

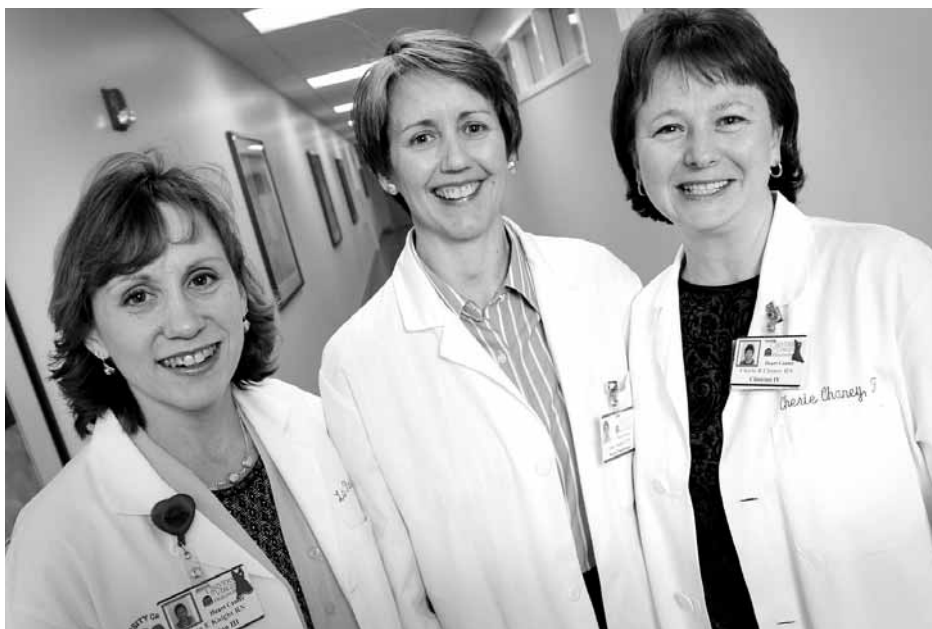
P.4



FOR&ABOUT: The Health System Community

Cardiovascular Outpatient Nurses: On the Front Lines in the Battle Against Heart Disease

As a cardiovascular nurse practitioner at UVa Health System, Anne Hedelt, APRN, B.C., has a difficult job: she helps patients find ways to lead heart-healthy lifestyles – even against tough odds. One of her patients, for instance, was a professional trucker who had diabetes and had undergone heart bypass surgery. With few healthy options on the road, he didn't know how to cut salt intake. And he rarely took prescribed diuretics because finding a bathroom every hour-and-a-half was next to impossible. "We talked about when he might be able to take his meds and how he might pack foods," says Hedelt. "We deal with what patients are really facing day-to-day. We help them figure out how to fit changes into their life. It is very tailored to the individual."



Cardiovascular nurses Laura Knight, Anne Hedelt and Cherie Chaney (left to right) are part of a multidisciplinary team that helps patients lead heart-healthy lives.

Get in Shape Without the Sweat

Medical Center employees are invited to take part in a free, six-week health class series where you will learn simple, practical ways to improve your health and fitness. The No Sweat program will be held 4-5 p.m. on Thursdays from March 9-April 13 in Dining Conference Rooms 1 & 2. The program is being presented by UVA-WorkMed and Employee Health, and sponsored by Human Resources. Taught by Jolene Bodily, R.D., MPH, the course will emphasize exercise and nutrition principles from the "The Spark," a book by UVA exercise physiologist Glenn Gaesser, Ph.D. "Sparks" are strength, flexibility and endurance exercises that can be done in 10-minute segments and don't require changing clothes. During each class, participants will do "sparks," discuss practical food tips, and work on individual fitness goals. To register, call Mary Conlon of UVA-WorkMed at 243-0077.

Motivating Changes For Life
According to the American Heart Association, one in three American adults has some sort of cardiovascular disease (CVD); nearly 2,500 die each day. Still, there are nine CVD risk factors that can be modified and changed – cigarette smoking, abnormal blood lipid levels, hypertension, diabetes, abdominal obesity, a lack of physical activity, low daily fruit and vegetable consumption, alcohol over-consumption and psychosocial issues.

