

January 2004

# Clinical Center News

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- *Quezado named anesthesiology chief*
- *Red Cross volunteer "retires"*
- *Employee aids in California wildfires*

## A first: Clinical Center scores 99 with JCAHO

It was a first for the Clinical Center. Fewer than three hours after the news was relayed, Clinical Center Director Dr. John I. Gallin, had called an 'all hands' meeting in the Lipsett Amphitheater and was passing out the news. The topic was a preliminary report card issued by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The score was 99 out of 100.

The announcement drew immediate cheers and applause from the audience as Dr. Gallin stood at the podium and smiled.

"I want to personally thank everyone in the organization, including the institutes here in the Clinical Center, that made this possible. I think it is quite an achievement to get this kind of a score."

JCAHO visits healthcare facilities every three years to survey the organizations to ensure that safety and quality care is provided to the public. Facilities are rated on patient functions, organizational functions and structure, with particular scrutiny on records. The Clinical Center had always been a high JCAHO achiever. In 1994, it scored 94. In 1997, a 96. It also received a 96 in October 2001.

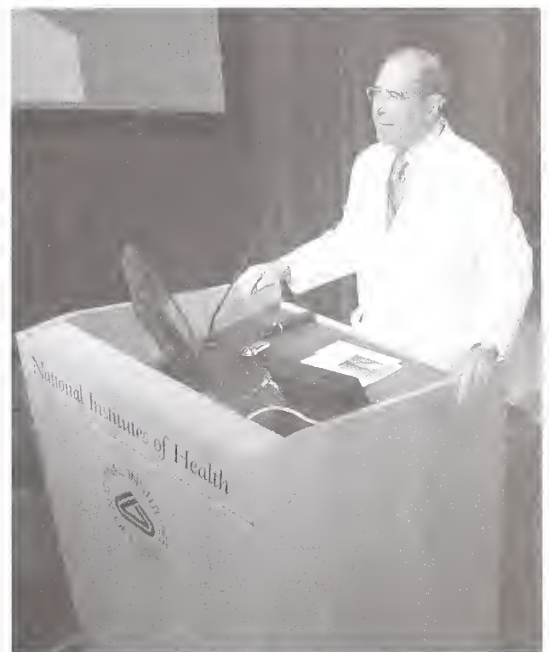
"The JCAHO's near perfect assessment of the Clinical Center is

even more relevant considering the fact that the Joint Commission's scrutiny of healthcare organizations has been much stricter than in past years," said Deputy Director of Clinical Care Dr. David Henderson. "It emphasizes the outstanding patient care and services by a quality staff second to none."

The observations by the surveyors were equally as glowing.

"You have the most sophisticated staff I've ever encountered," said one. "I can tell you're doing something right," said another. "You can see the marriage between the

*Continued on page 5*



*Clinical Center Director John I. Gallin praised staff and called the JCAHO score "a remarkable achievement."*

## Survey examines the CC employee experience

Clinical Center employees like their jobs. They feel they are treated with respect and that their departments are well organized. That's some of the good news from the final report issued on the 2002 Clinical Center Employee Experience and Satisfaction survey. "This survey will help us better understand and ultimately improve the work-life experiences for Clinical Center employees," said Dr. John I. Gallin, Clinical Center director. "It's especially gratifying that so many employees invested the time and effort to share their opinions about working here. Their insight is important."

About 2,000 Clinical Center employees were invited to participate in the

*Continued on page 4*

## University of Pittsburgh Training in Clinical Research Program

Applications for the 2004-2005 University of Pittsburgh Training in Clinical Research Program are available in the NIH Clinical Center, Office of Clinical Research Training and Medical Education, Bldg. 10, Room B1L403.

The program, designed for Ph.D. and allied health professionals (e.g. pharmacists and nurses), consists of an integrated core curriculum taught over three semesters starting with an intensive eight-week summer session. The program has been modified so that NIH trainees are required to spend the first five days of the summer session in residence at the University of Pittsburgh. Physicians and dentists are also eligible to matriculate in this program.

