



ImPULSO

The Fundación Jiménez Díaz and the Spanish National Research Council to create joint research units



■ Francis Collins, 2001 Prince of Asturias Award winner for Research, gives the 39th Commemorative Jiménez Díaz Lecture

■ The FJD hosts the 1st International Conference on Dual Pathology

A hospital geared toward patients

It is said that the future will belong to those who can adapt to it first.

We at the Fundación Jiménez Díaz work under this mindset, which is why our goal is to quickly adjust to new situations, new patients that will gradually come to us, and to the new health-care scenario that we face.

This process of adaptation no doubt requires our continued investment in the renovation of our installations; indeed, all the Admissions Areas, the Blood Bank, and Pharmacy Departments are currently being updated, and soon improvements will also be made on the 4th floor to increase its number of beds.

Also benefitting from sizeable investments which will allow us to best diagnose our patients is the hospita-

l's technology and medical equipment, with recent acquisitions for digital mammography testing, new technology for lithotripsy, and an improved center for hemodynamic monitoring and electrophysiology.

Now that we are at the halfway point in the year, we can take a step back and evaluate the work we have done in the first six months. For one, 14 new physicians have joined our team. We have also made great strides in the field of research, like the agreement we recently signed with the Spanish National Research Council to carry out mixed research units, or our newly strengthened ties to the Universidad Autónoma de Madrid (UAM). A good example of our growing partnership with the UAM can be

seen in the orientation courses we offer for new residents in our center, providing a comfortable introduction into our community for professionals assigned to all of the hospital's areas. In terms of activity, the FJD has increased its volume of surgical procedures as a result of the flow of patients coming in from other hospitals in Madrid.

Not only are these agreements important for the Fundación in that they bring development opportunities to our scientific and teaching facets, but they also mean that other institutions of the stature of the Spanish National Research Council and the UAM have also perceived the cultural change we are undergoing as well as the effort that FJD professionals are investing in their work.

I have no doubt that this is the path we must take—investing in research, committing ourselves to teaching, and never losing sight of our patients, for they are the center of the work we do.

We can see an example of this in the new Interdisciplinary Units that are being launched in the FJD: additions like the Movement Disorder Unit, the Medical Examination and Preventive Medicine Unit, the Dysphagia Unit—all areas in which doctors and nurses from different specialties offer a service that is aligned with patients' demands.

It is also incumbent on us to take a look at our surroundings and develop a clear vision of what our patients need in a hospital. Because this is the only way that we can offer them the finest in health care.

Juan Antonio Álvaro de la Parra
FJD Manager

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The Fundación Jiménez Díaz and the Spanish National Research Council to create joint research units

On May 31st, the President of the Spanish National Research Council (CSIC), Carlos Martínez Alonso, and the President of the Board of Governors of the Fundación Jiménez Díaz, Julio R. Villanueva, signed a partnership agreement under which the two institutions commit to create mixed research and development units. The agreement includes training and exchange programs for researchers.

Under the five-year partnership, the two insti-

tutions will provide each other with mutual support and advisory services. That way, new channels will be created for information exchange in order to foment, develop, and follow-up on scientific activity.

In addition, the Fundación Jiménez Díaz and the CSIC will cooperate in activities geared toward disseminating the knowledge on research and science, technological development, and scientific advancements that arise out of their partnership.



Right: the President of CSIC, Juan Carlos Martínez, shakes the hand of the President of the FJD, Julio R. Villanueva, after the signing of the agreement.

Swedish politicians visit the FJD

A group of Swedish politicians visited the Fundación on June 4th to learn about the center's management and operational model.

Participating in the presentation and the guided tour of the hospital were the President of the FJD Board of Governors, Professor Julio R. Villanueva; the President and CEO of Capiro Sanidad, Víctor Madera; the Delegate from the Government of the Autonomous Community of Madrid, Jorge Tapia; and the FJD Manager, Juan Antonio Álvaro de la Parra.

The following day, the group visited the Capiro Hospital de Valdemoro, where the Swedish guests took in further presentations.



Swedish politicians during the event in the main lecture hall of the Fundación.

The FJD hosts the 1st International Conference on Dual Pathology

The 1st International Conference on Dual Pathology, held on April 19th and 20th in the main lecture hall of the Fundación Jiménez Díaz, brought together prestigious names in the study of the disease, both in Spain and beyond.

Dual pathology is defined as the occurrence of two overlapping clinical situations: an underlying mental disorder and a pathological use of toxic substances (i.e., drug abuse, inappropriate use of drugs, or drug dependence).

Recently, the sharp rise seen in dual pathology has become problematic not only for those people suffering from the condition but also for drug treatment and mental health professionals. Public health authorities, observing how the number of cases of psychopathology exacerbated by drug use has shot up in recent years,

have also warned of the danger of the trend.

Starting with an analysis of the difficulties involved in diagnosing and treating the condition, participants in the conference examined from a global perspective the clinical and social situation facing patients and their families. Those in attendance also looked at the ways that dual pathology is treated by the media as well as the prospective needs arising from the condition and how to design strategic initiatives and other programs to face this pressing issue.

Special attention was given to severe psychotic disorders, such as schizophrenia and bipolar disorder. The conference also analyzed in depth Cluster B personality disorders, like narcissistic, histrionic, and borderline disorders, and cases of antisocial behavior.

“WE WHO WORK IN THE MENTAL HEALTH FIELD SEE THAT MORE AND MORE PATIENTS USE ADDICTIVE SUBSTANCES”

(Dr. Basurte, FJD Psychiatry Service)

TREATMENT STRATEGIES

Conference presenters surveyed treatment strategies that vary according to patient progress, hoping to find alternatives that reduce the damage suffered by patients with active drug habits. The conference also analyzed the models that seek to explain the relationship between psychopathology and drugs, questioning the validity of the association between the two and evaluating possible common denominators. A strong multidisciplinary perspective could be seen throughout the

event, which brought together a team of teachers made up of psychiatrists, doctors, psychologists, nursing professionals, social workers, as well as representatives from the public administration and the network of associations involved in drug dependence and mental health.

