VANCHCS Research

VANCHCS Patient Growth and Relevance to Research

The VANCHCS patient growth (which happens to be ten times greater than the national average) in combination with the fact that Veteran patients are more likely to participate as research subjects than the general patient population, creates a great opportunity for research.

Director David Stockwell’s commitment to “taking the necessary steps to improve access and ensure we are meeting the needs of our Veterans” is translating to VANCHCS research. Since the re-opening of EBIRE, there have been nine (9) new industry-sponsors bringing their dollars to work at VANCHCS, with each sponsor coming to either Martinez or Mather to personally verify that we have engaged staff, quality facilities, and capacity to conduct state-of-the-art trials that benefit Veterans. Through these efforts, expansions in space utilization, collaborations across VA service areas and increased revenues are being actualized. In addition, we are starting to see new researchers expressing interest to make VANCHCS their professional home. Most importantly, the medical innovations being pursued through VANCHCS will ultimately translate to advances in treatment options for all Veterans.

VANCHCS currently has the following treatment areas in scientific research:

- Abdominal Aortic Aneurysms
- Age-Related Disorders
- Cancer Screening
- Cancer Therapies
- Cardiovascular Disease
- Cognitive Studies
- Diabetes Hearing
- Liver Disorders
- Pain Management
- Post-Traumatic Stress
- Psoriasis & Rheumatoid Arthritis
- Skin & Soft Tissue Malignancies
- Skin Ulcers
- Speech Disorders
- Stroke
- Traumatic Brain Injuries
- Vascular Disease
- Women’s Health
- Wound Healing

VANCHCS RESEARCH PORTFOLIO: Intramural Research (Research Service)