Participants have the option of receiving a certificate in clinical research (15 credits) or a master of science in clinical research (30 credits) from the University of Pittsburgh School of Medicine.

For more information, including tuition costs, visit the program website at [http://www.cc.nih.gov/cc/cc\\_pitt/index.html](http://www.cc.nih.gov/cc/cc_pitt/index.html) or send an e-mail to [tcpr@pitt.edu](mailto:tcpr@pitt.edu). The deadline for applying is March 1, 2004. Successful applicants will be notified by May 29, 2004.

Enrollment in this program is limited. Prospective participants should consult with their NIH institute or center regarding the official training procedure.

## NIH-Duke Training Program in Clinical Research

Applications for the 2004-2005 NIH-Duke Training Program in Clinical Research are available in the NIH Clinical Center, Office of Clinical Research Training and Medical Education, Bldg. 10, Room B1L403.

The NIH-Duke Training Program in Clinical Research, implemented in 1998, is designed primarily for physicians and dentists who desire formal training in the quantitative and methodological principles of clinical research. The program, offered via videoconference at the Clinical Center, offers formal courses in research design, research management and statistical analysis.

Academic credit earned by participating in this program may be applied toward satisfying the degree requirement for a master of health sciences in Clinical Research from Duke University School of Medicine.

For additional information regarding course work and tuition costs, refer to the program website at <http://tpr.mc.duke.edu/>. E-mail queries regarding the program may be addressed to [tpr@mc.duke.edu](mailto:tpr@mc.duke.edu). The deadline for applying is March 1, 2004. Applicants who have been accepted into the program will be notified by July 1, 2004.

## studies

### Premature ovarian failure

Participants are needed for a variety of studies regarding premature ovarian failure. Must be between the ages of 18 to 42 Call 1-800-411-1222, TTY 1-866-411-1010.

### Kidney disease study

Participants needed for various kidney studies, including Lupus Nephritis, Membranous Nephropathy, and Focal Segmental Glomerulosclerosis. Treatment provided at no cost. Transportation provided. Call 1-800-411-1222 (TTY: 1-866-411-1010) E-mail: [prpl@cc.nih.gov](mailto:prpl@cc.nih.gov).

### Rheumatoid arthritis study

Volunteers are needed to participate in a rheumatoid arthritis study. Participants must be 18 years or older and be diagnosed with rheumatoid arthritis. All study-related tests are provided at no cost. Compensation provided. Call 1-800-411-1222 (TTY# 1-866-411-1010). E-mail at [prpl@cc.nih.gov](mailto:prpl@cc.nih.gov).



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

*Clinical Center News* online: [www.cc.nih.gov/cc/ccnews/current/](http://www.cc.nih.gov/cc/ccnews/current/)





## Quezado named Anesthesia and Surgical Services chief

**D**r. Zena Quezado has been appointed as the new chief of the Department of Anesthesia and Surgical Services.

Quezado served as acting chief of the department since March 2003. "Her leadership skills have been invaluable in assuring seamless surgical services support to investigators and patients," said Clinical Center Director Dr. John I. Gallin.

Born in Brazil, Dr. Quezado received her medical training at the Federal University of Ceara. After moving to the U.S. in 1986, she completed a medical internship and residency at Albert Einstein Medical Center at Temple University in Philadelphia, Penn. She first joined NIH as a medical staff fellow in the Critical Care Medicine Department from 1990 to 1994.

After spending two years as an assistant professor of medicine at the Uniformed Services University, Dr. Quezado completed an anesthesia residency and fellowship at



*Dr. Zena Quezado*

Massachusetts General Hospital, where she later joined the faculty as an instructor and assistant professor of anesthesia. In 2000, Dr. Quezado returned to NIH as a staff anesthesiologist.

"NIH has been very close to my family for many years," said Dr.

Quezado. "One of my sisters is a staff pathologist at NCI and one of my brothers was a research fellow in the Critical Care Medicine Department. The environment, the commitment to clinical and scientific excellence and the reality of always being challenged has made NIH and the Clinical Center a place that I've always wanted to be a part of."