PARTICIPATING ENTITIES

All the administrative branches working with the issues covered at the conference participated in the proceedings. Alongside the Dual Association, the following organizations helped to organize the event: the National Plan on Drug Abuse (Ministry of Health and Consumer Affairs), the Agency against Drug Abuse (Autonomous Community of Madrid), the Regional Office of Mental Health Coordination (Madrid Health Service, Board of Health and Consumer Affairs), the Regional Council on Family and Social Affairs of the Autonomous Community of Madrid, as well as the Institute on Addiction (Madrid Health Service, Madrid City Government), and Capio FJD.

The FJD Web site notches 32,480 hits in May

The Fundación Jiménez Díaz Web site registered 32,480 hits last month, up from 26,532 in April, illustrating the site's continued high growth in popularity.

Once again, the most frequently visited pages on the site are the private-sector page, the service offering page, and “Get to know us.”

The medical specialties accessed the highest number of times were gynecology, traumatology/orthopedics, and cardiology.



www.fjd.es

39TH JIMÉNEZ DÍAZ COMMEMORATIVE LECTURE

Francis Collins: “Genome sequencing will change the face of medicine”

Francis S. Collins, one of the architects of the Human Genome Project, appeared as the guest lecturer for the 39th annual Jiménez Díaz Commemorative Lecture, an event sponsored by the Fundación Conchita Rábago de Jiménez Díaz in memory of the founder of the FJD. Professor Collins, the Director of the National Human Genome Research Institute, a part of the

National Institutes of Health (NIH) with headquarters in Bethesda, Maryland (USA), is a physician who specializes in genetics. Dr. Collins was the supervisor of the International Genome Sequencing Consortium, which successfully sequenced all of the DNA letters in the human genome during the Human Genome Project. The initiative achieved all of its goals in 2003.

During his speech, Dr. Collins said that the practical consequences of human genome sequencing “are still to be discovered.” When that moment does arrive—in about ten or twenty years’ time—Collins believes that there will be a revolution in a great many treatments and “medical practice itself” will be completely changed.

Dr. Collins is the current Director of the National Human Genome Research Institute, where he spends his time examining the medical and biological impact of what is known about the DNA sequence. During his lecture entitled “Genomics, Medicine, and Society,” Professor Collins explained how the race to decipher the human genome along with all of its implications has only just begun. “We have the manual and we are beginning to read it, because it is written in a strange language with only four letters.”

Collins now coordinates a pilot project called “ENCODE: Encyclopedia of DNA Elements” in which 45 laboratories from all over the globe participate,

“Genomics has the potential to increase the differences and the inequalities between rich and poor, widening the gap between those who have access to certain treatments and those who do not.”

one of which is located in Barcelona. “To date,” says Collins, “1% of the genome has been sequenced, but preparations have been laid down for expansion so we can work with the 3 billion letters contained in DNA.”

Given that almost all human afflictions are genetically influenced, acquiring sound knowledge about the human genome will have “enormous implications on medicine and treatment,” though they will also have social, ethical, and even political repercussions. “The genome and genetics can be used to cure cancer, and some day we will do just that.



Professor Francis S. Collins during his speech in the FJD main lecture hall.

However,” he adds, “they can also be used to improve athletic performance or intelligence.” Dr. Collins holds that there is already an “intense international debate on the non-medical uses of genetics, as well as the differences and the inequalities between rich and poor that stand to be intensified, widening the gap between those who have access to certain treatments and those who do not.” Collins also warned against “the frequent fraudulent use of genetics seen in the market.” Often, tests offered via Internet to determine a patient’s genetic profile or

their risk of contracting certain diseases do not adhere to official standards or guarantee results. “They are a rip-off,” he asserted.

SHARED UNIVERSAL OWNERSHIP

The use of genomics also brings to the forefront issues of utmost importance, such as the protection of privacy. “All countries need safeguards. The human genome is private and cannot be used to people’s detriment,” argues Collins. In addition, he claims, it is necessary that we reserve all advances involving the human genome for their free use by the scientific community, which will follow the guidelines set forth by the Human Genome Project. “It is for me a source of pride,” adds Professor Collins, “that the information it has provided is accessible to all without restrictions.”

Collins’s current research focuses on rapid, premature aging known as progeria. The victims of the disease are “elderly children,” and the condition affects one in four million people. Studying the disease may provide clues on the aging process of ordinary cells. Collins also analyzes the genetic causes of type 2 diabetes. There are at least ten genome variations that increase a person’s risk of developing diabetes. In reality, the current world diabetes epidemic is not as much a result of hereditary factors as it is of modern lifestyle, the increased rate of obesity, and people’s lack of exercise.

RECENT APPOINTMENTS AND ADDITIONS TO OUR TEAM

RECENT APPOINTMENTS

■ **DR. ENRIQUE FERNÁNDEZ PAREDES, HEAD OF THE ORTHOPEDIC SURGERY AND TRAUMATOLOGY SERVICE**

On May 28th, a meeting of the search committee was held to fill the post of Head of the Orthopedic Surgery and Traumatology Service. The committee gave the nod to Dr. Enrique Fernández Paredes.

Enrique Fernández Paredes was born in Oviedo in 1948. He received a degree in medicine and surgery from the Universidad de Santiago de Compostela in 1973, and was conferred the title of specialist in orthopedic surgery in 1977 by the Fundación Jiménez Díaz. He has held the position of Assistant Head of the service since 1991.

■ **DR. IGNACIO JIMÉNEZ-ALFARO MOROTE, HEAD OF THE OPHTHALMOLOGY SERVICE**

Dr. Ignacio Jiménez-Alfaro Morote has been named Head of the Ophthalmology Service.

Born in Seville, Dr. Jiménez-Alfaro earned a degree in medicine and surgery from the Universidad Complutense de Madrid, gaining highest honors in 19 of the courses he studied. His doctoral thesis also brought him highest honors, and he scored in the top 80 on his residency exam of all medical students in Spain. Later, Jiménez-Alfaro was recognized as a specialist in ophthalmology. Dr. Jiménez-Alfaro has earned a graduate-level degree from

the UNED in management of clinical units. He has a master's degree in medical and clinical management, also from the UNED. He holds the position of Associate Professor at the Universidad Autónoma de Madrid.

