

Winter/Spring 2014: Ensuring Quality Care for Our Patients

Rehabilitation nurses often go above and beyond the call of duty to meet the varied needs of their patients. At the Rehabilitation Institute of Chicago, our nurses take this responsibility one step further by engaging in



research to create a strong foundation for evidence-based medical rehabilitation.

Below, you will find a story about the role of rehabilitation nursing research in the care patients receive at RIC. You'll also find a profile of our collaborator Rosemarie King, a long-time champion of nursing research.

On page 2, we introduce Kathy Stevens, past president of the Association of Rehabilitation Nurses, who is currently conducting her own research at RIC.

Finally, we catch up with three postdoctoral fellows who took part in the Advanced Rehabilitation Research Training (ARRT) fellowship program. I am pleased to announce that we are accepting applications for this valuable training opportunity. Please see page 7 for details.

For more information about our projects and educational opportunities, please visit our web page at www.ric.org/cror. And don't forget to "like" us on [Facebook!](#)

Allen Heinemann,
Director

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Kathy Stevens

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RIC Nurses Move Rehabilitation Research Forward

Nurses may well be the unsung heroes in the rapidly changing field of rehabilitation medicine. Doctors spend, on average, seven minutes a day with a patient; therapists may spend two or three hours. But the rest of the time, it is nurses who are taking care of and coaching those with orthopedic problems, spinal cord injuries, traumatic brain injuries, and stroke.

"You can't participate in rehabilitation unless you're well. The nurse makes sure you're well enough to engage in activities," notes Kathy Stevens, RN, PhD, Director of Nursing Education at the Rehabilitation Institute of Chicago (RIC). "Nurses play a key role from the get-go when some-

one is injured. We're always thinking 'What can we do to maintain a patient's level of activity?'" (See related profile on page 2.)

The role of nurses has evolved far beyond that of caregiver, rehabilitation experts say. Nurses are now key players in improving quality at institutions such as RIC and, increasingly, they are engaged in research, either as primary investigators or data gatherers. The goal is to discover the most effective ways to deliver treatment to patients with the ultimate goal of helping them reintegrate with their communities after they leave.

Nursing has become more complicated in recent years as

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Rosemarie King: Retired Twice, Still Going

Rosemarie King is good at lots of things - being a rehabilitation nurse specialist, conducting groundbreaking healthcare research, and helping caregivers deal with stress. But she isn't very good at one thing - retiring. King, PhD, has retired twice now and is still



Rosemarie King, PhD, RN

working in an office on Northwestern University's downtown campus, finishing up articles for publication.

"October 31, 2012 was my last day. I retired. That just means I work without financial compensation," quips King.

There's still so much work to do in the field of caregiver research, it's hard for her to stop, she says. In fact, King was a

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Kathy Stevens, RN, Helps RIC Attract Magnet Status

When she was nearing the end of high school, Kathy Stevens couldn't decide whether she wanted to become a nurse or a teacher. She came from a family where health care was an avocation and several of her aunts urged her to choose nursing. She would never worry about finding a job, they promised, and there would be lots of career development opportunities.

Stevens took her aunts' advice and over the last 30-plus years, she has put together a wide-ranging career that has combined both nursing and education. Today she is the Director of Nursing Education at the Rehabilitation Institute of Chicago (RIC), an Assistant Professor in Physical Medicine and Rehabilitation at Northwestern University's Feinberg School of Medicine, and past president of the Association of Rehabilitation Nurses.

"I always enjoyed the clinical rotations where I had more time with patients," Stevens says. "I wanted to see myself as a nurse educator. Oftentimes, with patients who stayed in hospitals for longer periods of time, I taught them how to adopt a behavior change to make themselves healthier."

devastating injury. As a night nurse on the acute spinal cord injury unit at Northwestern Memorial Hospital, she became adept at talking with families who were still in shock.

"I often encountered families who were angry and tearful. By virtue of knowing the rehabilitation experience ahead of them, I could say to them, 'Let's talk about time frame. You don't need to make all the decisions now. We need to look at what your role is at this time. Your family member needs you; be there for them, they are scared and need your support.'"

