in recognition of their superior service.

“For two years, we have worked to improve how we interact with one another, how to better help one another and how to make this place special,” said Clinical Center Director Dr. John Gallin. “Both of these employees are examples of how to do this, and they do it well.”

The awards come as a continuing effort to recognize customer service as a top priority in the minds and attitudes of Clinical Center

employees.

Mary Bell, affectionately known as “Mom” by most employees, is not only a grill cook with the second floor cafeteria, but a motivator, advisor and friend to hundreds of employees who see her daily.

“This award means a great deal to me,” said Mary. “Because this smile I have isn’t mine, God gave it to me. Everyday I ask that I am able to be pleasant and happy to others, and for those who are sad I want to make them happy.”

Mary is employed through Eurest Dining Services, and has worked at the Clinical Center for seven years.

Gearing up for Team NIH

The 2003 Komen National Race for the Cure takes place on Saturday, June 7, at 8:30 a.m. in Washington, D.C. and Team NIH is gearing up. Colleagues, family members, patients, and friends are invited to join in representing NIH at this event, the world’s largest five-kilometer (5K), or 3.1 miles, run/walk race.

For the second year in a row the NIH Clinical Center is spearheading the organization of the team. In 2002 Team NIH participants were joined by more than 68,000 walkers and runners. The National Race has steadily grown from 7,000 runners and walkers in 1990 to 26,000 in 1995, to an average of nearly 70,000 entrants each year since that time. Last year, Team NIH was one of more than 700 teams taking part.

“We hope all of NIH and its research partners will once again be part of the team as we show support for this concerted national and international effort to improve women’s health,” said Clinical Center Director Dr. John Gallin.

To make registration more accessible to NIH employees, associates and friends, registration tables will be set up outside the second floor and B-1 cafeterias each workday in the Clinical Center beginning Tuesday, April 15, through Friday, April 25, from 11 a.m. to 2 p.m. To register, you will need a

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New CRC website unveils photos, floor plans

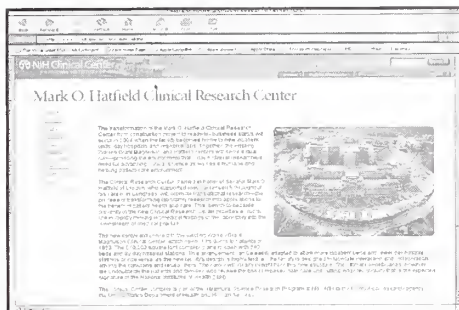
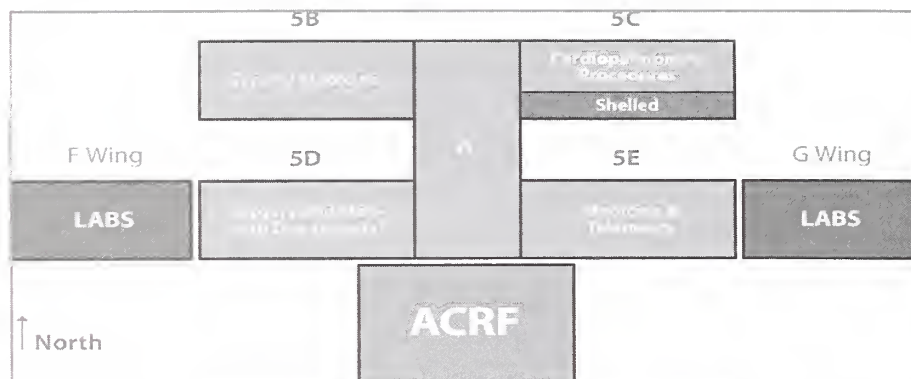
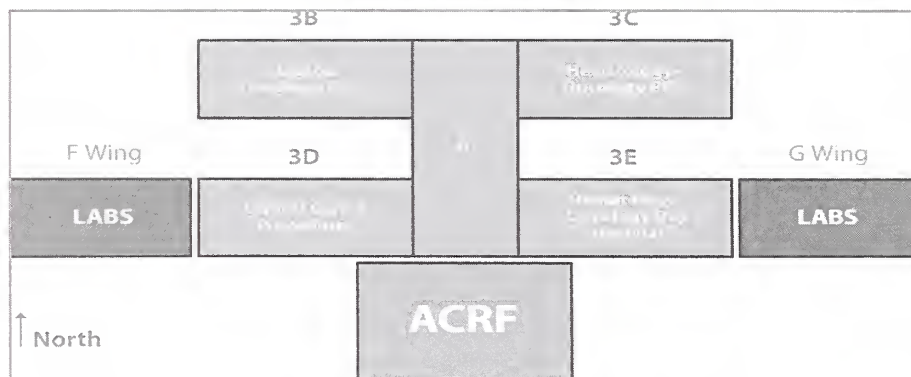
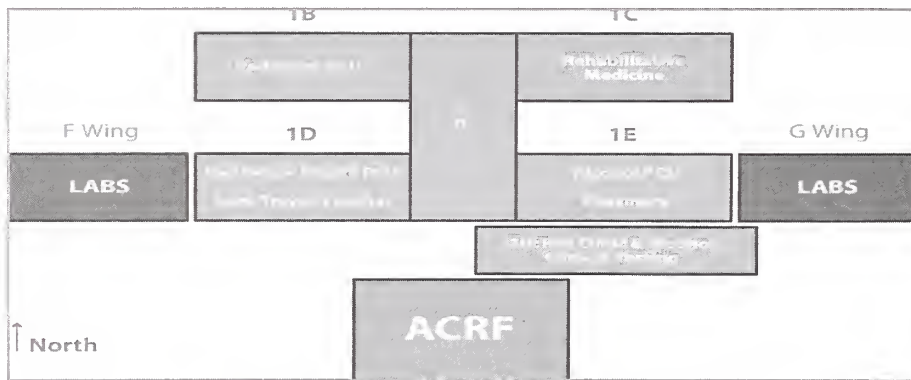
The Mark O. Hatfield Clinical Research Center draws more attention as work on the facility progresses. Employees will begin hearing more details about the new hospital.