■ **GLORIA HERÍAS DEL CORRAL, ASSISTANT HOSPITAL MANAGER**

Gloria Herías del Corral has joined the FJD as Assistant Hospital Manager for planning, management, and development of citizen-relations programs. From the dual vantage point of public service and private initiative, Ms. Herías will work in coordination with Care-Management Teams and will support care management under the Hospital Manager.

She will also team with the Marketing Department to carry out corporate projects having to do with patient comfort, citizen concerns, quality-satisfaction surveys, and studies on health-care quality management and its impact on all the people who use the services of the Capiro Group.

Ms. Herías previously led the patient comfort and humanization program for the Health Service of the Asturias region in Spain.

NEW ADDITIONS

■ **DR. JAVIER LUNA TIRADO, TO THE RADIATION THERAPY ONCOLOGY SERVICE**

Dr. Javier Luna Tirado has joined the FJD Radiation Therapy Oncology Service.

With a degree in medicine and surgery from the University of Seville (1995–2001), Dr. Luna was a resident in the FJD Radiation Therapy Oncology Service from 2002 to 2006, Research Experience Accreditation (Diploma of Advanced Studies). Department of Medicine. Universidad Autónoma de Madrid. June 2005. “Adjuvant radiochemotherapy for stomach cancer.”

■ **DRA. ANA ISABEL CALÍN LORCA, RADIATION THERAPY ONCOLOGY SERVICE**

Dr. Ana Isabel Calín Lorca has joined the FJD Radiation Therapy Oncology Service.

Dr. Calín has a medical degree from the Universidad Autónoma de Madrid. She performed her residency in the specialty of radiation therapy oncology (General University Hospital Gregorio Marañón), later becoming a Professor in the Professional Technical School of Health Care of the Community of Madrid, imparting her knowledge in “Fundamentals and Techniques of brachytherapy treatment” in the radiation therapy specialty; and in the course entitled “Patient treatment by medical technicians,” within the radiation therapy specialty of the HGU Gregorio Marañón. Research experience accreditation. Department of Physical Medicine and Radiology. Universidad Complutense de Madrid. “Intraoperative radiation therapy in potentially-resectable pancreatic cancer: methodology and clinical results”




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 construyendo
 futuro

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 28040 Madrid
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Dr. Calín worked in the Radiation Therapy Oncology Service at the Clínica Universitaria de Navarra, where she focused on special techniques such as IMRT, prostate brachytherapy with radioactive seeds, high dose rate brachytherapy, and radiosurgery.

ISSUED BY THE WORKPLACE HEALTH AND PREVENTION SERVICE

Information and preventive measures regarding biological risk

The Capiro-FJD Workplace Health and Prevention Service has issued information and preventive measures on biological risk. The document was created to provide information for employees, interns, and students to reduce or eliminate biological risk, one of the most frequent workplace hazards facing health-care professionals.

It is also important to keep in mind

that biological accidents that occur must be reported to the Workplace Health and Prevention Service so that they may be logged and a clinical follow-up may be carried out. In some cases, medical treatment may be in order following these accidents.

For further information, consult the following page on our Intranet: <http://10.161.1.19/default.aspx>

The FJD receives “Smoke-free hospital” certification

On May 24th, the Fundación Jiménez Díaz was officially certified as a member of the “Smoke-Free Hospitals Network” by the Board of Health and Consumer Affairs of the Autonomous Community of Madrid. There to receive the certificate was the center's Medical Director, Dr. Luis Guinea Esquerdo.

Awareness campaign on handwashing and hygiene

Another step has been taken in the FJD's ongoing campaign for good hygiene and handwashing. People visi-

ting or working in the hospital can now see over 70 posters explaining proper handwashing and antisepsis practices. In addition, stickers have been placed in all of the hospital's bathrooms

explaining hygiene basics using soap and a hydroalcoholic solution. The goal of the campaign is to make this simple preventive measure a common habit in the hospital.

Técnica de higiene de las manos con preparaciones alcohólicas

Deposite en la palma de la mano una dosis de producto suficiente para cubrir toda las superficies a tratar.

Frótese las palmas de las manos entre sí.

Frótese la palma de la mano derecha contra el dorso de la mano izquierda entrelazando los dedos, y viceversa.

Frótese las palmas de las manos entre sí, con los dedos entrelazados.

Frótese el dorso de los dedos de una mano con la palma de la mano opuesta, agarrándose los dedos.

Frótese con un movimiento de rotación el pulgar izquierdo atrapándolo con la palma de la mano derecha, y viceversa.

Frótese la punta de los dedos de la mano derecha contra la palma de la mano izquierda, haciendo un movimiento de rotación, y viceversa.

De 20 a 30 segundos, sus manos son seguras.

Capiro Sanidad
www.capirosanidad.es

INDICACIONES PARA EL LAVADO Y LA ANTISEPSIA DE LAS MANOS

LAVADO CON SOLUCIÓN HIDROALCOHÓLICA

Antes y después del contacto directo con pacientes.

Después de quitarse los guantes.

Antes de manipular un dispositivo invasivo (se usen guantes o no) como parte de la asistencia al paciente.

Después de entrar en contacto con líquidos o excreciones corporales, mucosas, piel no intacta o vendajes de heridas.

Al atender al paciente, cuando se pase de un área del cuerpo contaminada a otra limpia.

Después de entrar en contacto con objetos inanimados (incluso equipo médico) en la inmediata vecindad del paciente.

Antes de manipular medicamentos o preparar alimentos.

No aplicar sobre las heridas. En caso de intolerancia o alergia ponerse en contacto con Salud Laboral.

LAVADO DE MANOS CON AGUA Y JABÓN

Cuando estén visiblemente sucias o contaminadas con material proteínico.

Cuando estén visiblemente manchadas con sangre u otros líquidos corporales.

Cuando haya sospechas fundadas o pruebas de exposición a organismos con capacidad de esporular.