1. Juliana Baldo, PhD: “Brain Biomarkers of Response to Treatment for Apraxia of Speech” ($243,344)

2. Sue Bodine, PhD: “Mechanisms Involved in Age-Related Loss of Muscle Mass and Growth Response” ($269,933)

3. Hongwu Chen, PhD: “Novel Epigenetic Regulators in Cancer Therapeutic Resistance and as New Targets” ($222,981)

4. Nipavan Chiamvimonvat, MD: “Functional Roles of Atrial-Specific Ion Channels in the Heart” ($26,000)

5. Nipavan Chiamvimonvat, MD: “Regulation of Ion Channels in the Heart” ($151,000)


7. Mark D’Esposito, MD: “Neural Bases of Cognitive Rehabilitation for Brain Injury” ($84,465)

8. Nina Dronkers, PhD: “Language Disorders Due to Fiber Tract Disconnection in Aphasic Patients” ($50,000)

9. Marc Ettlinger, PhD: “Auditory Perception and Cognition Following TBI” (123,226)

10. Allen Gao, MD: “Role of Rho GDP Dissociation Inhibitors in Androgen Signaling in Prostate Cancer” ($75,000)

11. Allen Gao, MD: “The Role of p52 in Prostate Cancer” ($230,274)
Aging and Hearing Loss on Human Auditory
26. Moderate and Severe TBI
25. Automated Lesion Detection
24. Cancer
23. Therapeutics for the Treatment of Lung
22. Pathway Disconnection and Cognitive
21. Disease
20. Alpha Converting Enzyme in Alcoholic Liver
19. Emotion
18. Short Comprehension: Conflict Resolution and
17. ($150,000)
16. Nanotherapeutics Against Bladder Cancer
15. Efficacy of Water & Air Method
14. Diabetic Foot U
13. Isoform Specificity in Prostate Cancer
12. Aortic Aneurisms
11. Optical Temperature Modulation on Photodynamic
10. Efficacy Study: Treatments of Non
9. Theodore Wun, MD
8. Siba Raychaudhuri, MD
7. Treatment of Cancer
6. Tianhong Li, MD, PhD
5. Martin Hoffman, MD
4. “Geriatric Veterans and Clinical Depression”
3. Joseph Tuscano, MD
2. Pharmacological Intervention Conducting a Clinical Trial of Abdominal Aortic Aneurisms
1. Pharmaceutical Intervention Conducting a Clinical Trial for Treatment of Cancer
C. APPLICATIONS PENDING ($1,500,000)
1. Anthony Chen, MD
2. John Carson, MD
3. Jon Green, MD
4. John Carson, MD
5. John Carson, MD
6. David Woods, PhD
7. John Carson, MD
8. John Carson, MD
9. John Carson, MD
10. John Carson, MD
B. CONTRACTING
1. John Carson, MD: “Device Manufacturer Conducting a Clinical Trial of Confidential Study Material for Treatment of Abdominal Aortic Aneurisms”
2. John Carson, MD: “Pharmaceutical Manufacturer Conducting a Clinical Trial of Confidential Study Compound”
3. Jon Green, MD: “Pharmaceutical Manufacturer Conducting Clinical Trial for Treatment of Post-Herpetic Neuralgia and Acute Herpes Zoster-Associated Pain”
4. Ladson Hinton, MD: “Geriatric Veterans and Clinical Depression”
5. Martin Hoffman, MD: “Western States Endurance Run Foundation Grant”
6. Tianhong Li, MD, PhD: “Pharmaceutical Manufacturer Conducting Phase III Trial for Treatment of Adenocarcinoma Subtype Non-Small Cell Lung Cancer After Failure of First Line Chemotherapy”
7. Tianhong Li, MD, PhD: “Pharmaceutical Manufacturer Conducting a Clinical Trial for Treatment of Cancer”
8. Tianhong Li, MD, PhD: “Pharmaceutical Manufacturer Conducting a Clinical Trial for Treatment of Cancer”
9. Thomas Semrad, MD: Pharmaceutical Manufacturer Conducting a Clinical Trial for Treatment of Cancer”
10. Joseph Tuscano, MD: “Phase II Trial of Ofatumumab and Fresh Frozen Plasma in Patients with Relapsed or Refractory Chronic Lymphocytic Leukemia”
11. Barth Wilsey, MD: “A Clinical Trial of Vaporized Cannabis and Dronabinol in Neuropathic Low Back Pain”
C. APPLICATIONS PENDING ($1,500,000)
1. Anthony Chen, MD: “Reintegration of Veterans with PTS &/or TBI in to Civilian Society” (Schultz Family Foundation, $1.5 million)
2. Jon Green, MD: “Pharmaceutical Manufacturer Conducting Clinical Trial for Treatment of Abdominal Aortic Aneurisms”
3. Joseph Tuscano, MD: “Pharmaceutical Intervention Conducting a Clinical Trial for Treatment of Cancer”
4. Martin Hoffman, MD: “Western States Endurance Run Foundation Grant”
5. Tianhong Li, MD, PhD: “Pharmaceutical Intervention Conducting a Clinical Trial for Treatment of Cancer”
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7. Tianhong Li, MD, PhD: “Pharmaceutical Intervention Conducting a Clinical Trial for Treatment of Cancer”
8. Tianhong Li, MD, PhD: “Pharmaceutical Intervention Conducting a Clinical Trial for Treatment of Cancer”
9. Thomas Semrad, MD: Pharmaceutical Intervention Conducting a Clinical Trial for Treatment of Cancer”
10. Joseph Tuscano, MD: “Phase II Trial of Ofatumumab and Fresh Frozen Plasma in Patients with Relapsed or Refractory Chronic Lymphocytic Leukemia”
11. Barth Wilsey, MD: “A Clinical Trial of Vaporized Cannabis and Dronabinol in Neuropathic Low Back Pain”
C. APPLICATIONS PENDING ($1,500,000)
1. Anthony Chen, MD: “Reintegration of Veterans with PTS &/or TBI in to Civilian Society” (Schultz Family Foundation, $1.5 million)

Non-VA Sources of Funds (EBIRE):

