

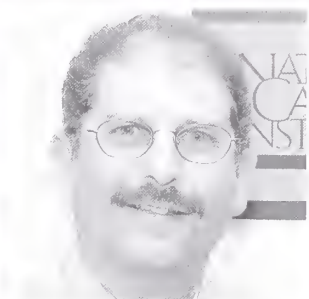
Clinical Center News

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Robert Dickler



Lee Helman



Talmadge King

New members join Board of Governors

The Clinical Center Board of Governors welcomes three new members—Robert Dickler, Lee Helman, M.D., and Talmadge King, M.D. Each will serve a three-year term to June 2007.

Robert Dickler is senior vice president, Division of Healthcare Affairs at the Association of American Medical Colleges (AAMC). He oversees activities that focus on the interface between the healthcare delivery system and academic medicine such as policy and regulatory analysis/monitoring; liaison with the federal government's executive branch and other organizations; development and maintenance of databases relating to hospitals, health systems and faculty practice plans; oversight of various research projects; and the development of educational programs and publications. AAMC's Division of Healthcare Affairs also provides membership services. Dickler received his master's degree, and pursued doctoral studies, in healthcare administration at the

University of Minnesota. For nearly a decade, he held a variety of administrative positions at the University of Minnesota Hospital and Clinic, before becoming director of the University of Colorado Hospitals in 1981. In 1987, Dickler was appointed the general director of the University of Minnesota Hospital and Clinic and assistant vice president of the Health Sciences Center. He has held several faculty positions and, among his past local and national professional activities, served on the executive committee and as chair of the Accreditation Council for Graduate Medical Education and chair of the Metropolitan Hospital Section of the American Hospital Association.

Dr. Lee Helman is the chief of the Pediatric Oncology Branch and deputy director, Center for Cancer Research, at the National Cancer Institute (NCI), NIH. He also serves as a Professor of Pediatrics and Oncology at the Johns Hopkins University. Dr. Helman is a member

Committee carves clear directions for CRC

For newcomers to the Clinical Center, it may seem difficult. But when the Mark O. Hatfield Clinical Research Center opens, finding your way around may be a task for employees and patients alike.

But a small group of people have made a large building easy to navigate for patients and employees.

With more than 3,000 signs needed for the new building, the CRC Way-finding and Signage committee, led by Ann Ellis and Larry Eldridge, had three months to determine how many signs would be needed, where they would be placed, the design and mock-ups, and user input.

It was the short time table that produced good results.

"The time frame of the project actually helped, because signage is something that is continuous and can go on forever," said Ellis, program coordinator. "We just want to have a system that is streamlined and will help visitors and patients move through the CRC effortlessly."

Ellis said the team, which includes employees from Hospitality Services, Nursing Department, Admissions Office, Social Work Department, and Patient Representative Laura Cearnal, learned from many of the

Signage, directories, training will help people through CRC

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obstacles faced with signage in the Clinical Center, ACRF and South Lobby. "The architectural design of the signs will be simple, yet elegant," she said. "The signs will be easy to find, easy to read and aesthetically pleasing."

Working with The Douglas Group, (the sign consultant on the project) an architectural design company, black and white signs with simple lines, large text and anti-glare materials were created. The vinyl letters and numbers contrast with the background finishes of the sign material, making them legible, and magnetic slide plates (commonly

referred to as inserts) allow for flexibility. Each sign will have either a room number or general area description along with Spanish translation, international symbols where needed and each will meet the Uniformed Federal Accessibility Standards.

Mock-ups of the signs were created and placed throughout the third floor of the CRC. A focus group of patients walked through and offered feedback as to the location of the signs and how legible and accurate the signs were.