Después de ir al baño.

Antes de manipular medicamentos o preparar alimentos, si no se ha utilizado la solución hidroalcohólica o como alternativa de ella.

Se recomienda no usar sortijas o pulseras ya que pueden funcionar como reservorio de gérmenes.

El secado de las manos se hará siempre con papel desechable.

Si el grifo es de apertura manual se cerrará siempre con el papel de secado

Capiro Sanidad
www.capirosanidad.es

Presenting original articles on health sciences

The following article provides an outline of the basic structure that should be followed for original articles written on health sciences. As a guide, it is an excellent resource with clear and concise indications on the proper way to prepare a submission.

1. ARTICLE TITLE

This is the first thing that the reader sees (i.e., the paper's "calling card").

Below are some guidelines for titles:

- They should be brief, clear, and attractive.
- They should describe specifically, clearly, exactly, and concisely the article's content.
- The article's topic should be easily gleaned from the title.

2. SUMMARY

-This should allow the reader to identify the content of the article.

-It should present information from each section.

-It should be located on page two following the key terms.

-It should be understandable without reading the entire text.

-It should be 150-250 words long and written in the past tense.

-It should include summaries in both Spanish and English.

Items not to be included in the summary:

- Information not expressed in the text
- Bibliographical notes and abbreviations

3. INTRODUCTION

The introduction should provide information on:

- The importance of the topic
- Current knowledge on the topic

-The purpose of the study

Some guidelines for introductions:

- Brevity is important.
- The introduction should be written in the present tense.
- Length of 3 to 5 paragraphs.

It is recommendable to:

- Begin by establishing the topic and its background.
- Intersperse established knowledge with new insights.
- End with an exposition on the general aim or hypothesis of the study.

4. OBJECTIVES

Differentiate between:

- General objective
- Specific objectives

5. HYPOTHESIS

These are predictions on the results to be obtained and the relationship between the variables in the study.

6. MATERIAL AND METHODS

Specify:

- Study design
- The type of study
- A description of the study population
- The area in which the study was performed
- The length of the study
- The inclusion and exclusion criteria
- The screening process used
- Sample size
- The instruments used in data collection
- The validity and specificity of the data

Describe:

- The variables
- The statistical methods used
- The software used for analyzing the data

7. RESULTS

These should be:

- Organized and objective, concisely presenting the research findings

Do not include:

- Personal opinions
- Irrelevant findings

8. ANALYSIS

This should include:

- An interpretation of the results obtained which highlights their most novel and relevant aspects. These results should be related to other theories and compared with other studies' results.

-The case made in order to justify the conclusions.

-An explanation of the study's findings on the primary question posed by the study. Data must be validated and their basis must be justified by comparing them to those of other studies.

-A description of the study's limitations and the weight of its results.

-This section should conclude by relating the primary conclusions of the study to its initial objectives.

9. BIBLIOGRAPHY

-One page long, with entries organized according to

the order in which they appear in the text. References appearing in tables or figures shall be numbered according to the order in which they appear in the text of tables or figures.

-Quality will be judged by how current the references are. Therefore, reports should avoid using sources that are over 10 years old, opting rather for those that were published in the past 5 years and, where possible, in the last 2. Studies should have between 20 and 40 references.

-Use of scientific publications is preferable, avoiding texts for the general public, textbooks, and publications taken from conferences.

-Unpublished comments or documents of personal communication should not be cited. In exceptional cases, these can appear in parentheses in the analysis section.

-Avoid excessive self-referencing and do not mention articles which have been only partially read.

-Bibliographies should adhere to the regulations set by the periodical.

10. TABLES AND FIGURES

These should appear after the bibliography on separate sheets. These should be used only when they present relevant information and not for decorative purposes.

They should include:

-Numbers in the form of Arabic numerals.

-A brief title describing their contents.

Do not include:

- Abbreviations
- Acronyms

María Barat González
ICU Nurse

1st FJD Nursing Conference: A team commitment

On June 2nd, the 1st Fundación Jiménez Díaz Nursing Conference was held in the main lecture hall. The title given to the event was “A team commitment.”

The opening words were delivered by the FJD Nursing Director, Natividad Comes; the Capiro Sanidad Director of Human Resources, Elena Arias; and Juan Antonio Álvaro de la Parra, who manages the center.

Joan Elías, the General Director of the Instituto de Atención al Cliente and a business consultant, spoke to



From left to right: Elena Arias, Juan Antonio Álvaro de la Parra, Natividad Comes, and Joan Elías.

the audience of “Lovework,” a new way of understanding teamwork.

Then, a roundtable discussion was held with Natividad Comes as moderator, thus giving a number of Fundación Jiménez Díaz professionals an opportunity to participate.

Roundtable

- **Nursing committees:**

- Care-giving committee: a commitment to strengthen the role of caregivers. *Cristina Blázquez Blanca Abal (Nurse)*.

- Research committee: striving to become leaders in research on caregiving. *Esperanza Vélez (Nurse)*.

- **Electronic clinical record system:**

- Implementation of an electronic clinical record system: mission accomplished. *M^a Paz Ortega (Nurse) and Saray Hiniesto (Nursing Assistant)*.

- Nursing sessions: continued experience-sharing. *Jose María Monreal and Ana Karina González (Nurses) and Amalia González (Nursing Assistant)*.

- **Capiro projects:**

- Patient classification by levels of dependence. *Nuria Caballero (Nurse)*.

- Standardized care plans. *Susana Sánchez and M^a Angeles Rojo (Nurses)*.

- **New lines and new services:**

- Patient safety: an issue that concerns all of us. *Jose Azofra (Doctor and Emergency Room Coordinator)*.

- Dysphagia Unit: one step closer to interdisciplinary cooperation. *Raimundo Gutiérrez (Physician) and Mar Jiménez (Nurse)*.

Legal aspects of pressure ulcers

To mark the 5th Conference of the Asociación Madrileña de Enfermería Gerontológica (Gerontological Nursing Association of Madrid), Teresa Segovia Gómez, a member of the steering committee of the National PU Study and Advisory Group (GNEAUPP), presented a paper entitled “Legal aspects in pressure-ulcer treatment.”