Nonetheless, fitting sometimes dramatic changes into already stressed lives seems a daunting challenge for patients. And cardiovascular nurses – along with a multidisciplinary team of cardiologists, endocrinologists, nurse practitioners, dietitians, and exercise physiologists – are at the core of improved outcomes. "Patients often need lots of counseling, support and coaching to make significant behavioral changes," says Hedelt, who works in UVA's Diabetes Cardiovascular Clinic and Women's Heart Health program.

It's the hours spent with patients in the months between doctor visits that get to the heart of change. The 60-minute or longer patient visits, the coordination of care, the education, the interpretation, the action plans and goals, the praise, the guidance and respect, the advocacy – all help patients trust. "Over time we are able to ferret out the truth and help them learn to live with and manage their heart disease," says Hedelt. "Maybe they're embarrassed to say, 'I can't afford my medicine.'"

A Personalized Plan of Action
Once problems are revealed, cardiovascular nurses and the rest of the team explore treatment plans and individual options. "We all work together to determine if there are ways we can help the patient better understand their disease," says Cherie Chaney, R.N., Clinician 4, of the Heart and Vascular outpatient center. "We help them gain an
See "Battle Against Heart Disease" on page 6.

P.2 UVa unveils digital mammography van

P.7 Sign up for Mini-Med School

BP Enroll in a clinical trial (on back page)

Employees Get On Board for

Mammograms



Shirley Huber, a 5 East unit coordinator (on left), chats with mammography technologist Christine Shachtman, R.T., outside UVa's new digital mammography van. Huber was one of 45 UVa employees who got a screening aboard the van last month.

For two years, UVa Medical Center employee Shirley Huber had wanted to get a mammogram. She had a hard time, though, finding an appointment time that fit into her schedule as a unit coordinator in University Hospital's 5 East Psychiatric Unit. So when she heard that UVa Health System was offering mammograms conveniently close to her work area, she jumped at the chance.

Huber was among more than 45 UVa Health System employees who took advantage of a special 3-day, employee-screening event last month aboard UVa's new digital mammography van. UVa is the first in Virginia to offer digital screenings on a mobile unit and the women of UVa Health System were among its first customers. Digital mammography is the latest important advance in the early detection of breast cancer. Because the special screening event was so popular, UVa's Department of Radiology plans to offer screenings to employees on a quarterly basis aboard the van parked near the Hospital's emergency entrance. Look for Helpdesk email announcements about upcoming screenings.

"Coming to the van was so easy," Huber noted. "It is wonderful. It's nice and private and the whole experience was very efficient." Best of all, she said, it gave her peace of mind.

Perioperative Staff Step Up During Renovation

With University Hospital in the midst of a major expansion and renovation, just about every employee has been affected in some way by this project.

James McGowan, the Medical Center administrator who oversees perioperative services, is all too aware that hundreds of faculty and staff on the Hospital's second floor are being significantly inconvenienced now and over the coming weeks.

"These staff and faculty really deserve a thank you. They are stepping up, addressing a challenge and are doing what is necessary to make this happen. That's why I like to work with them so much," McGowan says.

Perioperative services staff in this area have had to move what is essentially the front door to the OR to an entirely different setting, in addition to coping for several weeks with locker rooms and bathrooms being four floors away from the ORs.

The original planning for a multi-phase renovation of the Hospital's second floor began in the late 1990s. In the past year, however, because of a growing demand for surgical and procedural services, the plans had to be significantly revised to make room for two additional ORs. While these changes were necessary, McGowan notes,

they create disruptions in day-to-day work life.

"Adding two ORs has changed original floor plans and associated phasing. Despite the fact that the original planning was very good, it was done at a time before current growth, making it difficult to fully understand our need for additional OR capacity. The current re-phasing is clearly required and the right step to take to help address Medical Center capacity issues. But it means we're asking the faculty and staff to put up with more inconveniences for the better part of the year."