"We received some really good feedback from the patients," said Eldridge. "Essentially, we are right on

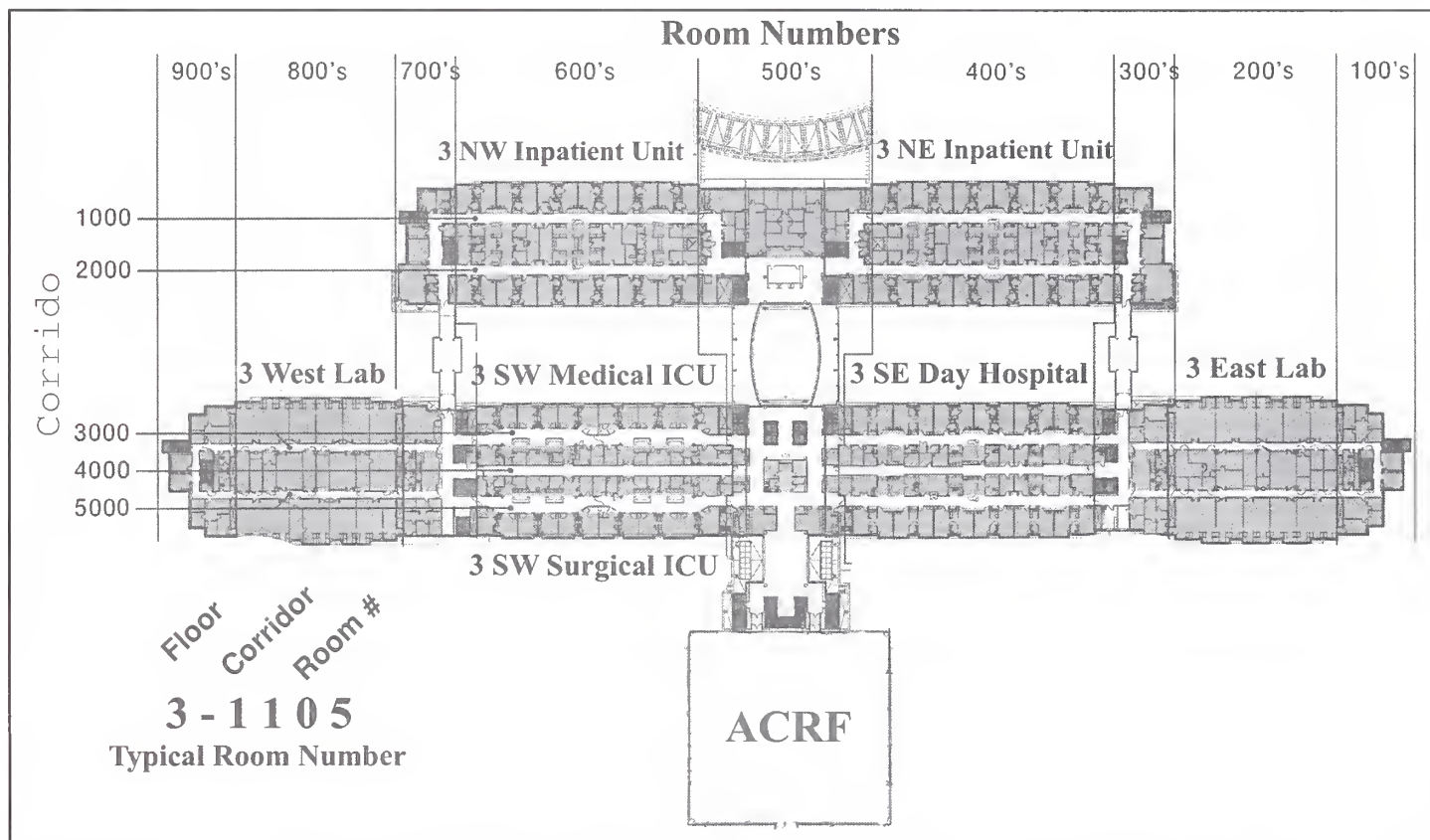
target and they responded well to the location and design of the signs."

Patient Representative Laura Cearnal, who participated in the walk through said that the patients were willing and extremely helpful. "One patient even called back later with more ideas after talking with a family member about the signs," she said.

Signs will not be the only directional markers within the CRC. According to Ellis, there will also be directories, maps, guides, and the Hospitality staff stationed in the lobbies to give directions to patients and visitors as they enter.

Additionally, staff that has direct

See Wayfinding, page three



Each room will have a 5-digit room number. The first digit of the room number is the floor; the second number is the corridor along with the room number. There are five major corridors, labeled from 1000 – 5000.