The presentation dealt with the recent spike in problematic legal actions taken against in-patient

hospital units, leading to in-depth investigations made on teams of nursing professionals.

We should be aware that the appearance and development of decubitus ulcers brings about complications above and beyond the original health problems that afflict our patients; to cure these wounds, patients often have to undergo specific treatments that are painful, that prolong their healing process, and lengthen the time they must spend in the

hospital. In short, they add suffering to their situation and in some cases may even cause death.

We nursing professionals have a substantial responsibility with regard to PUs. The best way to address this problem is through prevention and early treatment, using all the means available to us, such as monitoring patients' nutritional state, use of anti-bedsore measures, optimal maintenance of people's skin, etc. Our work will be more effective if we follow the procedures established in the hospital and use the Nursing Log to record all the preventive measures and/or treatments applied. Also, we should communi-

cate any measures that are unable to be taken for lack of resources or because a patient's situation does not allow for it.

This effort, like many others, is fundamentally reliant on teamwork: nurse's aids, who are the best “observers” of patients (e.g., of the state of their skin, of what they eat day to day, etc.), physicians, the Nutrition Service, physical therapists, and the like.

We should never let our guard down against what Ms. Teresa Segovia Gómez called in her speech “the epidemic below the sheets,” mainly because it is avoidable in 90% of all cases.

Margarita Zorita
Nurse in Unit 36

End-of-year event held for medical students



On June 22nd, the annual academic event was held to bid farewell to the medical students in the UAM-FJD Teaching Unit. Speaking on the students' behalf was J. Padilla Bernáldez, and the faculty speaker was Benjamín

Pérez Villacastín. Afterward, graduates received their diplomas and the awards were given out for the winning entries in the poster contest. First prize went to the team made up of Stephanie Gno Pombre, Elena Sanz Pascual, and Jonathan Estéban Sánchez for their work entitled "Osteoporosis and HIV." The award for runners-up was given to the duo comprised of Laura Chamorro González and Alicia Ruiz Rubi for their submission "Medical Resident Intern Workload and its repercussions as seen through the lens of Royal Decree 1146/2006."

FJD Nursing School year-end ceremony



On June 27th, the year-end ceremony was held once again for the FJD Nursing School.

The event was divided into two parts: one, a scientific presentation, and the other, an academic ceremony. Amelia Caballero, a Full Professor of Anatomical Pathology, Histopathology and Neuroscience at the Universidad Autónoma de Madrid, oversaw the first part, entitled "Looking toward the future: Educating in values." Presiding over the academic component was Ángel Gabilondo Pujol, the Vice-Chancellor of the UAM.

This year's awarding of scholarships was even more heartwarming, as the School instituted a commemorative grant named after Emilia Colomer, an FJD nurse who retired this year after having been a member of the first-ever class of FJD Nursing School graduates.

MEMBER OF THE 1ST GRADUATING CLASS (1962) OF THE FJD NURSING SCHOOL

Emilia Colomer, "Buby"

She came to us as Emilia, "Emilita," an Andalusian damsel who despite the social mores of the time had moved to Madrid to study nursing. Emilita was not one to pay any mind to those who thought that nursing was not a very becoming career for a woman.

She was a stupendous young woman, very polite, affectionate, and always looking out for others. As classmates of hers, some of us had the good fortune of becoming her surrogate little sisters, accompanying her to parties and being privy to the details of her many romances.

When Buby finished her degree, she tried her hand in a few inpatient units, but it was clear that her destiny was to become a jack-of-all-trades in surgical nursing. Her professional expertise stood out especially in vascular and urological surgery.

We decided to give her the nickname "Buby" after seeing the movie "Zorba the Greek," because she was our Madame Hortense. Do you recall that endearing character who owned a tobacconist shop where she sold groceries out of the back, and displayed her glorious chest for the inhabitants of the Greek town where she lived?

Well, our Buby turned a few heads herself with her full-breasted splendor. She never failed to adorn her front side with the ceremonial stain at social events, which is why she always ended up with a napkin over it, just like the

priests of old when they had their chocolate and cake.

For a surgical nurse to be as cool as a cucumber says an awful lot. I recall an anecdote from years ago

when Dr. Panadero was the Head of Vascular Surgery. When things would go awry in the operating room, she could be heard invoking Saint Thomas. She and her sidekick Teresa really were something... What a pair! They honored Buby and her cries of exasperation with a print of Saint Thomas on the window of the operating theater.

Buby is a role model for all of us who know her, not only as a nurse but also as a person. Cancer did a number on her, but she beat it. All of the theater nurses would stay on duty morning, noon, and night to be by her side. Nothing could take her away from us. We could not afford to lose her.

What can we say about those hands, so precious? The same care she put forth when treating patient or handling instruments could also be seen in the hand-made gifts that she gave out. Who among us does not have some of her towels or a set of table linen made by those hands?

Buby, you are unique.

Buby, thanks your prodigious legacy and the affection you have inspired in us, we will remain such a tight community.

Mercedes Gonzalo



The FJD Microbiology Department expands its range of diagnostic processes

The FJD Microbiology Department has increased the number of diagnostic processes it performs, adding new techniques such as human papilloma virus detection via microarray, mycobacterial detection in lab samples using PCR, molecular detection of herpes simplex virus and enterovirus, molecular detection of mycobacteria, and molecular-based detection of resistance mechanisms in *M. tuberculosis*.

In addition to the 300,000 patients it serves at the Fundación Jiménez Díaz, the Department is also a reference center for the Hospital de Torrevieja (Alicante), which provides care for 200,000 people, as well as other private-sector hospitals in and beyond the Autonomous Community of Madrid.

Its laboratory is equipped with all the units necessary for microbiological diagnosis. Indeed, its Mycology, Mycobacteriology, and Virology Units have earned national and international renown, with the Mycobacteriology Unit now recognized as a National Center of Reference by the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC). The Department also features specific units devoted to serology and molecular biology and offers a complete range of bacteriology procedures.