These days, Stevens spends most of her time educating nurses at RIC about the specialty of rehabilitation nursing. She also runs the hospital's continuing education program, which serves to enhance the skills of veteran nurses. Stevens, who received her PhD in 2005 from Loyola University Chicago, also plays a role in helping RIC's nurse leaders to measure and monitor the institute's quality of nursing care.

One of her biggest career achievements has been securing Magnet® recognition status for RIC from the American Nurses



Kathy Stevens, PhD, RN

Stevens is currently working on RIC's third application.

"We hope we will continue to get recognized in this way," Stevens says.

When Stevens isn't teaching or working on the Magnet® application, she is involved in research. In 2012, she applied for and received a grant to study nurse staffing levels at hospitals to see how they relate to outcome variables such as falls, pressure ulcers, and infections.

She also is a committee member at the Center for Rehabilitation Outcomes Research (CROR) as part of a grant to develop the use of online modules to train clinicians on outcome measurement.

In 2012, Stevens received a grant to study nurse staffing levels at hospitals to see how they relate to outcome variables such as falls, pressure ulcers, and infections.

Sometimes that took the form of teaching patients with congestive heart failure to monitor their fluid intake and track their weight. Other times, she coached orthopedic patients on following through on mobility exercises at home.

For several years, Stevens focused on educating family members about how to support a loved one who has just experienced a

Credentialing Center. When RIC received the four-year designation, considered the gold standard for nursing excellence, in 2006, it became the first and only free-standing rehabilitation hospital in the country to do so.

Under Stevens' leadership, RIC received Magnet® recognition again in 2010, an achievement that puts it in the top 2 percent of the nation's nearly 6,000 hospitals.

"Kathy has made tremendous contributions to the field of rehabilitation nursing," says Linda Ehrlich-Jones, RN, PhD, who works as a Research Scientist at CROR. She encouraged Stevens to include research among her endeavors. "Her support of students and staff is admirable. I look forward to continued collaborations with Kathy as she develops her research career."

AART Postdoctoral Fellowships Critical To Success

As the nation's largest single payer of health-care bills, the U.S. government has a vital interest in improving rehabilitation research methods and outcomes. That's why the National Institute on Disability and Rehabilitation Research (NIDRR) funds a postdoctoral program that provides advanced training for scholars interested in pursuing healthcare outcomes research whether or not they have clinical experience.

The Institute for Healthcare Studies at Northwestern University's Feinberg School of Medicine is one of the institutions offering an Advanced Rehabilitation Research Training (ARRT) fellowship program. During the two-year program, postdoctoral fellows take classes, work with assigned mentors, and meet regularly with other fellows to present progress reports on their work. Much of the program's focus is on grant writing and some fellows have received funding for one or more grants while in the program.

CROR Outcomes caught up with three ARRT fellows who worked with Allen Heinemann, PhD, Director of the Center for Rehabilitation Outcomes Research, to find out how their fellowship influenced their work and what they are doing now.

Mansha Mirza

Occupational therapist Mansha Mirza was well along on her PhD in disability studies at the University of Illinois at Chicago (UIC) when she realized she needed additional training in research methods before she was ready for an academic position at a major university.

Her adviser recommended the ARRT postdoctoral program at Northwestern University and urged her to work with Allen Heinemann, who is a co-director of the program.

"There were weekly "work-in-progress" meetings that exposed me to everyone else's work - the methodologies and different theories they were using to inform their work," says Mirza. "It challenged me in ways I could not imagine. Once you have a PhD, you think you know everything about research."

Mirza's research centers on refugees with dis-

abilities and chronic health conditions. During her fellowship, she applied for a grant to fund a community-based project to understand the healthcare barriers faced by refugees in Chicago. She also sought funding to compare social participation outcomes of immigrant children (with and without disabilities) with native children in ten cities across the U.S.

Both grants were funded. Mirza believes that success played a role in her landing a job as a tenure-track Assistant Professor of Occupational Therapy at UIC. She is grateful for all the individual attention she received. "Despite all the different things he does, Allen always made time for me. He has such a wealth of experience, he was great at giving me strategic direction."

Lucy Bilaver

Lucy Bilaver was a social scientist working at the University of Chicago on a variety of applied child health issues when she decided to change the direction of her research to children with disabilities, including children diagnosed with autism.