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News, article ideas, calendar events, letters, and photographs are welcome.

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



Wayfinding

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contact with patients will be trained to direct them to the appropriate place.

“We are hoping to incorporate an educational component into the wayfinding program that will help staff members to do a better job of directing patients and visitors throughout the CRC,” said Ellis. “Signs are not the primary component of successful wayfinding program. Assistance provided by staff and printed material are the foundation, while signs and directories are intended to reinforce the directions.”

With good directions, excellent signage and the overall design of the CRC, Eldridge said the building will be a lot easier to navigate than the current building.

“Because the building is

horizontally built, it’s best to use a geographical system to label the units and give directions,” he said.

The Inpatient Units, Day Hospital units and Medical ICU and Surgical ICU will be located by their



Example of room sign

geographic position in the CRC—Northwest, Southwest, Northeast and Southeast. The labs will either be East or West.

The room numbering system in the CRC is actually easy to use once one

understands the basis of its design.

There are five major corridors, labeled from 1000 – 5000. Each room will have a 5-digit room number. The first digit of the room number is the floor; the second number is the corridor along with the room number.

By using general names to identify specific areas within the facility, the system is adaptable. For example, instead of identifying the specific treatment within a specific area, the sign would read 3 SE Day Hospital.

“This system is highly flexible and can be easily maintained. This gives us an opportunity to make changes after everything is installed,” said Eldridge. “The way finding and sign committee achieved its goal, which provides for permanent signs to be installed in the CRC prior to occupancy.”

Board of Governors welcomes three new members

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of the Board of Directors of the American Society of Clinical Oncology, the Scientific Advisory Committee of the Children’s Oncology Group and the Pediatric Oncology Task Force of the American Association for Cancer Research, and was a founding member and past president of the Connective Tissue Oncology Society. He is an associate editor for the journals *Cancer Research* and *Clinical Cancer Research*. Dr. Helman’s NCI lab currently has two major areas of investigation related to the biology of pediatric sarcomas—the role of insulin-like growth factors on the biology of these tumors and to identify the molecular mechanisms of metastases using animal models of spontaneously metastatic tumors.

Dr. Talmadge King is the Constance B. Wofsy Distinguished Professor and vice chairman of the Department of Medicine at the

University of California, San Francisco (UCSF), and chief of medical service at San Francisco General Hospital (SFGH). In his role at SFGH he leads a department with more than 110 physicians and scientists and more than 500 support staff. He received his medical degree from Harvard Medical School, followed by a residency at Emory University Affiliated Hospitals, Atlanta, Georgia, and a pulmonary fellowship at the University of Colorado Health Sciences Center in Denver. He is a member of the Association of American Physicians, American Clinical and Climatological Association, Fleischner Society, and is a fellow of the American College of Physicians and the American College of Chest Physicians. Dr. King’s research interest is the pathogenesis, diagnosis and management of inflammatory and immunologic lung injury. He has served on the Lung Biology and Pathology Study Section, NIH; the

Subspecialty Board on Pulmonary Disease of the American Board of Internal Medicine Pulmonary; and the Allergy Drugs Advisory Committee, Center for Drug Evaluation & Research, Food and Drug Administration.

The Board of Governors is a 15-member group, established in 1996 by the Health and Human Services Secretary, consults with, and makes recommendations to, the NIH and Clinical Center directors on issues relating to the operations of the Clinical Center, including budget and strategic and operational planning. The full board meets three times annually and the executive committee meets twice a year. Board membership, appointed by the NIH director, is comprised of physicians, scientists and healthcare managers from across the NIH and representing the nation’s top academic medical centers.

New Clinical Center website, redesign debuts

The Clinical Center's external webpages have undergone a major redesign. The updated web presence was launched on February 9.