As chief, Dr. Quezado said she will work to make the department nationally and internationally recognized as the premiere anesthesiology department in support of biomedical research. "There is no other department like this. It is the only department in the world solely supporting biomedical research."

Additionally, Dr. Quezado looks to highlight the importance of the profession and uniqueness of working in the Clinical Center in order to alleviate the shortage of anesthesiologists. The national shortage, which is expected to last for the next five to 10 years according to Dr. Quezado, is a result of a decrease in residents entering the specialty in the 1990s. She added that the uniqueness of NIH will make recruiting a little bit easier.

"The decrease in supply coupled with increase in demand and attractive compensation structure offered by private practice makes it a challenge for academic centers to recruit and retain anesthesiologists," said Dr. Quezado. "We will be able to attract anesthesiologists who are excellent clinicians or clinician-scientists anesthesiologists who embrace the mission of supporting biomedical research. The commitment from the Clinical Center senior leadership, in keeping with the vision of the institution, will enable us to make the Department of Anesthesia and Surgical Services a world-class department."



### **Leadership Certificate Series Staff**

*The Clinical Center's Education and Training Section, in conjunction with the University of Maryland, sponsors a Leadership Certificate Series of courses for employees and managers. For more information contact Stacey Bauman at 301-496-1618.*

*Training staff includes: (Front row left to right), Tina Levin, Stacy Coleman, Joseph Mancini, Kathleen Krisko, Lomar Yap. (Back row left to right), Janet Germano-Medina, Bertram Brown, Marcia Smith, George Patrick, Robert Mekelburg, Dr. Diana Ryder Jackson, and Tannia Cartledge.*

# Clinical Center Survey

*Continued from page 1*

last survey, and 1,024 surveys were returned. "We've spent a great deal of time and effort analyzing the information employees shared with us," said Deb Gardner, chief, Planning and Organizational Development. "That input provides a roadmap for strengthening what's working in our organization and for putting a priority on what needs improvement."

Following are key findings about Clinical Center strengths:

**Job satisfaction:** Clinical Center employees have it. The overwhelming majority of employees say they are "satisfied" or "very satisfied" with their jobs—86 percent of non-managers and 87 percent of managers. "This is a significant statistic," Gardner explained, "because the most candid evaluation of job satisfaction in any organization typically comes from employees who



*Nurse Josefina Haynes finds working with patients, especially children, to be highly rewarding.*



*Keith Baptiste, a clinical research nurse (3 East), said the Clinical Center has "loads of character" and is "a very comfortable place to work."*

don't supervise other employees."

**CC values:** We understand. Are employees willing to give extra effort to fulfilling the organization's mission? Yes, according to about 98 percent of those responding. Most employees (83 percent) report that they share values similar to those of the organization. Only 12 percent of the non-managers and seven percent of the managers don't know what those values are.

**Respect:** Our employees experience it. Most employees, about 90 percent, reported being treated with respect "usually" or "always." About 75 percent of the employees have confidence in and trust co-workers.

**Customer service:** It's good. Four out of five employees reported that the level of customer service in their department and at the CC overall is "good" or "excellent." Of those reporting, 88 percent say department-level service

is excellent or good; 82 percent rated CC staff service as excellent or good.

**Workload:** About right for most. Two-thirds of non-managers (67 percent) described their workload as "about right." Managers were divided. Half the managers (52 percent) agreed their workload was "about right," and the other half (46 percent) reported having too much to do. Of those reporting an "about right" workload, 71 percent said they are "usually" or "always" an

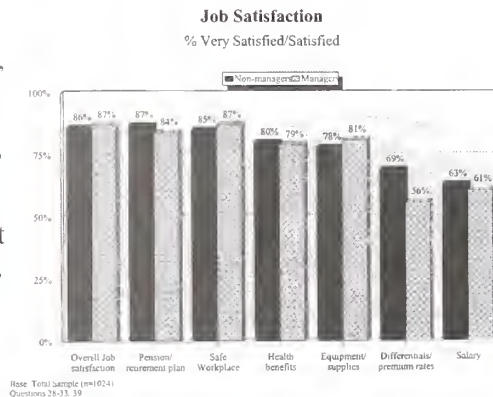
important part of the CC mission.