The Microbiology Department also manages preventive medicine in the hospital and acts as an advising body for the diagnosis and treatment of patients who have infectious diseases.

TEACHING FUNCTION

Like all other services in the Fundación Jiménez Díaz, the Microbiology Department participates in the teaching arm, collaborating with the FJD University Nursing School and the Universidad Autónoma de Madrid Medical School. It has also partnered with the UAM School of Biology, educating students through its Practicum program.

Rounding out the Department's offering of services is the research laboratory, which functions independently of the care-



The Department's laboratory provides all the units necessary to perform microbiological diagnoses.

based laboratory and where residents and interns contribute to the success of projects financed by public and private institutions. This aspect of the Department allows it to take part in a variety of research groups both on a national and an international level. Current projects include sensitivity studies performed on new antimicrobial agents, pathogenesis studies of biomaterial-associated infections, mycobacterial pathogenesis studies, and vaccine and gene-therapy creation for herpes simplex based on expansion models.

Such a wide range of teaching activities is the key to providing quality training, since these projects complement the already-diverse care offering in which people learn and grow professionally; in addition to specialty-specific duty shifts, specialists who train in the FJD gain exposure to both basic and epidemiological research, thus providing the setting for work that translates into significant contributions to the body of scientific publications and other academic activities. Additionally, the Department encourages its residents to add to the training they receive in the FJD by working in outside centers renowned for their excellent work. Having obtained such a high level of professional competence, these physicians, upon completing their training, immediately find public or private institutions where they can continue their careers.

Farewell to the interns who have completed their training in the FJD

On June 18th, the Fundación Jiménez Díaz hosted a farewell ceremony for the Medical Resident Interns finishing their training in the hospital.

Coordinating the proceedings was Dr. Mercedes Ruiz Moreno, the Head of the Pediatrics Service and Assistant Manager of Training at the FJD. The first to address those in attendance was Dr. Raimundo Gutiérrez Fonseca, the Resident Adviser, as well as Dr. Ana Leal Orozco, the Pediatrics Adviser and spokesperson for the Teaching Committee.

The next to take the podium, this time on behalf of the exiting residents was Dr. Bárbara Molina Gil, a newly-qualified specialist in ENT medicine and also a spokesperson for the Teaching Committee.

Juan Antonio Álvaro, the Managing Director of the FJD, had the duty of bidding farewell to the residents. The event came to a close when the thirty-seven newly-certified specialists received their diplomas and a commemorative gift in recognition of their time spent in the FJD. Afterward, everyone celebrated over a glass of Spanish wine.

OUR CENTER HAS ITS OWN INDEPENDENT AND EFFECTIVE IRB

Conference on clinical trials

Clinical trials today: Two unavoidable issues: Single Approval and Pharmacogenetics” was the title of the conference organized by the Capiro-Fundación Jiménez Díaz on June 26th, which brought together the most prestigious Spanish professionals in the field.

The proceedings addressed the problem of single approval -a key to analyzing the process of multi-center clinical trials- and examined problems through the lens of the industry and the researchers that work within it. Speakers at the conference debated the issue of pharmacogenetics, a field in which the Fundación is a pioneer in Spain, and analyzed the real technical possibilities that this discipline holds. Those in attendance also looked at the perception of the patient as to the implications of pharmacogenetics, lastly taking stock of the ethical-legal implications of the discipline's introduction into clinical trials in recent years.

GENOMIC MEDICINE

Pharmacogenetics, which studies the genetic characteristics of people that make them react differently to drugs (i.e., efficacy and toxicity), is a challenge for the burgeoning field of genomic medicine. It recent but rapid incorporation into clinical trials may raise ethical and legal questions that will have to be resolved through



Speakers at the conference entitled “Clinical trials today: Two (almost) unavoidable issues.”

analysis and reflection on the risks and advantages that the discipline holds for people.

REGULATORY DIFFICULTIES

Currently, there is a series of regulatory difficulties in the coordinating aspect of the field. In addition, the complex institutional web and long waiting periods for clinical trials to be approved -fewer than 50% of studies are evaluated within the maximum wait time of 60 days established under legislation- compromises the potential for there to be a competitive clinical research sector in Spain capable of keeping up with that of other countries in the European Union. Against this backdrop that does little to foster clinical research, statistics gathered between 2003 and 2005 show a 37% decrease in researchers who successfully recruited more than 90% of the cases needed for multi-center clinical trials. Also, there has been a 107% increase in the num-

ber of researchers that do not include any patients at all in their studies.

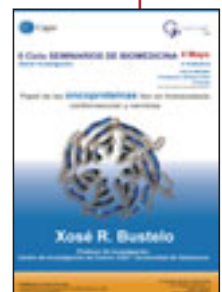
The Fundación Jiménez Díaz furthers clinical research, provides its researchers with the resources they need, and believes strongly in quality, competitive research. The FJD's IRB is both independent and efficient, meeting frequently, even during the summer. The FJD is committed to speeding up multi-center clinical trials by reducing the wait time before they begin; our center signs contracts with sponsors during, not after, the IRB evaluation process. All contracts include a suspension clause stating that the contract will only enter into effect once the clinical trial has been approved by the Spanish Agency for Medicines and Medical Devices (AEMPS). These measures all help us create an attractive environment to increase the number of clinical trials we perform and to make us a center of reference in the field.

The 2nd Biomedical Seminar Cycle draws to a close

Thanks to the organizational effort put forth by Marina Sánchez of the Research Department and the participation of Professors Luis Serrano and Xosé Bustelo, the 2nd Biomedical Seminar Cycle, an annual event hosted by the FJD Research Department, recently came to a close.

Luis Serrano, a Professor of Research at the Centre de Regulació Genòmica (CRG) at the Universitat Pompeu i Fabra in Barcelona, served as the Director of the seminar, which was held on March 29th. The event was entitled “Computer-assisted re-design of TRAIL proteins.”

The final seminar took place on May 4th under the guidance of Xosé R. Bustelo, a Cancer Research Professor at the Spanish National Research Council/Universidad de Salamanca. In his paper, Professor Bustelo enlightened those in attendance on “The role of Vav oncoproteins in homeostasis in the cardiovascular and nervous systems.”