**A. FUNDED ($1,181,000)**

1. Nancy Brown-Connelly, PhD: “Designated Funding for Work on VANCHUS Women’s Health” ($1,000)
2. Jared Jagdeo, MD: “Voluma Treatment of HIV Facial Lipatrophy” (Allergan, $63,000)
3. Jared Jagdeo, MD: “Effect of Temperature Modulation on Photodynamic Therapy” (DUSA, $73,000)
4. Eugene Lee, MD, PhD: “Device Manufacturer Conducting a Clinical Trial for Treatment of Abdominal Aortic Aneurisms” (Medtronic, $240,000)
5. John Peters, MD: “Designated Foundation Funding re: Work on Biomarkers for Vascular Tissue Injury and Inflammation” (Sees Foundation, $5,000)
6. Siba Raychaudhuri, MD: “Evaluation of a Novel Kv1.3 Inhibitor” (Allergan, $168,000)
7. Siba Raychaudhuri, MD: “A Randomized, Double-Blind, Placebo-Controlled Phase 3 Study to Evaluate the Efficacy, Safety and Effect on Radiographic Progression of Brodalumab in Subjects with Psoriatic Arthritis” (Amgen, $288,000)
8. Siba Raychaudhuri, MD: “Designated Foundation Funding for Work on Rheumatoid Arthritis” (Herbs LLC, $30,000)
9. Theodore Wun, MD: “A Randomized, Placebo-Controlled, Double-Blind Phase II/III Trial of Oral Isoquercetin to Prevent Venous Thromboembolic Events in Cancer Patients” (Beth Israel Deaconess Medical Center, $33,000)
10. Residuals: We currently manage approximately $280,000 in residual funds for seven (7) research investigators.

**B. CONTRACTING**

1. John Carson, MD: “Device Manufacturer Conducting a Clinical Trial of Confidential Study Material for Treatment of Abdominal Aortic Aneurisms”
2. John Carson, MD: “Pharmaceutical Manufacturer Conducting a Clinical Trial of Confidential Study Compound”
3. Jon Green, MD: “Pharmaceutical Manufacturer Conducting Clinical Trial for Treatment of Post-Herpetic Neuralgia and Acute Herpes Zoster-Associated Pain”

**C. APPLICATIONS PENDING ($1,500,000)**

1. Anthony Chen, MD: “Reintegration of Veterans with PTS &/or TBI in to Civilian Society” (Schultz Family Foundation, $1.5 million)
Language and the Brain

Nina F. Dronkers, Ph.D.

From the time of the ancient Egyptians, scientists have been trying to understand how the brain processes language. How is it that we understand each other when we speak? How do we pick the words we want to convey and how do we string them together so that they make sense to our listeners? What happens in the brain when we read, write, or speak another language? These questions have fascinated linguists, neurologists, psychologists, and clinical neuroscientists for many years, and have been the topic of much interdisciplinary research.

Though language is a very complex function, most textbooks oversimplify language and relegate its processing to just two areas on the left side of the brain: Broca’s area and Wernicke’s area. Broca’s area has been touted to be responsible for the production of language, and Wernicke’s area, the role of language comprehension. A bundle of nerve fibers, the arcuate fasciculus, joins the two regions (see Figure 1, above).

In our research we have found that language cannot simply be reduced to two components; language is far more complex and infinitely more interesting than that. For starters, think about what your brain has to do if you want to produce a sentence. Your brain has to think about the concept you want to convey and then choose the words and sounds that reflect that concept. It has to apply the grammatical rules that constrain how you put those words together, so that other speakers of your language will understand you. Then, it has to retrieve the right motor plans so that your lips, tongue, jaw and larynx will produce the sounds that represent those words and concepts you want to convey, and have them come out exactly the way you want them to. The most amazing part is that it does each of these things in milliseconds, and it all happens automatically. Moreover, we’ve done it for most of our lives without giving it much conscious thought at all.