**Departmental organization:** Important to patient-care providers. Most employees who provide patient care (83 percent) say their departments are well organized to

meet customer needs.

Following are key findings about what needs improvement:

**Feeling valued:** Needs to be improved. Most employees (68 percent) "usually" or "always" feel





that their supervisors value their contributions. "Feeling valued is the most significant predictor of overall job satisfaction." In contrast, Gardner pointed out, "32 percent of our employees do not feel their supervisors value their contributions. This requires attention."

**Recognition:** we can do it better. Nearly half of non-managers (46 percent) reported that employees are "never" or "only sometimes" recognized fairly. Fewer managers (33 percent) felt that way.

**Diversity:** a closer look is required. More than 75 percent of the respondents said that diversity is "usually" or "always" accepted, but about 25 percent said diversity was accepted "never" or "only sometimes."

**Reporting errors:** more information needed. About one-quarter of care providers (18-24 percent) indicated that they believe the Clinical Center punishes those who report errors. Nearly all care providers (79 percent of non-managers and 87 percent of the managers) are comfortable reporting their errors.

"We'll launch initiatives to correct problem areas that employees have identified," Dr. Gallin said. "We thank employees for taking the time to complete the surveys and helping us identify areas for improvement. We'll share details on these initiatives as they are available," he concluded.

If you have questions or comments about the survey, send an e-mail to [ccsurveyteam@cc.nih.gov](mailto:ccsurveyteam@cc.nih.gov) or a note to the Clinical Center Survey Team, 2C-146D.

## Clinical Center scores 99 with JCAHO

*continued from page 1*

staff and the mission." Still another quipped, "You should be so proud of what you all do for the citizens of the United States...I feel better about being a taxpayer!"

Other observations: "The score reflects the fact that they are proud and should be proud." And, "How do you find these people? They're terrific!" But the crowning comment came from the administrator surveyor. "I've never surveyed a perfect hospital, but the Clinical Center comes close!"

"They did have a few suggestions for us to make ourselves even better than we are," Dr. Gallin noted. "Needless to say, we're not going to appeal for 100."

Dr. Gallin said that there will be another JCAHO survey when the Clinical Center moves into the Clinical Research Center, but that it would most likely be to look at the facility itself. Also, the review process will change. Beginning in 2006, surveys will be unannounced about every three years. "They will come to see how we perform in a real setting, with no formal preparation." Eighteen months later, he added, the Clinical Center must conduct a self-review and send the results to JCAHO.

"I realize this experience is painful; it's hard work, but

everyone knows it's a healthy experience," Dr. Gallin said. "We put a lot of energy and hard work into our self-reviews to make them as rigorous and positive as possible. So when they come for their unannounced reviews, we'll be ready. It's going to require a

different mindset to be as polished and as thorough in our records and procedures."

Dr. Gallin concluded his remarks by again praising the workforce.

"I think what we've done makes NIH look good and I think you should be proud. Our patients can be confident that they're getting the best treatment

anywhere. And to do all this in a clinical research setting makes it all the more meaningful."

Dr. Gallin gave special thanks to Dr. Henderson and to Laura Lee, special assistant to the deputy director for clinical care.

When asked for her reaction to the JCAHO score, Lee was enthusiastic. "Of course I'm thrilled with the score, but most of all I'm gratified to be part of this wonderful community. I'm so proud of my colleagues—they do all the work, take care of the patients and the day-to-day difficulties that arise. Our job is just to show the surveyors how wonderful they are."

***"I've never surveyed a perfect hospital, but the Clinical Center comes close!"***

***Administrator Surveyor***

## briefs

### Director's Awards

The Clinical Center Director's Awards will be held on February 27 from 1-3 p.m. in Masur Auditorium.