The top three levels of the site have been redone to reflect web usability practices making it easier for staff, clinical researchers and existing or prospective patients to navigate the information they need. This iteration of changes is designed primarily to improve the web experience for external visitors to the Clinical Center site. At the same time it will maintain easy access to existing pages and sites used mainly by employees and associates on campus or from an NIH-identified remote-access workstation. Existing department, office, service and other program sites are not currently affected by this initial "facelift." Through ongoing updates of pages over time future plans call for the integration of the new navigation and graphic continuity throughout the Clinical Center's webpages.

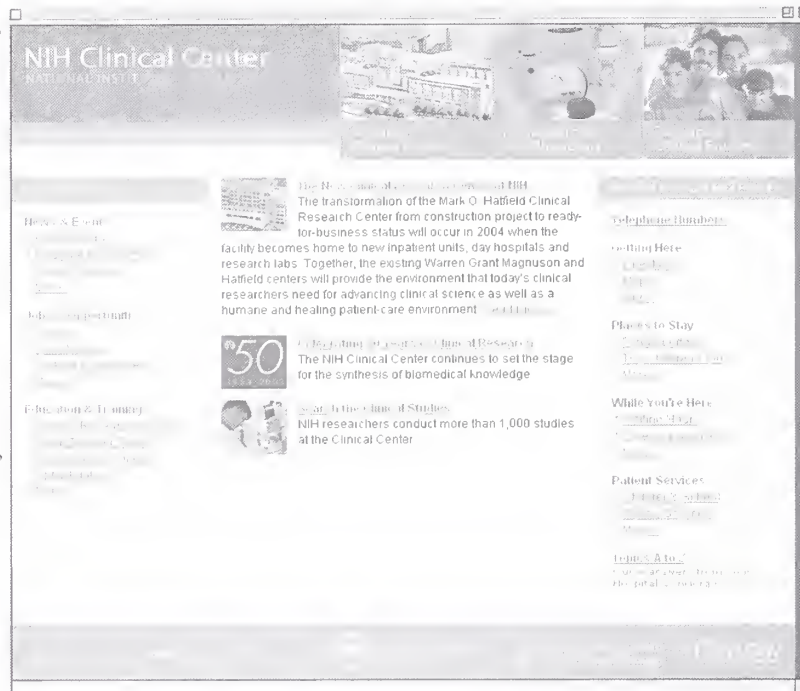
What's new

There is a new graphic appearance to the site. New colors, new fonts, a more sophisticated and subtle use of moving graphics impart an updated "look and feel." The new site is also 508-compliant, giving disabled employees and members of the public access to the information that is comparable to the access available to others. The Section 508 law was enacted in 1998 by Congress to require federal agencies make their electronic and information technology accessible to people with disabilities.

Changes to note on the new

homepage include a Highlights section that can be expanded to cover current events and activities; a Hospital Concierge section that presents a ready-reference for visitor and patient information so practical concerns are solved quickly without searching; a centrally-placed major features section similar to a newspaper's front page; and a Staff Only link for Clinical Center employees and NIH associates contains internal content available only to the appropriate user

out to be valuable insights into users' minds about where they expected to find various types of information, and how easy it was to confuse them by using too many ambiguous categories. These findings resulted in a second web prototype for the Clinical Center homepage with only three main global navigation information categories. Round two of testing proved a better understanding of users' information-seeking habits had been achieved with nearly all



Visit the new website at <http://clinicalcenter.nih.gov>.

audience. Clickable drop-down menus under each of the main information categories (About the Clinical Center, For Researchers and Physicians, Participate in Clinical Studies) allow quick and easy access to subcategories.

Usability engineering

Web usability engineering was applied to develop the new information architecture for the homepage. Usability standards were the driving force behind the redesign and development effort. In 2003, three rounds of usability testing were conducted.

Round one provided what turned

scenarios easily navigated by the majority of user participants. There were still some areas of confusion such as use of an online "bulletin board" and some information was perceived as missing. These areas were addressed in a third prototype design.

Round three of testing was done to determine if the new information

architecture and design developed through testing rounds one and two was more usable than the existing (most recent) Clinical Center site. The overall purpose of this study was to answer the questions: on which site is it easier to find information to complete task scenarios, which site is preferred overall and which visual "look" is preferred overall.