Working with Individuals Who Have Aphasia

The complexities of language become most apparent when someone loses the capacity to use it. The term, “aphasia”, describes precisely such a situation. Aphasia is a disruption in language that results from an injury to the brain. At our VANCHCS Center for Aphasia and Related Disorders in Martinez, we have had the opportunity to learn from our patients who have aphasia. Typically, the people we see have suffered a stroke, or “brain attack” that has compromised their ability to use language. Some cannot speak at all, some can only speak in single words, while others produce speech easily but the wrong words tend to come out. We assess their language difficulty in great detail and relate their specific problems to the areas of the brain that have been damaged, as measured with magnetic resonance imaging (MRI). In this way, we have been able to assess the brain areas that are important for language.

The main thing we have learned is that numerous areas of the brain process language, not just two isolated regions. We know this because our patients have sustained brain injuries in areas of the brain besides just Broca’s and Wernicke’s areas and still suffer some form of language impairment. In fact, we and other scientists have isolated at least five additional brain structures that are important for different stages of speech production, and at least four others that participate in language comprehension. These areas work in concert to form a complex network that supports language.

To understand this network, we also have to understand how these brain areas communicate with each other. These regions we have been studying don’t work in isolation; they connect to each other via “axons”, nerve cell fibers that relay information to other nerve cells. When axons travel long distances, they group together to form bundles that can we can trace with an MRI scanner. In a recent study, we identified no less than six fiber bundles that could be associated with language comprehension, not just the one described in earlier models.

How Do Our Veterans Benefit from This Research?

Naturally, our motivation for doing this research is to be able to use it to help Veterans who are suffering from speech and language deficits. Since we have worked with hundreds of aphasic individuals over the years, we have come to learn that injury to certain brain areas ultimately result in specific persisting deficits. When we work with someone who has just had a stroke, we use this information combined with the images from the patient’s own MRI scan to help both patient and caregivers understand what has happened to them, how the person’s language was affected, and what they can expect to see a year later. We know which deficits need directed treatment and which will resolve spontaneously with time. By looking at regions that have been injured vs those that are spared, we can also advise on treatment strategies that make use of the intact brain regions. Thus, we have been able to concentrate our resources on the long-term problems that will impact the patient’s communication the most, and direct patient and clinician time appropriately.

If you would like more information about our work, please contact Dr. Nina Dronkers at the Center for Aphasia and Related Disorders, 150 Muir Road, Martinez, CA. Tel: 925-372-2925.
role of photodynamic therapy (PDT) in the
treatment of skin cancer, given the high
incidence of this disease in Americans. One
in five Americans will have at least one type
of skin cancer in their lifetime, with up to
50% ages 65 years old who will have
developed a skin cancer at least once. A
common type of skin cancer, squamous cell
carcinoma, is often precluded by actinic
keratoses (AK). There are a variety of
treatment modalities for AK, including PDT.

PDT uses a chemical to make cancer cells
sensitive to visible light. After the chemical is
applied to the affected area, fluorescent blue
light (pictured below) can be used to kill the
cancer cells. The major benefit of PDT is that
it is non-invasive. However, PDT can take
hours and may require several visits. One
method to improve PDT efficacy is through
the regulation of temperature during the
chemical incubation, which is the focus of Dr.
Jagdeo’s laboratory research at the VA.

Temperature modulated PDT (“thermal
PDT”) has shown promise in both the
laboratory and in clinics. Dr. Jagdeo and his
research teams have found that increasing
the incubation temperature of ALA to
temperatures slightly above normal skin
temperature can improve the efficacy by
increasing cell death by as much as 300%.
They found that this increase in cell death
was also correlated with an increase in
reactive oxygen species, which is believed to
be the mechanism PDT acts through. A
clinical study done by a dermatologist with
U.C. Davis has also shown improved efficacy
with thermal PDT on patients. Hopefully Dr.
Jagdeo’s laboratory work, in conjunction
with current clinical investigations, will
improve PDT treatments in the future.
On March 23, 2015, Dr. Theodore “Ted” Wun, Chief of Hematology and Oncology at both VANCHCS and UCDMC and Associate Dean for Research at the UC Davis School of Medicine, spoke about the UC Davis Clinical and Translational Science Center (CTSC) as part of the Monthly Research Talks held at VANCHCS-Mather on the 4th Monday of each month.