McGowan noted that he and others have worked to keep everyone informed of plans and plan changes through a variety of means including email, weekly staff meetings and other similar communication avenues.

This summer promises to bring continued change when the Post Anesthesia Care Unit (PACU) and the Surgical Admission Suite (SAS) move into their new area. This move will allow for the construction of the last five ORs and enables the opening of additional inpatient beds.

When this latest phase is complete, McGowan notes, the Hospital's second floor will be focused on inpatient surgical care and Heart and Vascular Center clinic and diagnostic activities.



Spotlight on Patient Safety



Effective Communication is Key

Improving the effectiveness of communication among caregivers

is a National Patient Safety Goal. Previous efforts to meet this goal have focused on educating staff members to read back verbal orders and critical test results to ensure accuracy - all now standard practice. New for 2006 is implementing a standardized approach to "handing off" communications between caregivers, including an opportunity to ask and respond to questions. Points of patient hand off include shift to shift, physician to physician, service to service, transfer from one unit to another, discharge to a facility or home health, ambulatory or procedure to inpatient, etc. Anyone who has played the "telephone" game - where a message whispered in succession nearly always gets distorted to something completely different - knows the inherent potential for errors during transitions. The good news is that patient safety and outcomes can be improved by allowing time for the person who is accepting responsibility for the patient to ask questions, get an update or obtain more details. Strategies being developed at UVa to ensure the accurate transfer of information about a patient's condition and plan of care include:

- the receiving staff member repeating back the information given to prevent misunderstandings
- developing a standardized system of information sharing during every transition so that nothing is missed
- adding the PIC number at the end of notes for follow-up.

Ensuring continuity of care takes a team effort.

Learn more about how to put National Patient Safety Goals into practice at www.healthsystem.virginia.edu/library/portal/patientsafety/

Nursing Leaders to Staff: "We want to hear from you."

As UVa Medical Center's chief nursing officer and chief clinical officer, Pamela F. Cipriano, Ph.D., R.N., FAAN, makes it a priority to hear directly from nurses on the front lines. Over the past year, she has held quarterly meetings open to all nurses but found that many had trouble getting away from patient care areas to attend. So in December, she and leaders from UVa's Professional Nursing Staff Organization (PNSO) went directly to the nurses. Over two days, Cipriano and PNSO leaders made rounds throughout dozens of inpatient and outpatient units, talking with more than 75 nurses. The nurse leaders plan to conduct rounds on a quarterly basis and visit units and clinics during week-end, evening and morning shifts to reach as many nurses as possible.

"We really want the nursing staff to know that we are available and open to their thoughts and suggestions," Cipriano says. "We want to hear what is going well and what we can change to help them better care for patients. I think we've already begun to accomplish that. We heard some very positive comments. And we heard some frustrations that we are working to address."

During the rounds in December, Cipriano was accompanied by the 2005 PNSO president, Kim Elgin,

R.N., Clinician 4; this year's PNSO president, Lisa W. Forsyth, MSN, R.N., Clinician 4; and president-elect Sharon Bragg, R.N., Clinician 4.

"Another benefit of doing rounds," Elgin notes, "is to allow people to connect with us and hear what's going on in the PNSO. Getting the word out has been an ongoing challenge."

Since becoming a nurse three years ago, Julie Coffman, R.N., Clinician 2, in the Digestive Health Center of Excellence inpatient units, has been an active member of the PNSO but often has trouble finding coverage to attend meetings organized by leadership. She was glad to have the opportunity recently to remain in

the unit while speaking with Cipriano and PNSO leaders about the Health System's long-term plans to recruit and retain nurses.

"I think it was a very positive interaction," Coffman says. "It was nice that nurses from the inpatient areas could take a few minutes to chat with Pam and the PNSO leaders and show them what our environment is like and how our unit works closely together."

Coffman added, "Pam has been great with wanting to hear from the nurses and is behind the nurses 120 percent."



We really want the nursing staff to know that we are available and open to their thoughts and suggestions.