General plans for the first, third, fifth, and seventh floors may be seen at right. The patient care units, day hospital stations and laboratory areas are specified.

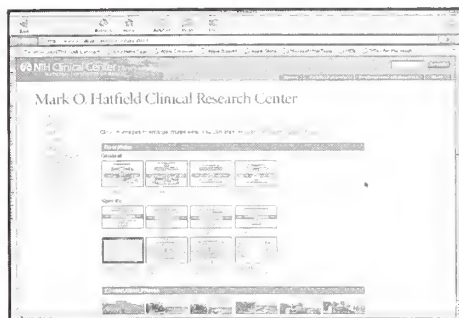
A new website provides an overview and specific facts and milestones. There is information on the design and construction, former Senator Mark Hatfield and the project partners. The visuals section has more images of the floor plans as well as construction photos. Visit the website at:

<http://www.cc.nih.gov/ccc/crc>.

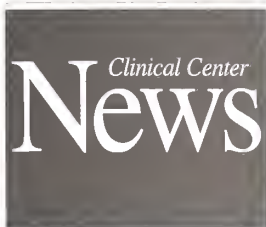
For more information about the Clinical Research Center website, email Dianne Needham at dneedham@cc.nih.gov.



View of CRC website homepage.



Pictures of the CRC are available on the website.



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Clinical Center News online: www.cc.nih.gov/ccc/ccnews/current/



Cannon serves as 2003 Medical Executive Committee Chair

Richard Cannon, M.D., is the 2003 chair of the NIH Clinical Center Medical Executive Committee. The person elected to this role is peer nominated with final selection made by the Clinical Center Director. The committee, made up of NIH clinical directors and other senior medical and administrative staff, advises the Clinical Center Director and develops policies governing standards of medical care and clinical research in the Clinical Center. The Committee also represents and acts for the medical staff and enforces the rules and policies of the hospital.

"It is truly an honor to serve in this capacity," said Dr. Cannon. "It is a privilege to interact with the committee members and associates and to determine how we can provide the best care and the best research environment possible for our Clinical Center patients."

Dr. Cannon, who came to NIH as a clinical associate in 1979 followed by cardiology fellowship training, is the clinical director of NHLBI and head of the Clinical Cardiology Section in the Cardiovascular Branch. He also serves as a clinical professor of medicine at the Georgetown University Medical Center.