### FAES Registration

Registration for the Spring 2004 semester at the Foundation for Advanced Education in the Sciences (FAES) Graduate School at NIH is being accepted. Walk-in registration will take place Jan. 7, 8, 9, 12, and 13 from 10 a.m.-4 p.m. (5 p.m.-7 p.m. on Monday, Jan. 12) in Building 60, Suite 230. Late registration will be accepted from Jan. 14 through Feb. 13 with a \$5 late fee and from Feb. 16 to Mar. 5 with a \$10 late fee. The last day to register for Spring 2004 classes is March 5. Biotechnology Training Courses (BioTrac) for 3 and 5 days are also offered with a laboratory component. The FAES Spring 2004 Course Catalog is now available online at (<http://www.faes.org>). The catalog is also available at the FAES Scientific Bookstore in the Clinical Center, Building 10, on the B1 level, and at the FAES Graduate School office at One Cloister Court, Building 60, Suite 230. For more information call 301-496-7976.

### New ID policy

Effective January 1, 2004, security guards stationed at building entrances, both on and off campus, will implement a new identification policy for employees entering NIH facilities. The new procedures are as follows: 1. Guards will ensure that the photograph on the NIH identification presented by the employee matches the person presenting the identification. 2. Guards will ensure that the expiration date on the identification is still valid.

## Volunteer "retires" after 21 years

**Y**ou don't often hear of a volunteer retiring. But with 21 years of service on the same patient care unit, Amanda Modlin has earned that right.

"It's hard to leave because the people are wonderful and the staff is outstanding," said Modlin. "I've learned the benefit of research and I've seen patients come back year after year...and it may not have been that way if they were treated somewhere else."

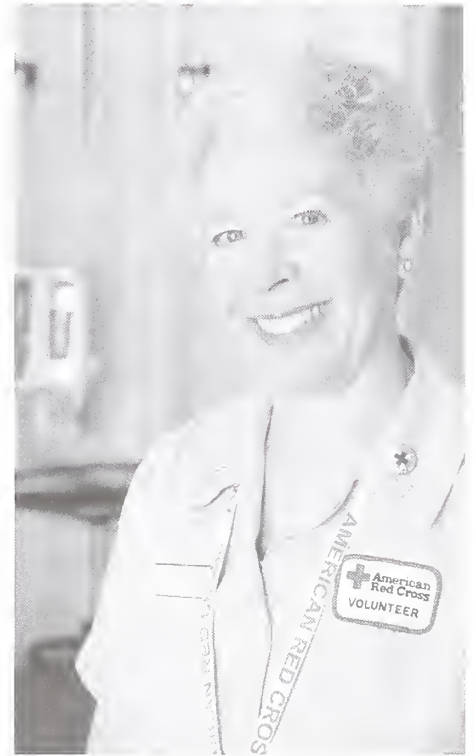
Modlin, whose husband is a physician, taught first grade in Columbus, Ohio, and St. Louis, Mo., while her husband received medical training. When she returned to Maryland, she volunteered at the school her children attended.

"When my children got older I decided to volunteer somewhere else, so I went to the local Red Cross office in Silver Spring and asked where they needed help," said Modlin. When she came to the Clinical Center, she was told that help was needed on 2-East.

That's where she has dedicated her time every Thursday for the past two decades, working with patients and handling administrative tasks. "I've been here longer than most of the nurses on this unit," she said.

"She has brought a cohesiveness to this unit because of her longevity," said Tye Mullikin, clinical nurse on 2-East. "She has been an extra set of hands while working as a unit clerk on an extremely busy unit. Things always run much smoother when she is here and she will be truly missed."

3. Guards will verbally pronounce the first or last name of the employee (whichever is easiest to pronounce). 4. Guards will ask employees to prominently display their identification.



Amanda Modlin

Mullikin added that Modlin also helped train the unit research assistant and is an integral part of the 2-East team.