Pamela F. Cipriano,
Ph.D., R.N., FAAN
Chief Nursing Officer and
Chief Clinical Officer



Pamela F. Cipriano, the Medical Center's chief nursing and clinical officer, and leaders of the PNSO have started making quarterly rounds on inpatient and outpatient units to hear directly from UVa's nursing staff. Pictured above, Cipriano talks with Gwendolyn Porterfield, R.N., of the Pediatric Hematology/Oncology clinic during rounds last December.

On the Forefront of Public Health

What a difference a decade makes. Ten years after the UVa Health System launched the Department of Health Evaluation Sciences, issues concerning public health – devastating hurricanes, earthquakes, a flu pandemic threat – are all over the news. At the same time, the nature and scope of public health is changing in an increasingly interconnected

collect and interpret family health and genetic history, and Tailored Educational Approaches for Consumer Health (TEACH), a pilot project that groups patients by individual characteristics and preferences to more precisely target health information and patient education.

Part of the Consumer Health Education Institute, TEACH is a

information for the most patients.”

As director of the department's biostatistics and epidemiology division, professor Mark Conaway, Ph.D., understands the importance of accessible and accurate information. The public, he says, is more aware of clinical trials and the research behind medical information these days. “Information presented to patients needs to be accurate, rigorously researched and to the point,” he says. “People are more cognizant of the need for rigorous scientific studies of medical therapies and procedures.”



We try to have a pulse on what is happening in medicine in the larger society.

William A. Knaus, M.D.
Chair, Department of Public Health Sciences



world where more people have access to more information, and shifting populations and immigration patterns mean health threats that once remained isolated in a far-off place can now have serious implications “at home.”

The UVa Health System is at the forefront of addressing public health issues, and its youngest department has a new name reflecting this role. As it celebrates 10 years of service, the Department of Health Evaluation Sciences officially redesignated itself the Department of Public Health Sciences.

For William A. Knaus, M.D., the department's founding chairman, the new name gets to the heart of its essential role. “We recognized that we weren't so much evaluating health, but trying to get the right information to the right people at the right time so they can make better decisions,” he says. “The Public Health Sciences title represents this, but also very practically represents that there's a real demand now for public health education in a number of fields.”

Multidisciplinary Collaboration University-wide involvement sets the department apart. “We serve as a ‘glue’ department. We bring together people from different parts of the Medical School and also unite those people with others in the University in multidisciplinary activities,” he says. “We try to have a pulse on what is happening in medicine in the larger society. Our goal is to introduce and support some of these new initiatives.”

Among these are Health Heritage, a software application that provides clinicians and patients with tools to

prime example of the department's highly multidisciplinary approach, says assistant professor Wendy Cohn, Ph.D. She co-directs the program with Arthur T. Garson, Jr., M.D., M.P.H., vice president and dean of the School of Medicine. “We have faculty members involved from the Curry School of Education, McIntire School of Commerce, the Center for Survey Research and the Department of Psychiatric Medicine – at least half-a-dozen different disciplines are represented,” Cohn says. “We have the capacity to bring together so many different skill sets and perspectives to address a problem.” She describes TEACH as “very public health focused. It's about how we can better educate and more efficiently provide tailored health

UVa as a National Resource Margaret Van Bree, M.H.A., Dr.P.H., Medical Center chief operations officer, is enthused about the department's ability to evolve with changing times and needs. “After 10 years of tireless work, research and innovation, it is exciting to introduce a fresh name that reflects the universal and dynamic nature of the department's mission in this ‘century of biology,’” she says.

Dean Garson believes the department is well positioned to serve a critical role in the regional community and beyond. “The health and protection of our population will assume increasing importance over the next decade,” he says. “The UVa Department of Public Health Sciences is a national resource that will provide a crucial bridge from science to practice.”