A major challenge for the Medical Executive Committee, according to Dr. Cannon, is the transition to the new Mark O. Hatfield Clinical Research Center in 2004. "Going from the old facility to the new hospital will require us to work together in a different mode," he said. "The design of the building and organization of the patient care units should enable more intellectual collaboration among clinical researchers of different Institutes, Centers and Clinical Center departments, and allow us to explore new ways of conducting research."

"Activities of subcommittees of the Medical Executive Committee will have a more immediate impact on patient care and clinical research," said Dr. Cannon. "These activities include a web-based consult service

assessment, prototype for the generation and processing of clinical research protocols and the new Clinical Research Information System (CRIS). The Committee is also in the process of assessing each institute's intramural clinical research program for compliance with the Standards for Clinical Research, adopted by the Medical Executive Committee three years ago, and include data management, biostatistics support, quality assurance, protocol review, human and physical resources, and training and education in the conduct of clinical research."

The scope of Dr. Cannon's own current research involves treatment of severe coronary artery disease with cytokine-mobilized autologous stem and progenitor cells. His long-standing interests include the role of nitric oxide on the regulation of blood vessel functions and blood flow in the heart. More recently he has investigated nitric oxide transport in blood and its effect on blood vessels in collaboration with Dr. Mark Gladwin of the Critical Care



Dr. Richard Cannon

Medicine Department and Dr. Alan Schechter of NIDDK.

A native of Nashville, Tenn., he received his bachelor's degree from Vanderbilt University and his medical degree from the Vanderbilt University School of Medicine in Nashville. Dr. Cannon served his residency in internal medicine at Barnes Hospital, Washington University School of Medicine in St. Louis. He has been honored by the U.S. Public Health Service; the Medical and Surgical Society of Bologna, Italy; and the Fukushima Society of Medical Science of Japan. He has also received the NIH Clinical Fellows Teaching Award and the NIH Director's Award.

—by Dianne Needham

Team NIH registration begins April 15

continued from front page
check, cash or credit card payment in the amount of \$25 per person. Individuals registering during these times will also be able to sign up for complimentary bus service from the Clinical Center to the race site on Constitution Avenue on race day — space is limited and will be on a first come basis. The buses will be available following the event to return to the Clinical Center.

Individuals will also soon be able to register at malls, coffee shops, stores, and schools throughout the community. Web registration is available now at www.nationalraceforthecure.org/registration.html with the online fee being

\$30 before May 17, and \$35 from May 17-30. Don't forget to indicate the code 'NIH' when registering online or at one of the local sites in the community.

For further information or to volunteer to staff the NIH registration or packet distribution stations, contact one of the Team NIH coordinators: Pat Piringer, ppiringer@nih.gov, 301-402-2435; Georgie Cusack, gcusack@cc.nih.gov, 301-594-8128; or Dianne Needham, dneedham@cc.nih.gov, 301-594-5788. More details regarding the Komen National Race for the Cure may be found at: www.nationalraceforthecure.org.

CELEBRATING VOLUNTEERS

NATIONAL VOLUNTEER WEEK APRIL 27-MAY 3



Nine IRTA fellows sought out volunteer opportunities within the Clinical Center and found interpreting for patients to be a rewarding experience. Pictured are (standing l to r) Karen Ortiz, Dennis Montoya, Emmanuel Gonzalez, Melissa Burgos, (seated l to r) Lorri-Anne Burke, Avi Aster, Tomas Rivera and Klodin Ghazarian. Not pictured: Jordana DeLeon.

to their experience at NIH."

Karen Ortiz and Melissa Burgos, both from the Radiology/Oncology branch, NCI, are

IRTAs gain experience outside of lab

A small group of Intramural Research Training Award fellows, or IRTAs, have come to the Clinical Center wanting more than just a boost for their resumes and medical school applications. They came to give a voice and understanding to non-English speaking patients being treated at the Clinical Center.

Nine IRTA fellows are using their multilingual abilities to volunteer as interpreters when needed.

"Some people are hesitant when they get into a new environment, or a new situation and they become scared to ask for what they need," said Lorri-Anne Burke, an IRTA fellow in the Pathology Lab, NCI. Burke is a native of the West Indies and speaks Spanish and English. "Everyone needs healthcare and we need to make them feel comfortable by providing people who can speak their language."