Research Funding

Dr. Wun opened his presentation with some remarkable facts about the CTSC. Since the CTSC’s initiation, the UC Davis School of Medicine research funding increased from $120 million to $220 million per year. NIH funding also increased from $76 million to $127 million per year (NIH ranking improved from #45 to #32).

The graph below illustrates the increased research funding after the initiation of the CTSC.

Compliance with PubMed Central (PMC) Requirements

Projects funded by NIH require that publications resulting from the grant have a PMCID number. This allows public access to the results of work conducted with federal funding. Communication from NIH unequivocally states the need for full compliance in order to avoid delays in processing continuing awards.

"The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine’s PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication: Provided, that the NIH shall implement the public access policy in a manner consistent with copyright law."  

Recognizing the need to provide assistance to researchers, the CTSC enlisted the help of the UC Davis Library to create a resource designed to facilitate compliance with this process. UC Davis overall has more than 8,000 publications that fall under this requirement (since April 2008).

The result of this effort is a compliance rate on par with top ranked NIH funded institution, UCSF: 89% and UC Davis: 87%. [http://guides.lib.ucdavis.edu/friendly.php?src=nh mandate]

New CTSC Clinical Research Center

Up until early 2014, the CTSC had a Clinical Research Center (CCRC) located at the VANCHCS Mather campus’ 4th floor hospital. In March 2014, the University moved the CCRC to a new location on the UC Davis Health System campus. The new facility has four infusion chairs, a procedure room, a nourishment room, two phlebotomy stations, two examination rooms, two interview rooms, and a room with a hospital bed. Additionally, there is a laboratory processing room with a centrifuge, -80°C freezer, -20°C freezer, and an exercise laboratory with a DEXA machine, EKG stress treadmill and bike system, and metabolic cart.

Sponsoring Innovation in Research

The UC Davis CTSC often funds pilot studies that later turn into successful research grants. The following are examples of long-term pilot successes:


- Innovative method for automatic corrections and a multi-modality wrist restraint to permit reproducible positioning in PET, CT, and MRI
- Selected image for the cover of *Rheumatology* for 2011
- 5 funded grants (total ~$1M)
2. L. Marcu (2008): “Multimodal Imaging Catheter for Diagnosis of Atherosclerotic Cardiovascular Diseases”

- Integrated time-resolved laser-induced fluorescence spectroscopy and high-resolution intravascular ultrasonography into a multimodal diagnostic system
- 7 trainees, 5 oral presentations, 4 publications, 3 conference proceedings
- NIH and CIRM grants (total ~$4.6M)
- UC Davis lead for the Center for Accelerated Innovation (UC CAI)


- Collaboration with the African American Leadership Coalition
- Led to personal and family diabetes/obesity prevention goals implemented through the coalition
- Published in the CDC journal Preventing Chronic Disease


- Publication in Frontiers of Molecular Neuroscience and new patent
- NIH New Innovator Program funding
- NINDS-funded award (~$1M) through the NIH BRAIN Initiative (sensors to image how molecules regulate activity of neural circuits and behavior)

**Active Protocols by Discipline FY 14-15 YTD**

- Neurology
- Infectious Disease
- Oncology
- Nutrition
- Nephrology
- Pediatrics
- Surgery
- Endocrinology
- PM & R
- Pulmonary
- Hematology
- Anesth & Pain Mgmt
- Immunology
- OB GYN
- Hepatology
- Emergency Med
- Cardiology

**Broad Outreach**

Consistent with all successful research enterprises, the CTSC strives to keep a diverse research portfolio. The CTSC supports principal investigators from various disciplines, many who have dual appointments at both the VANCHCS and UC Davis. In the Fiscal Year 2014-2015, the CTSC had eighty-four active protocols in the following seventeen (17) different disciplines:
VANCHCS Hosts International GI Symposium