Promoting a ‘Safe Kids’ Ski Season

Safe Kids Jefferson Area, led by the University of Virginia Children's Hospital, and Wintergreen Resort have teamed up to optimize skiing and snowboarding safety for children through their Safe Sliders Program. Wintergreen mascot, Ridgeley the bear, along with a crowd of young skiers, helped launch the Safe Sliders program on Jan. 13 at Wintergreen Ski Resort. Through this joint effort, children receive new activity



Emily Lyster (on left) of UVa Children's Hospital and Kristin Jones of Wintergreen Resort teamed up to promote safety on the slopes that includes encouraging children to wear helmets.

books with updated ski safety guidelines and reflective zipper pulls to attach to their jackets.

“Wearing a certified ski helmet that is fitted properly by an expert goes a long way in preventing injuries while on the slopes,” said Emily Lyster, Safe Kids coordinator at the UVa Children's Hospital.

U.S. Consumer Products Safety Commission reports that ski helmets could reduce or prevent the effects of 53 percent of head injuries suffered by children younger than 15 while skiing or snowboarding. Nationwide, a quarter of million children are injured annually while participating in winter sports. Thanks to Safe Kids and Wintergreen, young skiers can play it safe and still have fun in the snow.

[People & News]



Valentina L. Brashers, M.D.

Valentina L. Brashers, M.D., professor of nursing at the UVa School of Nursing and attending physician in internal medicine at the UVa School of Medicine, received the 2005 Nicholas A. Cummings Award from the National Academies of Practice (NAP). The award, named for the National Academies of Practice founder, recognizes her contributions to NAP, to interdisciplinary health care, and to teaching and practice excellence. Through her work with the organization, she has chaired a series of national forums to address important health care issues from an interdisciplinary perspective: health care errors, bio-terrorism, tort reform, pain management, and diabetes management.

The Medical Center Employee of the Month for December is **Emily Shelton, R.N.**, of the Coronary Care Unit. Fellow nurses applaud her compassion, leadership and kind nature. A recent nursing school graduate noted that Shelton “has consistently illuminated my view of nursing, the work that we do, and given me hope for my future in nursing, specifically here at UVa.” Another R.N. on the unit said, “she is a leader, a take-charge type of person, and demonstrates that every day. She wears the charge nurse hat and she is wise beyond her years. She is extremely fun, always making us laugh ... This is the nurse you would want to take care of your loved one.”

Tammy Snow, senior program support technician in the Department of Pharmacology, is the School of Medicine’s December Employee of the Month. She is recognized for her critical role in supporting departmental faculty and educational programs and her superior focus on quality customer service. Snow’s col-

leagues are particularly impressed with her quality work in drafting the department’s emergency/crisis management plan – a substantial contribution that other departments use as a template for their own plans.

An 18-year veteran UVa nurse and active member of the U.S. Army Reserves, Capt. **Teresa “Terry” Breeden, RNFA**, of the Operating Room, was awarded the Army Meritorious Service Medal. This medal is given to an individual who has distinguished themselves by outstanding non-combat meritorious achievement or service. Breeden was nominated for continually demonstrating excellence in clinical nursing, education and managerial skills as a perioperative nurse.



Teresa Breeden, RNFA

Administrative assistants as well as employees in a support or service role are invited to attend the **4th Annual Exceptional Assistants’ Network Professional Development Conference**. This year’s theme is Enhancing Your Professional Tool Box.

The event is set for 8 a.m. to 4:30 p.m., Tuesday, April 25 at the Charlottesville Omni Hotel. The keynote speaker is Carol Wood, assistant vice president for University Relations. Sessions include: Stop, Drop & Roll – Put Out Fires with Grace; Communication Across Generations; Managing Multiple Projects; Keeping Your Stress Level Turned Low; Diversity in the Workplace; Understanding Your Personal Credit; Art of Delegation; and Sustaining Drive, Determination and Dedication. For more information, email Carey Shirk at ces4p@virginia.edu. Online registration begins March 1 at www.virginia.edu/lcd.

Upcoming Medical Center Hour Lectures

Open to the public, these Wednesday forums on topics of mutual concern to medicine and society take place from 12:30-1:30 p.m. in the Jordan Hall Conference Center Auditorium.

1 March

Sleep: What Happens When Doctors Do Without It?