OFFERING OF SERVICES

Medical Examination and Preventive Medicine Service

The Fundación Jiménez Díaz houses an area specially dedicated to medical check-ups. The importance of prevention and the development of new technologies (CT angiography, virtual endoscopy, etc.) allows for sophisticated screening in the prevention and early diagnosis of disease. Some illnesses are not accompanied by alarming symptoms, or the symptoms that do show up are so slight that they do not raise suspicion. Any illness detected before it becomes fully developed is more likely to have a positive outcome, and its treatment is usually more effective.

The Medical Examination and Preventive Medicine Service operates with the premise in mind that examination patterns or models depend on the characteristics of the patient (i.e., age, sex, background, diet, work, etc.),

thus making it necessary to provide personalized examinations.

Under the leadership of a physician specializing in internal medicine, and adapting care according to the patient's individual characteristics, the department

carries out a meticulous study of the patient's health, drafting a final report including lifestyle changes that can help the patient maintain or improve his or her health. Final reports are written up by the coordinating internist. This consists

of a first page summarizing the entire examination and also all reports, signed by each of the specialists participating as support personnel in the exams.

HIGHLY-QUALIFIED PROFESSIONALS AND TECHNICAL EQUIPMENT

The FJD is ideally equipped to provide patients with this service. Highly-qualified medical specialists and nursing personnel along with state-of-the-art technology such as a 40-slice-per-second CT scan or a 1.5-Tesla MRI greatly facilitate the diagnostic process.

Our goal is to carry out patients' appointments and the testing they require in the shortest time possible, minimizing wait times in each of the steps involved.

(continue)

LEVEL I: BÁSIC EXAM

■ **Under the coordination of the specialist in Internal Medicine:** Family and personal history: Habits. Somatometry. Neurological examination.

Summary and recommendations.

■ **Physical exam by bodily systems:** Head, Neck, Thorax, Abdomen, Underrarms, Groin, Upper extremities, Lower extremities, Spinal cord, Neurological exam, EKG, spirometry and maximal expiratory flow-volume curve.

■ **Diagnostic imaging:** chest x-ray, abdominal ultrasound and urinary tract ultrasound.

■ **Laboratory:** Blood and urine, glucose, creatinine, total cholesterol, HDL cholesterol, triglycerides, GOT, GPT, GGT, total bilirubin, ALP, total protein, and uric acid.

The person's age and history may be cause for the administration of one of the following tests: PAP test, urinalysis, PSA, HIV, Ac. S. Hepatitis B, Ac. Hepatitis C, CEA.

LEVEL II: ADDITIONAL

Initial patient profiles and the information obtained during the basic exam may indicate the need for additional alternative procedures. These tests can also be administered at the request of the patient.

■ **Cardiac Examination:** includes stress test, echocardiogram, exercise test, CT angiography, and an evaluation by a specialist in cardiology.

■ **ENT Examination:** performed by a specialist in ENT medicine. Includes rhinoscopy, ear exam, throat examination, and audiometry.

■ **Ophthalmological Examination:** Performed by a specialist in ophthalmology. Includes tonometry, fundus oculi, biomicroscopy of the anterior pole, and perimetry.

■ **Examination of the Digestive System:** virtual colonoscopy screening and a full report by a specialist in radiology.

■ **Coronary CT angiography:** Assessment by a physician specializing in radiology. Coordination with the Cardiology Service.

LEVEL III: GYNECOLOGICAL EXAMINATION

We follow the guidelines for gynecological examinations. This includes:

■ **A medical exam performed by a gynecologist:** Gynecological background, obstetric history, anamnesis

■ **Physical check-up:** External genitals, cervix, uterus and adjoining parts, breasts. Education for healthy breasts. Cytology. Colonoscopy (if required). Gynecological ultrasound. Mammogram and/or breast ultrasound.

■ **Included with the report are:** A report on the vaginal cytology. A report from the gynecological ultrasound. A report on the breast ultrasound or mammogram.

When patients come in to the hospital for their appointments, they are directed to the proper service. Examinations begin with: a consultation with a specialist in internal medicine, who obtains the patient's information, performs a physical, and then enters all the complementary information gathered in the patient's profile. Then, a member of the Patient Care Service accompanies the patient for his or her:

- Clinical analysis: Performed according to the profile as recommended by the physician and the patient's background.
- Diagnostic imaging: x-ray, ultrasound, etc.
- Light breakfast.
- Follow-up of diagnostic tests and medical evaluations according to the previously-created plans (see tables for levels I, II, III, IV, and V).

The final report is written and revised by the specialist in Internal Medicine and forwarded within a maximum of one week.

LEVEL IV: CHECK-UP

In addition to the procedures outlined in Levels I and II, this protocol includes an evaluation of the patient's physical capacity to play sports. Also offered under this program is a psychological evaluation for stress management.

LEVEL V: DECISION PHASE

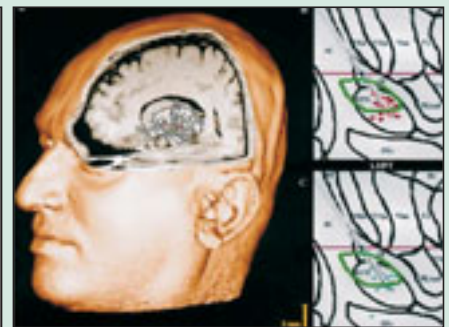
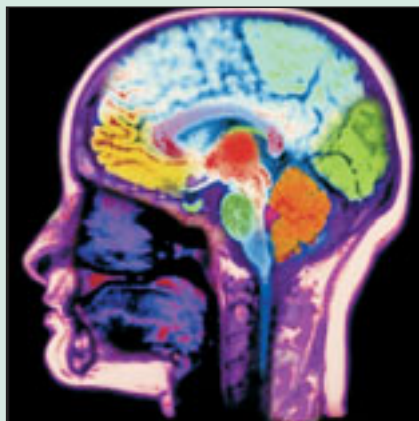
The patient's profile in terms of past illnesses, age, risk factors, etc. determine the next steps for an effective evaluation of his or her state of health.