March is "Colon Cancer Awareness Month." Every year GI (Gastro-Intestinal) and Cancer societies, as well as many local health organizations, take the opportunity to remind patients of the need for colorectal cancer screening. Recognizing the importance that colon cancer is a potentially preventable disease, VANCHCS strives to support Colon Cancer Awareness Month through the vision and leadership of Dr. Joseph Leung, VANCHCS Section Chief for Gastroenterology, and world-renowned research-based developer of the water exchange method for screening colonoscopy.

On March 28, 2015 VANCHCS hosted the 6th annual Colorectal Cancer Screening Symposium. Coordinated by Dr. Leung's clinical team of Rebeck Gutierrez and Claire Reyes Delfin, along with EBIRE administrative support, the following eight (8) GI specialists were invited to present:

- **Dr. Joseph Leung** of both VANCHCS and UC Davis;
- **Dr. Felix Leung**, brother of Dr. Joseph Leung, who came from Los Angeles where he is the Chief of Gastroenterology at Sepulveda Ambulatory Care Center, VAGLAHS, North Hills, CA, and a Gastroenterologist with David Geffen School of Medicine at UCLA;
- **Dr. Yu-His Hsieh**, who came from Taiwan where he is a School of Medicine Associate Professor at Tzu Chi University, and the Chief of Endoscopy at Dalin Tzu Chi Hospital;
- **Dr. Leonard S. Fischer**, who came from Fairfax, Virginia where he is in private practice at Gastrointestinal Medicine Associates, and a Gastroenterologist at both Inova Fair Oaks Hospital and Reston Hospital Center;
- **Dr. Surinder Mann** of UC Davis, where she is both a Clinical Professor of Medicine and the Director of Small Bowel Endoscopy, (and formerly a GI specialist with VANCHCS for nearly 30 years);
- **Dr. Jason Samarasena**, who came from Irvine where his is a Gastroenterologist with the UC Irvine Health System;
- **Dr. Shai Friedland**, who came from Palo Alto where he is both a Gastroenterologist with VA Palo Alto and a Gastroenterologist at the Stanford Digestive Health Center; &
- **Dr. Ali Azarm** of UC Davis, where his is an Associate Physician Diplomat.

Summary: Colon cancer is the second leading cause of cancer deaths. It is estimated about 150,000 new cases will be diagnosed in the U.S. each year and roughly 50,000 will die of the disease. Optical colonoscopy remains the gold standard for colorectal cancer (CRC) screening. Over the past decade, technological developments have improved the outcome of CRC screening. At the VANCHCS Sacramento Medical Center, Dr. Joseph Leung pioneered the water (or "exchange") method for screening colonoscopy. Together with his brother, Dr. Felix Leung, these two VA providers have popularized this technique for colonoscopy.

For the past 8 years, they worked with many investigators and collaborators all over the world on this project. Both Drs. Joseph and Felix Leung report that Water Exchange Colonoscopy is superior in many aspects compared with the traditional air insufflation method. In randomized controlled trials, water exchange colonoscopy reduced patients’ pain and discomfort experienced during un-sedated colonoscopy, with a corresponding reduction in the dosages of sedation medications used for sedated colonoscopy, and a significant increase in the number of patients successfully completing un-sedated colonoscopy when offered the on-demand sedation option. More importantly, water exchange colonoscopy increased the adenoma detection rate (one of the quality indicators), both overall and especially in the proximal or right colon. This significant finding may be able to address the often quoted deficiency “that colonoscopy failed to protect against right-sided colon cancer.”

"Un-sedated colonoscopy offers an option for some of our Veterans who otherwise cannot participate in colon cancer screening if sedation is used, because of the lack of an escort or ride. This helps to reduce the number of no-shows and improved overall efficiency of the screening process. It is important to mention that whatever methods are used, our VA patients' satisfaction rating remained very high at 9.8 out of 10."