What do we know now of the neurobiology of human sleep and the behavioral consequences in persons who experience sleep disturbances or sleep deprivation? How is the science of sleep influencing the ways human activity is regulated, including the determination of duty-hour limits for physicians-in-training?

Featured speakers:

Charles Czeisler, Ph.D., M.D., Division of Sleep Medicine, Brigham and Women’s Hospital and Harvard Medical School
Gene D. Block, Ph.D., Biology, UVa
Irving L. Kron, M.D., Surgery, UVa

8 March

**The Meaning of “Everything”:
Responding to Patient
Requests for Aggressive
Treatment at the End of Life**

How should physicians and other health professionals handle the challenges that arise when patients and families request aggressive interventions at the end of life that do not seem, to those health care providers, to be in the patients’ best interests? This program examines reasons behind such conflicts as well as communication techniques to assist with their negotiation.

Featured speaker:

James A. Tulsky, M.D., Center for Palliative Care, Duke University

Learn about more forums at www.healthsystem.virginia.edu/internet/him/mch.cfm

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Battle Against Heart Disease

continued from page 1

understanding of the ramifications of their decision-making; the benefits of healthy choices and the consequences of unhealthy choices,” she says. “We give them the knowledge, the tools and lots of support – and in the process we hope we can help them identify what motivates them or the barriers that prevent them from successfully implementing a healthier lifestyle.”

She recalls a patient diagnosed with pre-diabetes. Cardiovascular disease is responsible for 65 percent of deaths for people with diabetes. The patient was so concerned with the diagnosis and afraid of its progression that he did exactly what Chaney said. “I taught him about pre-diabetes and how to change his lifestyle. He successfully implemented these changes and lowered his glucose levels. His motivation came

from his fear of developing diabetes. Unfortunately it isn’t quite so easy for many of our patients.”

For cardiovascular nurses at UVa, each day is as different as the patients they help. But most days include previewing patient records, updating problem and medication lists, obtaining medical histories, taking vital signs, and managing phone calls

from patients and/or their significant others regarding new or recurrent symptoms, medications, treatment plans, results of tests or procedures and changes in their treatment based on those results. Anne Hedelt defines her role as nurse practitioner as somewhat of a hybrid. “In addition to counseling, educating and coaching, I advance medication therapy,” she says. “The patient sees me, the dietitian, the exercise physiologist and the cardiovascular nurse. These visits are a golden opportunity to help people make difficult lifestyle changes.” ⁿ



Medical Center employees Duane and Debbie Overton helped their son, Andrew, complete an Eagle Scout project by building 42 footstools for nursing moms in the UVa Children’s Hospital NICU.

Boy Scout Builds Footstools for NICU Moms

Necessity, so the saying goes, is the mother of invention. Taking that maxim to heart, a local Boy Scout turned a UVa nursery’s dwindling supply of footstools into a viable Eagle Scout project that makes life a little easier for nursing mothers.

Andrew Overton, an Eagle Scout candidate from Troop 102 in Albemarle County, spent eight months designing and building 42 footstools for the UVa Children’s Hospital Food Lion Neonatal Intensive Care Unit nursery. In a Dec. 22 ceremony, he presented the stools to the nursery, alongside his mother and father, Debbie and Duane Overton who are both Medical Center employees. Duane is a registered respiratory therapist and specialist in extra corporeal membrane oxygenation (ECMO) at UVa Children’s Hospital, and Debbie is a registered nurse in the NICU.

After all the planning, organizing and elbow grease, the 15-year-old was both relieved and pleased. “It felt really good not just to be done, but to see the happy faces on the nurses and everybody else out there.”

While not a medical necessity, the footstools provide considerable ergonomic benefits for baby and mother, says Courtney Harris, R.N., of the NICU. “We know breastfeeding works best for babies when mothers use them, so we do our best to encourage their use,” she says. “They are also used when mothers hold their babies. We want it to be the optimal experience and have everyone be comfortable.”

Amid discussions over replacing the nursery’s old footstools, someone suggested that Harris talk with Debbie Overton, who dabbles in woodworking with her husband. Debbie immediately thought of her son, who was looking for a service project to complete his Eagle requirements.