Each of the nine fellows sought out ways to volunteer during their one-year stint at the Clinical Center. Some searched the Internet and found they could volunteer as

interpreters—something they were doing long before realizing that the Social Work Department readily accepts and trains people to be volunteer interpreters.

"This is a special group of IRTAs who have taken time to help interpret on a voluntary basis," said Andrea Rander, director, Volunteer Services. "Sometimes IRTAs just want a chance to get out of the lab and do something on the clinical side, so it's to our advantage and beneficial for them when we are able to make a placement."

Each fellow must go through an orientation where they receive a packet of information including a patient handbook, Clinical Center policies, a dictionary, and a listing of patient needs. After orientation, each fellow goes through a hands-on, or shadow training, in which they sit with an experienced interpreter as they interpret for a patient.

"This has worked wonderfully. The lab managers have been extremely helpful by allowing the fellows to be released from the lab in order to volunteer, and this also adds

well known in their department as "Team San Juan." Both Karen and Melissa are from Puerto Rico and speak Spanish and English, which has made them a widely used commodity.

"There is a high percentage of Latinos who need healthcare and come to the Clinical Center, however there is not a high percentage of Spanish-speaking physicians," said Burgos. "This is really important, because in research there is no contact with the patient, but volunteering as an interpreter allows you to see the connection and to see that there is actually a person who is suffering and has emotions and a family."

Ortiz agrees, and has taken it upon herself to not only help those in the Clinical Center, but in other countries. "There are two people I know in Venezuela who cannot get treated there, so I'm trying to get them to NIH," she said. "I want to help my people, and many of them do not know about NIH, or how to go about getting treated here. I want

See **Volunteers**, page six



Senate Majority Leader Bill Frist requested that Nelson administer the smallpox vaccination to him.



Nelson educates U.S. Surgeon General Richard Carmona about the smallpox vaccine.

NIH research nurse vaccinates top leaders

Lt. Cmdr. Lucienne Nelson, R.N., research nurse, Pediatric Oncology Branch, administered the smallpox vaccination to Senate Majority Leader Bill Frist (R-Tenn.) and U.S. Surgeon General Richard Carmona last month. Senator Frist requested that Nelson administer the vaccine after she was recommended by Rear Adm. Mary Pat Couig, assistant Surgeon General and chief nurse officer. "I am proud to represent the NIH Clinical Center Nursing Department in this role and every day," said Nelson. "This is a privilege and I am grateful for the opportunity." Nelson is part of the U.S. Public Health Service Commissioned Corps Readiness Force and was deployed to New York immediately after the terrorist attacks of Sept. 11, 2001, where she treated firefighters and workers involved in the rescue efforts. She was later deployed three more times to Washington, D.C. after the anthrax breakout in metropolitan post offices and office buildings. On the one-year anniversary of the 9/11 attacks, Nelson was recognized by HHS Secretary Tommy Thompson and Carmona for her role in helping during that time.

Table-top drill prepares managers for emergencies

It's 8:05 on a weekday morning and the NIH Fire Department receives reports of a chemical smell on the North corridor of the first floor. The fire department arrives on the scene at 8:15 and the smell extends along the corridor from the main elevators to the D wing. At 8:30 the fire department evacuates the offices along the corridor. At 9:15 a code yellow emergency is initiated and broadcast over the fire alarm system. How does the Clinical Center staff respond?

This was the scenario presented to about 40 Clinical Center managers at a table-top drill held in the Medical Board Room on March 7.

"The drill was a pen-and-paper exercise to test and critique communication processes and methods that would be used during an emergency situation," said Dr. David Henderson, Clinical Center



Dr. David Henderson addresses Clinical Center managers during a table-top drill.

deputy director for Clinical Care, who led the exercise. His role was to direct the emergency management communication center and give overall direction for hospital operations, and authorize appropriate organizational responses, if necessary. This is the role that will

be assumed by Clinical Center Director Dr. John Gallin in most emergency situations.

All attendees were assigned roles and responsibilities and then reported on their responses. At least two future table-top drills are being planned, according to Henderson.

Volunteer experience gives IRTA fellows advantage

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to change that.”

For Dennis Montoya, volunteering as an interpreter has refocused his career goals. Once determined to be a researcher, he has reconsidered and decided to become a physician, where he can have direct patient interaction.