Patient-centered care is the main focus of our future VA mission. There are mandates from the VA Central Office and also Medicare that continue to monitor the performance of providers. These cover different aspects of patient preparation and education, physicians’ performance quality indicators, communication with our patients regarding the outcome and planning for future surveillance.

For the past twelve (12) years the VANCHCS network of clinics and hospitals have implemented an open access screening colonoscopy program that has served thousands of Veterans annually. Dr. Leung’s team has continued to publish their clinical and research work and is part of the driving force to improve performance and outcome of screening colonoscopies to provide quality care for our patients.

If you would like more information about Dr. Leung’s work, please contact Rebeck Gutierrez, Tel: (916) 366-5339.
Educate yourself about the VANCHCS Facility Education Committee!

VANCHCS Facility Education Committee

The Facility Education Committee serves in an advisory capacity to the VANCHCS Medical Center Director, through the Office of the Chief of Staff, on all matters concerning educational and training activities. This Committee meets quarterly to carry out its responsibilities, including:

1) To review and promote employee training, which increases the efficiency and effectiveness of VANCHCS operations;

2) To promote the effective utilization of all available educational resources; &

3) To assure high quality educational standards for allied health, graduate and postgraduate medical/dental educational and other training programs across VANCHCS.

The following are important functional details of the Education Committee:

1. Allied Health Training
   The Facility Education Committee reviews all the activities of in-house training programs in the fields of allied health, including both academic programs (which are affiliated with a university or college) and on-the-job or apprentice training in allied health fields.

Procedures related to Allied Health Training include:

- Planning, implementing and evaluating all staff education.
- Developing ongoing assessment programs to identify educational and training needs of the VANCHCS.
- Planning and coordination of educational activities so as to provide a balanced facility-wide education and training program for approval by the Director.
- Monitoring educational resources and providing recommendations to the Director for the utilization of such resources, including facility staff, educational space, and educational materials.
- Periodically reviewing all education and training programs as required.

2. Employee Training and Development
   The Committee coordinates, promotes, and evaluates training programs other than those in the medical and allied health fields, and seeks to provide employees with the skills and knowledge to accommodate changing policies, technology, and equipment. This Committee also assists with the annual education needs assessment process.

   Procedures related to Employee Training and Development include:

   - Determining what employee training activities are needed, particularly training that affects employees in more than one service. A close link with QI assures patient safety areas are addressed.
   - Developing and publishing a master employee training schedule for the facility, and posts this on the intranet and assures general distribution of just-in-time training.
   - Providing guidance and assistance to the Human Resources Management Service regarding implementation of needed training programs.
   - Reviewing and evaluating employee training programs annually, including new employee orientation.
   - Overseeing the local Tuition Reimbursement, National Nursing Education Initiative (NNEI), and Employee Incentive Scholarship Program (EISP) programs.

3. Educational Support Services
   The Committee advises the Medical Center Director through the Designated Learning Officer (DLO) and the Chief of Staff (COS) on all policies and procedures bearing on the educational support services of the VANCHCS. The Committee periodically reviews the services provided and the impact of these programs upon the resources available to existing educational programs.

   Procedures related to Educational Support Services include:

   - Periodically reviewing the adequacy of support services available for the educational programs and makes recommendations for the allocation of additional needed resources.
   - Reviewing and coordinating budgets for the various educational support services and assists the section chief responsible for the various support services in assessing requests from VANCHCS personnel.