“I was pretty sure I wanted to build something,” says Andrew. When my mom came up to me, it was like someone opened the door and there it was. I thought it was a really good idea.”

After troop and council leaders approved his plan, he organized a neighborhood yard sale and cleared nearly \$600. Overton led a group of volunteers – parents, friends and fellow scouts – in carving, sanding, staining and assembling the footstools.

“Seeing it all come together was fun,” says Andrew, who looks forward to presenting his results before the troop committee.

At the NICU, Overton’s legacy is already apparent, Harris says. “The other night at work I saw a mom with her baby sit up in a rocking chair with her feet on a footstool. She looked as comfortable as she could be,” she says. “That kind of stuff is amazing.”



The patient sees me, the dietitian, the exercise physiologist and the cardiovascular nurse. These visits are a golden opportunity to help people make difficult lifestyle changes.

Anne Hedelt, APRN, B.C.
Cardiovascular Nurse
Practitioner

Good Medicine for You: Sign Up for Mini-Med School

Here are comments
from last year's
Mini-Med School students:

Consider improving your medical IQ and health this spring by attending UVa's Mini-Med School. There are no exams, only fascinating presentations by some of the Medical School's most highly respected and popular teachers. Tuition is free (and so is parking).

The class meets on seven Thursday evenings from March 23 – May 4 in Jordan Hall Auditorium of the Medical Center. Apply to this year's Mini-Med School at www.healthsystem.virginia.edu/internet/minimed or call 434-924-5839 or 434-924-2563. The registration deadline is Feb. 25. If applications exceed available space (as they have in past years), students will be selected by lottery and notified by March 20.

The faculty includes professors Barry Hinton, Ph.D., James Reibel, M.D., Diane Snustad, M.D., David Brautigam, Ph.D., Eugene Barrett, M.D., Ph.D., Geoffrey Weiss, M.D., Dearing Johns, M.D., Margaret

"It's the most enjoyable, well organized, and informative series of lectures that I've ever experienced."

"The lecture was very powerful and eye opening. He is an awesome professor who is very passionate about his subject."

"I was impressed by the patience and technical skill necessary for the process of medical research and those who work on it. The visit gave me a vision of the work behind the breakthroughs I read about in the media. It was pitched just right – enough detail to inspire, awe and amaze, and clear enough to be understandable and discussable."

Shupnik, Ph.D., Erik Hewlett, M.D., Brian Wispelwey, M.D., and Jerry Short, Ph.D. Topics include the Faces of Anatomy; Aging: Know Old with Me; Hormones and Cells; Diabetes; Cancer: When Good Cells Go Bad; Hypertension: The Silent Disease; and AIDS: The Odyssey of an Expanding Tragedy. One evening, small groups of students will visit research labs.

The Mini-Med School is supported by an educational grant from Pfizer Inc.

Diabetes Program Gets National Certification

The American Diabetes Association has recertified the Uva Medical Center's Diabetes Education & Management Program, confirming that the program fulfills national standards for care and self-management education.

Established in 1996, the program strives to increase patient access to diabetes education to promote optimal health and prevent high costs and complications that can accompany the disease. The ADA requires diabetes education programs to apply for certification every three years. It first certified the program in 2000 and again in 2003.

Diabetes nurse specialist Cindi Sanborn, M.N., R.N., CDE, said the recognition brings significant value to the program. "It provides a set of national standards that we can make sure we're achieving to provide a high quality program," she says.

The ADA requires that the program have the following elements: a comprehensive diabetes curriculum for patients; a multidisciplinary staff – including nurses and dietitians – that works closely with referring physicians in collaboration about patient care; and an ongoing evaluation of clinical outcomes and patient progress.

"We review curriculum on a regular basis and update as we gain knowledge," Sanborn says. "We are always looking for ways to help us teach more effectively and be more productive."