If the patient needs further testing, this may prolong the diagnostic procedure.

Information and Appointments:
902 11 11 52

OFFERING OF SERVICES

Movement Disorder Unit



The Movement Disorder Unit performs all the most advanced techniques for diagnosing and treating Parkinson's disease and abnormal movements.

The Fundación Jiménez Díaz has a Movement Disorder Unit (UTM) created to offer care for Parkinson's patients and patients with abnormal movements (i.e., shakes, dystonia, spasticity, chorea, myoclonus, tics, and restless legs syndrome).

We in this specialized unit offer outpatient exams for patients with advanced Parkinson's disease who, because of their characteristics, cannot easily come in to the hospital. In just one morning we can create a profile of the patient's response to their medication and then make the proper adjustments, thus saving the patient both time and inconvenience.

The FJD also has a Functional Surgery Unit, which is a multidisciplinary unit in which the Neurosurgery, Neurology, and Neuropsychology Units all participate. This unit helps patients with Parkinson's and dystonia that do not respond to normal medication regimens.

In addition, the UTM is equipped for other treatment techniques to treat Parkinson's disease, such as an apomorphine pump and, in the near

future, intraduodenal infusion of L-Dopa.

MORE THAN 1,000 INFILTRATIONS EACH YEAR

More than 1,000 botulinum-toxin injections are performed in the unit each year, making it the center with the highest volume in all of Spain for the procedure. Also, its sophisticated technology allows for infiltrations in areas that would be impossible for other centers, such as CT-guided infiltration and infiltration in the larynx area, etc. We partner in this endeavor with the ENT service and the Neuroradiology and Maxillofacial Surgery Services.

We should also note the teaching and training work done in the unit for physicians interested in movement disorders as well as the exercises offered for Parkinson's patients and their caretakers. This comes about thanks to the work of the unit's nurse, Vicenta Sánchez Bernardos.

Dr. Pedro J. García Ruíz-Espiga
Dra. Rosa Astarloa
Vicenta Sánchez Bernardos
Capio-FJD Neurology Service

📞 91 550 48 82 – pgarcia@fjd.es – vsanchez@fjd.es

Capio Nursing gets a new site



The site's homepage.

The new Capio Nursing Web site just went on-line: www.capioenfermeria.com

In keeping with Capio's total invest-

ment in its nursing professionals, the company has created this dynamic, open, and stable communication tool for all nurses.

This is a groundbreaking project for Capio Sanidad which will allow us to strengthen our ties with professional nursing associations, universities, nursing schools, and the like.

Its goal is to help create a trademark image for nursing personnel by showing their size, values, and professional aptitude. The new site has been made possible thanks to the contributions of Capio Sanidad nursing professionals.

FIRST SET OF ACTIVITY STATISTICS

The first two months since the Web site went on line have yielded the following results:

- Over 30,000 hits
- Over 40,000 pages viewed
- E-mail contact with over 13,000 professionals in our database.

Capio Hospital Sur

Alcorcón

1st Award for Excellence in Balancing Family, Work, and Personal Life goes to Capio Hospital Sur

Capio Hospital Sur recently received first prize for companies with over 100 employees by the municipality of Alcorcón for its efforts and success in balancing work and family. Presenting the award was the First Deputy Mayor of Alcorcón, Ms. Natalia de Andrés. Many companies from the southern area of Madrid participated in the event.

Capio Recoletas

Albacete

Publications by the Capio Recoletas Albacete Internal Medicine Service

The physicians working in Capio Recoletas Albacete Internal Medicine Service Dr. Julian Solis Garcia Del Pozo, Dr. Manuel Vives Soto, and Dr. Javier Solera (a member of the Internal Medicine Service of the Complejo Hospitalario de Albacete) recently published the following scientific articles:

1.- Vertebral Osteomyelitis: Long-term disability assessment and prognostic factors, published in the Journal of Infection (2007) 54, 129-134 of the British Infection Society.

2.- Vertebral Osteomyelitis: Description of a series of 103 cases and the identification of predictive variables of the etiological group, published in the Revista Clínica Española, 2007;207(1):16-20, an official publication of the Spanish Society of Internal Medicine.

3rd Capio Group Quality Conference

On June 25th, the Fundación Jiménez Díaz held the 3rd edition of the Capio Group Quality Conference.

Organized by the Corporate Quality Team, its goal is to make possible the sharing of experiences and foment group-wide spread of knowledge beyond the walls of individual Capio centers.

The conference's general objective is to set up a

forum in which novel topics in health-care quality may be presented. Specific internal issues were addressed by professionals in the company.

The event brings together Capio Sanidad professionals to talk over basic health-care quality

concepts and introduce new issues in quality. This way, attendees are able to share experiences both in aspects both specifically related to health care and not.



The conference's poster.

Premios Enfermería FJD

a la Mejora de Cuidados en la Asistencia al Paciente

CONVOCATORIA

■ La prestación de cuidados de enfermería con una alta calidad asistencial, tecnología innovadora, con la máxima profesionalidad, respeto y eficacia es un objetivo prioritario de los profesionales de enfermería de la Fundación Jiménez Díaz-Capio.

■ Los profesionales directamente implicados son el mayor potencial para la mejora de la calidad en las líneas de actuación, que redundan, directa o indirectamente, en una atención al paciente integral, eficiente y satisfactoria. Creemos en el valor de la metodología enfermera como la mejor estrategia para garantizar nuestra profesionalidad y la calidad de nuestras actuaciones.

OBJETIVO:

■ Fomentar la comunicación de ideas y proyectos que permitan mejorar el servicio y atención integral a las necesidades de todos los pacientes, tanto de forma directa como indirecta, basándonos en la excelencia asistencial, tecnológica y de servicios.

Pueden participar:

■ Todos los profesionales de Enfermería de la Fundación Jiménez Díaz que hayan elaborado, participado o coordinado algún proyecto dedicado a la mejora de la Calidad Asistencial en el cuidado del paciente.