4. The Committee participates in the annual education needs assessment, assists in the prioritization of training needs, and makes recommendations.
Meet the EBIRE Nonprofit Research Foundation’s Board of Directors

John Johnson, Psy.D., M.S.W.
President & Executive Director
WOC Affiliate

David Stockwell, M.H.A.
Chairperson & Statutory VA Director
Medical Center Director

William Cahill, M.D., M.B.A.
Statutory VA Director
Chief of Staff

Anthony Albanese, M.D.
Secretary/Treasurer & Statutory VA Director
Deputy Chief of Staff

Dawn Schwenke, Ph.D.
Statutory VA Director
Acting ACOS – Research
(not pictured)

David Siegel, M.D., M.P.H.
Voluntary Director
Chief of Medicine

Marc Ettinger, Ph.D.
Voluntary Director
Neuroscience Researcher, Martinez Campus

Amy Swift
Statutory Non-Federal Director
Banker

Harry Moos
Statutory Non-Federal Director
Veteran & Businessman

Tonja Ochonma, M.A.
Voluntary Director
Veteran & Advocate, Army Wounded Warrior Program

Paramita Ghosh, Ph.D.
Voluntary Director
Urologic Cancer Researcher, Mather Campus
(not pictured)
Upcoming Events

Subcommittee for Research Safety (SRS) Meetings
- July 13, 2015  2pm - 4:30pm
- Aug. 10, 2015  2pm - 4:30pm
- Sept. 14, 2015  2pm - 4:30pm
- Oct. 19, 2015  2pm - 4:30pm
- Nov. 9, 2015  2pm - 4:30pm
- Dec. 14, 2015  2pm - 4:30pm

Institutional Review Board (IRB) Meetings
- July 7, 2015  2pm-5pm
- Aug. 4, 2015  2pm-5pm
- Sept. 1, 2015  2pm-5pm
- Oct. 6, 2015  2pm-5pm
- Nov. 3, 2015  2pm-5pm
- Dec. 1, 2015  2pm-5pm

Research and Development Committee (R&DC) Meetings
- July 29, 2015  2pm - 4:30pm
- Aug. 26, 2015  2pm - 4:30pm
- Sept. 30, 2015  2pm - 4:30pm
- Oct. 28, 2015  2pm - 4:30pm
- Nov. 18, 2015  2:30pm - 4:30pm
- Dec. 16, 2015  2:30pm - 4:30pm

National Research Week
VANCHCS is coordinating a special day in September 2015 to celebrate National Research Week....more to come very soon!

Monthly Research Talks at Mather
- July 27, 2015
- August 24, 2015
- September 28, 2015
- October 26, 2015
- November 23, 2015

If you have any questions regarding any of these events, please feel free to contact John Johnson at jjohnson@ebire.org and he will be glad to assist you!
Something Fun

Word (re)Search

R L Z G W A Z M N U M D M M O
P E A P E T K O A N C O M R F
U I H T B B I C C V U C E H C
S Z D T C T P P X W L L C N I
W F D Z A E G X O K H E N Y V
M W H C I M R L R W S B A V I
W A U S Y M P O S I U M I E C
M D R E C N A C L L M A L T B
E Y G T P H P P A O S C P E M
H C E U I Z E S Q U C O M R L
W J B D D N S R D C M B O A H
F G P L R E E I L D I P C N E
Q A F P T N X Z B O O N J N D
G N I S I A R D N U F M T B V
W J Y E X J B V K Q Z V C T M

Word Bank:
CANCER
COLORECTAL
COMPLIANCE
DUSA
EDUCATION
FUNDRAISING
MATHER
MARTINEZ
SYMPOSIUM
VETERAN

Jokes

The man told his doctor that he wasn't able to do all the things around the house that he used to do. When the examination was complete he said, "Now, Doc, I can take it. Tell me in plain English what is wrong with me." "Well, in plain English," the doctor replied, "you're just lazy." "Okay," said the man. "Now give me the medical term so I can tell my wife."

A biologist, a physicist, and a chemist go to the beach on holiday. While there, the biologist wades into the sea, starts examining interesting marine flora and fauna, gets distracted and accidentally drowns. The physicist gets enchanted by the shape of the waves coming to shore, wades into the water and accidentally drowns. The chemist, upon seeing this, whips out his notebook and writes, "biologists and physicists, insoluble in water."