"We always miss volunteers when they leave because they have become a part of our family," said Andrea Rander, director, Volunteer Services. "I remember when Amanda's daughter got married and when her grandchildren were born...she shared her family stories with us. It's a great loss for her to leave, but we know she will continue to do great things."

And that is Modlin's plan. Her husband's retirement a year-and-a-half-ago motivated Modlin to leave the Clinical Center in order to travel, spend time with her grandchildren and continue practicing ballet, which "I have been doing forever," she said.

Asked what the 2-East patient care unit is going to do without her, she said "They'll do just fine. The quality of the staff is high and they are a sweet, kind, wonderful group you just won't find anywhere else."



## California wildfires more like bomb than forest fire, says NIH psychiatrist

The California wildfires that burned through 281,000 acres, consumed nearly 3,000 homes and caused 22 deaths last November, also caused one NIH employee to experience something he won't soon forget.

"It was called a wildfire, but it was more like a bomb," said Cmdr. Alan Zametkin, child and adult psychiatrist with the intramural National Institute of Mental Health. "You don't know how fast a fire spreads until you've experienced it."

He didn't experience it firsthand, but as part of the Commissioned Corps Readiness Force, Cmdr. Zametkin was deployed for two weeks in the aftermath of what was called the Cedar Wildfires, providing mental health services to those affected.

"Most of the people I saw handled the loss well, especially the children. We treated more adults, but as expected, those with the most severe problems had preexisting psychiatric problems," said Cmdr. Zametkin. "Many of the people I spoke with lost everything. Some had uninsured property, lost businesses and personal effects, and all they wanted was for someone to listen to their story."

Cmdr. Zametkin, along with three other United States Public Health Service Officers deployed with the American Red Cross to offer residents assistance. Cmdr. Zametkin also provided mental health services to the Red Cross volunteers.

Stationed in San Diego for two days, Cmdr. Zametkin and his group spent the next 14 days in a small, mountain community of Julian, Calif. Julian, known for its historic buildings dating back to the 19th century, was nearly consumed, along with its neighboring city of Cuyamaca.

Fueled by the Santa Ana winds,



Cmdr. Alan Zametkin

the Cedar Fire was started by a lost hunter who lit a signal fire in the mountains of San Diego County. Within 10 hours after it was ignited, the fire consumed 80,000 acres. Within three days, 206,000 acres were charred and in ruins.

"This fire burned through 14 lanes of an interstate highway," said Cmdr. Zametkin. "If the winds didn't change direction, this fire would have burned straight through San Diego and into the Pacific Ocean."

The Santa Ana winds did change direction, redirecting the fire back up the mountain toward Julian.

"I get asked two questions: Why didn't the people just leave their homes and take their possessions with them and didn't they see the fire coming,

weren't they warned?" said Cmdr. Zametkin. "No one knew which way the fire was burning and officials couldn't keep accurate track in order to inform the public because it moved so quickly. People would go to bed listening to news reports about the fire blazing in one direction, by the time they woke up in the morning, it was literally in their backyards. There was very little warning."

Despite the blackened trees, melted signs and rows of houses leveled to ashes, the town began picking up the pieces and restoring the damage. Cmdr. Zametkin spent two days in the elementary and middle school in Julian, talking and working with the kids to help them cope with the disaster.

"It's just amazing how resilient

*Continued on page 8*



A store sign in the town of Julian, Calif., melted to waste after the Cedar Wildfires burned through the town. The fire caused 22 deaths and consumed 3,000 homes.