User participants in this round were over 21 years of age and had no connection to healthcare, science or medicine. Although each was thought of as a "prospective" patient, at least seven turned out to be from

See *New Website*, page five

New Website continued from page four

the patient community with the remainder representing the general public. The group included a strong mix of gender, age, education, ethnicity, and web use habits for participants.

The testing was done in a controlled usability testing environment. A test facilitator worked one-to-one with a user participant as they worked through information-seeking tasks and related real-life scenarios of the web content and its structure. Each participant worked with the facilitator for one hour. During the test sessions, participants were tested with both versions of the site, using the same scenarios. The order of sites tested alternated to minimize the effect of learning or other biases that might occur. User participants were timed from the moment they were given the first scenario until they fulfilled the information-seeking task, or indicated to the facilitator they wanted to give up on that task and

move on.

Each user participant was tested on 20 scenarios and related information-seeking tasks. The tasks included such things as deciding whether or not to participate in clinical studies, finding standards for clinical research and if there are any job openings at the Clinical Center. The scenarios were written to represent the site's main audience groups and their goals. Participant findings (five datasets) demonstrate strong favor for the new information architecture. A few minor usability problems remain as well as some ambiguity regarding the preferred design look. In general it can be said that the new site tests as more user-friendly than the "old." More specifically:

- The new site allowed people to find information faster than the old site (time elapsed).
- The new site allowed people to find information better (success rate).
- 17 of 19 participants said that they felt the new site was easier to find information on.
- 17 of 19 participants said they preferred the new overall site.

Recommendations from this third round of testing based on the overall findings were to replace the previous site with the new one, provide a more sophisticated graphic look and address some miscellaneous issues in the next phase of design and development. This iteration of usability prompted the web team to conclude that the proposed information architecture provides a substantially more usable interface for the Clinical Center website, as compared to the previous site.

The redesign and development work is the result of the efforts of the Clinical Center web team led by Dianne Needham, deputy chief, Office of Communications. Richard Barnes, senior web designer, CIT, NIH; Doug Sur, web systems administrator, Networking and Applications; and members from Constella Group, a commercial firm, comprise the team.

Visit the new site at <http://clinicalcenter.nih.gov>. To share comments, questions and suggestions contact Dianne Needham at 301-594-5788 or dneedham@cc.nih.gov.

Fitilis joins clinical center as special assistant to COO

Hillary Fitilis has joined the Clinical Center as special assistant to Chief Operating Officer Maureen Gormley, and will serve as a consultant for supervisors and managers on employee issues and a liaison to the NIH Workforce Relations Division.

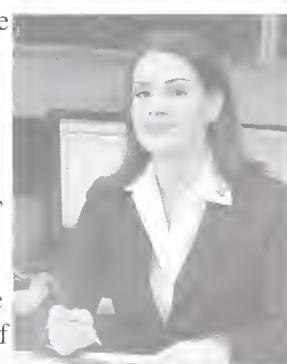
In her position, Fitilis will advise management officials on matters concerning employee issues and related policies as well as work to develop a plan to achieve consistency across the organization in actions related to employee conduct and performance.

"I am very excited about my position and hope that I will make a valuable contribution to the mission of the Clinical Center," said Fitilis. "My position is new to the Clinical

Center and I have received a very positive response from managers and supervisors regarding my role."

Fitilis received her J.D. degree from American University and served as an agency counsel for the past five years in the Office of the General Counsel, Department of Health and Human Services. In that position, she provided legal advice to management officials and defended the department in EEO actions before the Equal Employment Opportunity Commission and appeals of adverse actions before the Merit Systems Protection Board. In the course of providing legal advice to management officials, she became an expert in policies and procedures related to federal employment.

Although she will not be functioning in a legal capacity in this position, she will draw upon her expertise in the area of federal employment law.



Hillary Fitilis

Among other responsibilities, Fitilis plans to establish a training program for management officials on employee issues. She will also serve as an internal consultant to the COO, managers and supervisors to ensure compliance with applicable regulations and policies.

Fourteen new nurse managers selected for CRC

Fourteen new nurse managers have been selected for the new nursing management structure for the Mark O. Hatfield Clinical Research Center.