“This was just a reinforcement that has shown me that I want to work with patients,” said Montoya, who speaks Spanish and works in the HIV Research Section, NIAID. “When people are sick, they don’t need someone telling them they are sick. Especially when children come here, they are scared and crying because it is unfamiliar. Then there are a bunch of unfamiliar faces looking at them throughout the day. But when you can make them feel comfortable and stop them from crying, then it makes you feel good.”

Klodin Ghazarian can understand the unfamiliarity and uncomfortable feelings people have coming to the United States and the Clinical Center. She moved from Iran in 1988 and didn’t know any English. Now, she not only knows English, but interprets Armenian, Farsi and German.

“This is a good opportunity to combine both the clinical and research part of medicine,” said Ghazarian. “It also gives me a chance to meet different people and offer a service to those who need help.”

For Tomas Rivera, the clinical side of patient care is what he needs to fulfill his goal of becoming a doctor.

“This opportunity helps me to relate to the patients and gain the tools needed to treat and understand them,” said Rivera, who interprets Spanish and works in the Physical Disabilities Branch, CC. “This program is good for students like us, because the opportunity is available and all it requires is that you are able to speak another language.”

And that opportunity is what

Emmanuel Gonzalez needed for personal satisfaction. Gonzalez works in the Biological and Chemistry Section, NIDDK. “People who otherwise would come here lost or uncomfortable, no longer feel that way because of my help,” said Gonzalez, who has made friends with patients and often visits or speaks to them in the hallway. “I feel good just to be able to make patients feel welcomed.”


Jordana DeLeon arrived at NIH in Sept. 2001, and decided to volunteer as an interpreter after hearing a presentation by Rander during an orientation. A native of the

Philippines, DeLeon speaks Tagalog, and was needed to translate for two patients in the first two weeks of working in the Host Defenses Section, NIAID.

“This just opened my eyes to everything that NIH does,” said DeLeon, who has developed many friendships with patients over the past year and a half. “This is a place that includes all aspects of medicine, from the research, clinical and humanitarian perspective. It’s a one of a kind place and I’m privileged to be a part of it.”

—by Tanya Brown

Clinical Center
GRANDrounds



**Smallpox and
Vaccination:
Implications for
the Future**

Wednesday
April 30
12 noon to 1 p.m.

Vincent A. Fulginiti, M.D.
Professor Emeritus, at both Departments of Pediatrics,
School of Medicine, University of Colorado Health Sciences Center
and the University of Arizona College of Medicine, AHSC

Lecture
will be held
in Lipsett
Amphitheater

Lecture can be accessed on the NIH Videocast at
<http://videocast.nih.gov>.

All healthcare professionals are invited to attend.

Bell and Thang: customer service role models

continued from front page

The award came as a surprise to Mary, who wasn't told in advance of the award because her boss wanted to keep it a surprise.

"She goes the extra mile to get to know each customer, which makes each visit a personal experience for everyone," said Steven Phillips, food service director for Eurest Dining Services.

That is Mary's goal each time someone passes her counter. "I'm going to try even harder to do whatever I can to make people happier," she said. "I ask the Lord to speak through me so I can help someone else, and it makes me feel good when I can make somebody's day."

Thang Dinh is well known around the Office of the Director as a hard worker.

And Thang wouldn't have it any other way, because he knows that his hard work benefits others.

"I'm just happy when I can help other people out. It makes me happy to see others happy," said Thang.

Thang has worked in the Office of the Director as a clerk for five years and continues to go beyond his regular duties by voluntarily working weekends to develop workbooks for customer service training and staying

late to set up and clean out conference rooms. During one customer service training session, the VCR in the training room was not working properly. Thang brought in his personal VCR from home so that the class could continue uninterrupted.

"Thang does everything with a smile and a wonderfully supportive attitude," said Deborah Gardner, chief, Planning and Organizational Development. "He often goes the extra mile, always listens attentively and is a total pleasure to work with."

Thang said he receives his motivation from his belief in Buddhism. "I just want to do good things for other people," he said. "Because when you help people, you also help yourself. It makes you a better person."

The customer service initiative began in June 2001 with a two-year series of training seminars for all Clinical Center employees and supervisors to ask for their help in improving patient care delivery and to encourage better coordinated support for patients, visitors and other employees. More than 2,200 employees have completed the training.