**7** **Grand Rounds**  
**12-1 p.m.**  
**Lipsett Amphitheater**  
**Ethics Grand Rounds**  
**50th Anniversary**  
**Celebration of Clinical**  
**Research**  
*Hepatitis C and Its Treatment\**  
 Jay Hoofnagle, M.D., NIDDK  
*AIDS: Opportunistic*  
*Infections in the Era of Highly*  
*Active Antiretroviral Therapy\**  
 Henry Masur, M.D., CC

**Wednesday Afternoon**  
**Lecture, 3 p.m.**  
**Masur Auditorium**  
*Electrospray Wings for*  
*Molecular Elephants*  
 John B. Fenn, Ph.D., Virginia  
 Commonwealth University

**CRIS Town Hall Meeting**  
**2-3 pm**  
**Lipsett Amphitheater**  
 Dr. Stephen Rosenfeld,  
 Clinical Research Information  
 System Project Manager and  
 Chief, CC Department of  
 Clinical Research Informatics

**14** **Grand Rounds**  
**12-1 p.m.**  
**Lipsett Amphitheater**  
**Ethics Grand Rounds**  
**Contemporary Clinical**  
**Medicine: Great Teachers**  
*Obesity: A Disease, Not a*  
*Character Flaw \**  
 Rudolph Leibel, M.D., and  
 Naomi Berrie, Columbia  
 University

**Wednesday Afternoon**  
**Lecture, 3 p.m.**  
**Masur Auditorium**  
*Retroviral Insertional*  
*Mutagenesis: A Road Map*  
*For Navigating the Cancer*  
*Genome*  
 Neal G. Copeland, Ph.D.,  
 NCI, and Nancy A. Jenkins,  
 Ph.D., NCI

**21** **Grand Rounds**  
**12-1 p.m.**  
**Lipsett Amphitheater**  
**50th Anniversary**  
**Celebration of Clinical**  
**Research**  
*Human Drug Abuse: A View*  
*from Brain Imaging \**  
 Elliott Stein, Ph.D., NIDA  
*Structural Imaging*  
*Approaches to Studying*  
*Normal and Abnormal Brain*  
*Development in Children \**  
 Judith Rapoport, M.D.,  
 NIMH

**Wednesday Afternoon**  
**Lecture, 3 p.m.**  
**Masur Auditorium**  
*Natural Products: Impact on*  
*Biomedical Research*  
 John W. Daly, Ph.D., NIDDK

**28** **Grand Rounds**  
**12-1 p.m.**  
**Lipsett Amphitheater**  
**50th Anniversary**  
**Celebration of Clinical**  
**Research**  
*Contributions from the*  
*Clinical Center in*  
*Understanding and Treating*  
*Disability \**  
 Lynn Gerber, M.D., CC  
*Consent and Coercion in*  
*Clinical Research in*  
*Developing Countries \**  
 Ezekiel Emanuel, M.D., CC

**Wednesday Afternoon**  
**Lecture, 3 p.m.**  
**Masur Auditorium**  
*Story of My Roots: Disease*  
*Mutations of a Population*  
 Leena Peltonen, M.D., Ph.D.,  
 National Public Health  
 Institute.

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

## New lecture series begins in 2004

The NCI Director's Seminar Series will begin on Feb. 2, 2004, from 9-10 a.m. in Masur Auditorium. The new series will bring national leaders to NIH to discuss the extraordinary advances in their fields, as NCI works toward helping to eliminate the suffering and death due to cancer by the year 2015.

The lecture series will kick off with Mark McClellan, M.D., Ph.D., Commissioner of Food and Drug Administration, speaking on the topic of "Confronting Cancer through Collaboration and e-Health Technologies."

The lecture will be webcast at <http://videocast.nih.gov>. Sign language interpretation will be provided. For more information, or for reasonable accommodations, contact Kate Haessler at 301-348-1662 or the Federal Relay at 1-800-877-8339.

For more information about the NCI Director's Seminar Series, visit <http://cancer.gov/directorscorner>.

## Wildfire continued from page 7

people are in facing disasters," he said. "There is an immediate gratification by doing this kind of work. At NIH, there is a process and it sometimes takes years to see results, but to be able to get people their medications and provide relief for people who have lost so much, there is an immediate gratification."

Some of the people that Cmdr. Zametkin treated have even contacted him after he returned home. "That's my job, I problem solve," he said. "When you have people who have lost a loved one one-week and then lost their home and possessions the next, they need someone to help and to listen."