The selection and redesign of the nurse manager role came about due to the fewer patient care units in the

CRC than in the current building.

All nurse manager positions for the CRC and ACRF were posted as part of a competitive national search.

“Search committees screened, interviewed and forwarded the most qualified candidates to the service chiefs, who were the selecting

officials.” said Claire Hastings, chief, Nursing and Patient Care Services. “These candidates were then interviewed by the selecting official and members of the clinical research community.”

**Not pictured, Lomar Yap, 5B - General Medicine Program of Care*



Lori A. Purdie
5D Surgical Specialties/Transplant/
Medical-Surgical Day Hospital



Janice Davis
Medical-Surgical Specialty Clinics



Awilda (Wendy) Holland
Oncology/Hematology Clinics



Judith Johnson
1E - Alcohol Behavioral Health program
of care



Susan Johnson
3B - Surgical Oncology



Antoinette Jones-Wells
3E - Hematology/Oncology Day Hospital



Teresa Kessinger
7D - Neuroscience



Deborah Kolakowski
3D South - Surgical Intensive Care



Anita Marban
3D North - Medical Intensive Care and
Procedure Unit

Atkinson awarded for outstanding service

Dr. Arthur J. Atkinson, senior advisor in Clinical Pharmacology to the Clinical Center Director, has been awarded the 2004 Henry W. Elliot Distinguished Service Award.

Sponsored by the American Society for Clinical Pharmacology and Therapeutics, the award recognizes individuals who have made significant contributions to the organization.

"It's nice to be recognized for contributing, but I feel that it takes many contributors and a lot of people working together to make an association like this thrive," said Dr. Atkinson.

Dr. Atkinson directs the NIH ClinPRAT postdoctoral training program, the NIH Clinical Center course on Principles of Clinical Pharmacology, and an NIH computer workshop on Principles of Pharmacokinetic Data Analysis: Modeling and Simulation.

He has been a member of the American Society for Clinical Pharmacology and Therapeutics for more than 25 years, serving as president from 1995-1996. He also served as a member of the board of directors, chairman of the Committee on Coordination of Scientific Sections and associate editor of the organization's journal, *Clinical Pharmacology & Therapeutics*.

During that time he was instrumental in allowing the organization to purchase its journal from the Mosby Publishing Company, made educational and training materials available to the larger Pharmacological community, and was contributing author and lead editor for a textbook, *Principles of*

Clinical Pharmacology, all royalties from which benefit the Foundation for the NIH. Additionally, Dr. Atkinson has enabled the Society to distribute videotapes of lectures from the Clinical Center's evening course that the textbook is based on.

Dr. Atkinson received his A.B. degree in chemistry from Harvard College and graduated from Cornell University Medical College in 1963. He served as a clinical associate in the Laboratory of Clinical Investigation, NIAID, and received postdoctoral training in clinical pharmacology at the University of Cincinnati. In 1970,

Dr. Atkinson started a clinical pharmacology center at Northwestern University Medical School, where he served in the departments of medicine and pharmacology for 24 years before accepting a position at the Upjohn Company as corporate vice president of clinical development and medical affairs. Following the merger of Upjohn with Pharmacia, he returned to the NIH Clinical Center where he began his research career.

Dr. Atkinson is a Master of the American College of Physicians and is former president of the Chicago Society of Internal Medicine and the American Board of Clinical Pharmacology.

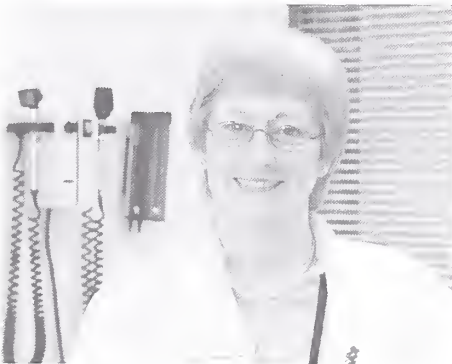
The American Society for Clinical Pharmacology and Therapeutics was founded in 1900. Headquartered in Alexandria, Va., the society has 2,200 members worldwide and works to advance the practice of clinical pharmacology for the benefit of patients and society.