"When we launched the customer service initiative, our biggest concern

was developing ways to sustain the momentum," said Gardner. "Thang and Mary represent the type of employees who really keep customer service alive. Each of us needs to be committed every day. These two people represent that type of commitment and make the difference between good and outstanding customer service. I am pleased to say that there are many other Clinical Center employees doing this."

The success of the training program has spread beyond the Clinical Center, as members of the customer service initiative develop customer service programs for other NIH institutes.

Recently, a Clinical Center patient, who owns her own company, was impressed by the "culture of friendliness" at the Clinical Center that she requested information that would assist her in implementing a similar program into her business.

The second phase of the customer service initiative will focus on optimizing the diversity of employees to improve patient care and employee satisfaction and commitment. According to Gardner, this phase will look at improving how employees are valued and how to optimize their contributions.

CRIS Grand Rounds focuses on issues facing physicians

CRIS Grand Rounds at the Clinical Center on April 23 will focus on issues facing physicians who use electronic medical information systems such as the NIH Clinical Research Information System now in development. Rounds are at 12 p.m. in the Lipsett Amphitheater.

Topics and speakers are:

- "Creating Healthcare's Next Era: The Role of Informatics," Dr. Martin Merry, associate professor of health management and policy at the University of New Hampshire and senior advisor for medical affairs at New Hampshire Hospital Association and Foundation for Healthy

Communities.

- "Mission Possible: Safer Care for Clinical Research Patients," Dr. Bruce Berg, patient safety and medical informatics officer at Sarasota Memorial Hospital.

The CRIS project is in high gear, said Dr. Stephen Rosenfeld, project manager and chief of the Department of Clinical Research Informatics at the Clinical Center. Intensive design sessions involving nearly 200 people from across NIH were held in February and more sessions follow on April 9. This work is necessary to install the largest component of CRIS, the core that replaces MIS, the

Clinical Center's 25-year old medical information system.

"We have two priorities in developing this core: to provide a new system that will keep the hospital running smoothly during the move to the new Clinical Research Center and beyond—and to ensure it's a system that will encourage and support innovation and future growth," said Rosenfeld. "We've introduced this new facet of Grand Rounds to help keep that focus on future possibilities while we do the necessary work in developing CRIS."

For more information visit <http://cris.cc.nih.gov>.



Starve a Mosquito, Give Blood...

...says a T-shirt being distributed to people who donate blood at the NIH Blood Bank. The shirts are available on a first-come, first-served basis. The Blood Bank is especially in need of type O positive blood. To schedule an appointment call 301-496-1048.

Pictured are (l-r): Cindi Mann, R.N., Department of Transfusion Medicine; donor Dave Whitmer, chief, MPASB, National Heart, Lung and Blood Institute; and Gladys Sanders, medical technologist, Department of Transfusion Medicine.

a p r i l

9 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Fluid Electrolytes: Practical Cases
Robert Narins, M.D., American Society of Nephrology

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
Polyvalency: From Influenza To Anthrax
George M. Whitesides, Ph.D., Harvard University

16 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Genetic Susceptibility To Infection: Malaria and After
Sir David Weatherall, M.D., Oxford University, United Kingdom

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
Nutrition, Blood Pressure, Cholesterol—And Low Risk
Jeremiah Stamler, M.D., Northwestern University

23 **CRIS Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Creating Health Care's Next Era: The Role of Informatics
Martin D. Merry, M.D., C.M., University of New Hampshire
Mission Possible: Safer Care for Clinical Research Patients
Bruce H. Berg, M.D., M.B.A., Sarasota Memorial Hospital

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
Inflammatory Breast Cancer: Genetic Determinants And Challenges For Novel Therapeutics
Sofia D. Merajver, M.D., Ph.D., University of Michigan

30 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Smallpox and Vaccination: Implications for the Future
Vincent A. Fulginiti, M.D., University of Colorado Health Sciences Center and the University of Arizona College of Medicine

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
The Alpha Project And The Dream Of A Predictive Biology
Robert Brent, Ph.D., Ellison Foundation for Medical Research

COMING IN MAY

WATCH FOR SPECIAL EVENTS

CELEBRATION OF NURSING
PAST, PRESENT AND FUTURE

NATIONAL NURSES WEEK
MAY 6-12, 2003