2006 UVa Heart Ambassadors



These women of UVa Health System know the truth about heart disease: that it's the No. 1 killer of American women and doesn't care how good you look on the outside. During February, national Heart Month, these women are voluntarily serving as heart health ambassadors: they're helping spread the word throughout the University and Charlottesville community about steps women – and men – can take to prevent heart disease: getting regular exercise, eating healthy and lowering high blood pressure and cholesterol levels. Go to uvahealth.com to take a free quiz to assess your risk factors for heart disease and learn more about heart disease.

Advancing health care through *clinical trials*

At UVA, clinical trials take place every day. Because of this, UVA is an environment of care where learning, discovery and innovation flourish. And it is our patients – today and in the future – who reap the rewards, whether or not they participate in a trial. Please call the trial coordinator to enroll confidentially or for additional information.

Severe PMS Study
Women age 18 to 49 are needed for a study of an investigational medication for symptoms of severe PMS, also known as premenstrual dysphoric disorder. Symptoms may include depression, irritability, angry outbursts, or changes in sleep or appetite. Study-related tests and study medication or placebo are provided at no charge to qualified subjects. Compensation provided. HIC#11969(L), UVA Center for Psychiatric Clinical Research, **Tracy Woods, 243-4631, tlw8n@virginia.edu**

Exercise Training Study
Men and women age 18 to 85 who have a waist circumference greater than 40 inches for males or greater than 35 inches for females are invited to participate in a 16-week exercise training study. Participants receive information regarding their body composition; physical fitness, function and performance; cholesterol, blood pressure, markers of vascular inflammation and function; glucose metabolism; quality of life; and cognitive function. Participants receive 16 weeks of supervised exercise training and dietary recommendations at no

cost. Participants will complete two outpatient visits and two 2-3 day inpatient overnight admissions to the UVA General Clinical Research Center and receive \$300 on completion of study. HIC#11145(L). **Brian Irving, M.S., 243-8677, bi9n@virginia.edu**

Flu Study
Volunteers age 18 to 47 are needed for a study investigating how it feels to have the flu. Participants will make two outpatient visits for collection of blood and nasal swab samples and may attend one discussion group. Compensation is up to \$175 for study completion. Please call within 24 hours of onset of fever, cough, sore throat, muscle aches, and/or runny nose. Principal Investigator: Birgit Winther, M.D., UVA Internal Medicine, IRB-HSR#12199(L), **Kathy Bohorfoush, R.N., MSN, 924-2371**

Adults Needed for Diabetic Peripheral Neuropathy Study
Those with type 1 or type 2 diabetes with a diagnosis of painful neuropathy due to diabetes are needed for a 14-week study investigating an FDA-approved medication when given three times a day. The study will evaluate the effectiveness of two times

a day dosing. Study drug and visits provided. HIC#11886(L), UVA Endocrinology, **Shirley Fleishman, R.N., CDE, 243-5652, sf9v@virginia.edu**

Alcohol Dependency Study
UVA Center for Addiction Research and Education is conducting a clinical trial to see if research medications reduce the cravings for alcohol. Participants should be age 18 or older and not currently receiving treatment for alcohol dependency. Participants will receive study-related medications, physical exams, outpatient counseling, and transportation, when needed, all free of charge. All calls are confidential. HIC#11599(L), UVA Center for Addiction Research and Education, **Scott Blitgen, 243-0549, uvacare@virginia.edu**

Fall Prevention Study
Volunteers over age 65 are needed for a study of gait and balance. Must be a current user of a cane or walker. Study will be conducted in volunteer's home by a physical therapist. SBS#2005-0240-00(L), UVA General Medicine, **Mary Preston, M.D., 924-0000 pager 2180, mp6w@virginia.edu**

Send trial submissions to linktrials@virginia.edu.

the **LINK** newsletter

To submit ideas or join our mailing list, email linkpub@virginia.edu or FAX 924-2969. LINK is published 12 times a year for the employees, faculty, students, volunteers, donors and patients and families of the University of Virginia Health System. Find archived copies at www.healthsystem.virginia.edu/link. ©2006 by the Rector and Visitors of University of Virginia.

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