Dr. Arthur J. Atkinson



Georganne (Gigi) Kuberski
1D- Pediatric Behavioral Health program of care



Kathleen Musallam
Behavioral Health Clinics



Priscilla Rivera
3C- Hematology/ Oncology / Transplant Unit



Sandra Bowles
7E - Adult Behavioral Health Program of Care

march

3 **Grand Rounds**
12-1 p.m.
Lipsett Amphitheater
Ethics Grand Rounds
*Non-Beneficial Pediatric Research: Is It Ethical To Enroll Children In Research When There Is No Chance of Benefit To Them? **
P. Pearl O'Rourke, M.D.,
Partners Healthcare Systems,
Boston

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
The Marvels and Illusions of Intuitive Thinking
Daniel Kahneman, Ph.D.,
Princeton University

10 **Grand Rounds**
12-1 p.m.
Lipsett Amphitheater
Contemporary Clinical Medicine: Great Teachers
*Managing Heart Failure: Taking the Congestion Out of Congestive Heart Failure **
Lynne Stevenson, M.D.,
Harvard Medical School

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
Tiny Conspiracies: Cell-To-Cell Communication in Bacteria
Bonnie L. Bassler, Ph.D.,
Texas Southwestern Medical Center

16 **Special Tuesday Lecture**
3 p.m.
Masur Auditorium
Transcriptional Control of Heart Development and Disease
Eric N. Olson, Ph.D.,
University of Texas

17 **Grand Rounds**
12-1 p.m.
Lipsett Amphitheater
50th Anniversary Celebration of Clinical Research

New Insights and Approaches to Patients with Extreme Insulin Resistance
Dr. Phillip Gorden, NIDDK
Clinical and Genetic Insights into Multiple Endocrine Neoplasia Type-1 (MEN)
Stephen Marx, M.D., NIDDK

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
Transcription-Coupled mRNA Export
Ed C. Hurt, Ph.D.
Heidelberg University, Germany

24 **Grand Rounds**
12-1 p.m.
Lipsett Amphitheater
50th Anniversary Celebration of Clinical Research
The Dysregulated Inflammation of Chronic Granulomatous Disease
John I. Gallin, M.D., CC
Autoimmunity: A Consequence of the Life and Death Struggle of Lymphocytes
Stephen Straus, M.D., NCCAM

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
No Lecture

31 **Grand Rounds**
12-1 p.m.
Lipsett Amphitheater
50th Anniversary Celebration of Clinical Research
The Development of TNF Blockers for Rheumatoid Arthritis
Peter Lipsky, M.D., NIAMS
The Development of Recombinant Immunotoxins for the Therapy of Cancer at NIH
Ira Pastan, M.D., NCI

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
Structural and Digital Biology of Macromolecular Complexes
Wah Chiu, Ph.D., Baylor College of Medicine

Fence completion brings new way to enter campus

The construction of the fence surrounding the NIH campus is nearing completion. Once finished, the fence will include eight vehicle/pedestrian access gates and nine stand-alone pedestrian access gates.

All of the vehicle access gates will have a security guard presence, and pedestrian access will be available during business hours. The other nine pedestrian access gates are stand-alone gates that do not require a security guard. "Once the fence is completed and the gates are in operation, we can rely more on electronic access security systems rather than having a guard present at each post," said Arturo Giron, associate director, Security and Emergency Response, ORS, NIH.

"The pedestrian access gates, or portals, will be equipped with an electronic security system allowing all NIH employees entry by waving an NIH ID badge in front of a card reader," explained Giron.

For added security, the pedestrian-only portals were designed such that once the NIH employee waves the ID in front of the reader, they open the gate to an entryway where they wave their ID card in front of another reader and then enter the campus. "This additional security measure will prevent any piggybacking and help ensure only those who are authorized to gain entry," said David Chung, Division of Physical Security Management.

Until the electronic systems for the pedestrian entrances become fully operational, employees will be able to manually open the gate to enter and exit the campus.

For more information on the perimeter fence and its access gates, contact David Chung at 301-496-6893.

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