An ARRT fellowship seemed like an ideal way to get a fresh start. She reviewed current research literature on autism and discovered that some autism researchers were using Medicaid claims data to study the age disparities at time of diagnosis for children with autism.

But there wasn't much descriptive work about where services such as speech therapy and occupational therapy were delivered, whether through special education services at public schools or through private healthcare settings that would be covered by insurance.

"We didn't even have good descriptive data about how many parents were securing these services," Bilaver says.

During her fellowship, Bilaver began using a data set that had been largely overlooked by researchers - the Pre-Elementary Education Longitudinal Survey-known as PEELS. It's one of a number of surveys conducted by the U.S. Department of Education to assess special education out-

comes.

Bilaver wrote and received funding of two grant proposals, one from NIDRR to look at cross-sector patterns of services for young children with autism and another from the Organization for Autism Research to look at disparity issues.



Lucy Bilaver, PhD

"The best thing about the postdoc was more advanced training and understanding of the field of health services research," Bilaver says. "I became familiar with the goals and funding priorities of NIDRR, which had not been an entity that was on my radar at all."

Bilaver believes the fellowship helped her land a faculty position in the public health department at Northern Illinois University. It also helped her compete for a current grant from the Illinois Department of Human Services studying children with autism in the state's foster care system.

"I've been able to successfully fund research that is of value and is relevant in the public health area. It's been a good fit for me," she says.

Jae Chul Lee

Jae Chul Lee was at Michigan State University finishing his dissertation on disparities in healthcare access for older people with disabilities when he decided he wanted to learn more about the U.S. healthcare system, healthy policy, and health-services research methods.

He was a little worried about applying for the ARRT fellowship at Northwestern University because it was housed in a medical school. In the medical model of care, disabilities are typically seen as a condition to be fixed or cured. In Lee's training in rehabilitation counseling, disabilities are viewed as social products created by systemic barriers and people's attitudes.



Jae Chul Lee, PhD

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Nursing Research (Continued from page 1)

medical advances allow patients with complex conditions to survive and benefit from rehabilitation therapies. “The type of care provided has expanded greatly,” notes Matthew Sorenson, RN, PhD, an Associate Professor at DePaul University and a researcher at RIC. “You see secondary illnesses - spinal cord injury patients who have diabetes or hypertension. Ten or 20 years ago, these patients might not have survived, but now they are surviving and are back in the community.”

At RIC even the philosophy of nursing has changed, explains Laura Ferrio, RIC’s Chief Nurse Executive and Vice President of Patient Care Services.

Previously, nursing operated under an adaption model articulated by nursing theorist Sister Callista Roy, who believed the role of a nurse was to help patients adjust to their disability. In recent years, RIC has adopted a philosophy based on the goal-attainment philosophy of theorist Imogene King, which focuses on helping patients set and achieve life goals.

“RIC’s vision has changed to focus on advancing human ability,” Ferrio says. “Now we’re focused on helping them overcome their disability. We’re focused on goal attainment. If the patient’s goal is to get back to work, how does the nurse help them do that as one branch in the tree of rehabilitation?”

Nurses at RIC have an advantage over their peers at other institutions, Ferrio says, because they work at a research-oriented hospital that includes the Center for Rehabilitation Outcomes Research (CROR), a grant-funded center devoted to identifying and quantifying best practices in rehabilitation. In fact, RIC has earned several multi-year grants from the federal govern-

ment to advance multidisciplinary rehabilitation research.

RIC encourages its nurses to participate in studies and to propose research of their own. There are currently more than 370 active research projects at RIC, running the gamut from bionics and robotics to neuroscience and musculoskeletal medicine. The hospital also benefits from being the academic home of the Department of Physical Medicine and Rehabilitation at Northwestern University’s Feinberg School of Medicine.

Among RIC’s most prolific nurse researchers is Anne Deutsch, RN, PhD, a Research Scientist at CROR and Research Assistant Professor at the Feinberg School of Medicine, who studies the intersection of rehabilitation medicine and public policy. Another is Linda Ehrlich-Jones, RN, PhD, whose research topics include the role of motivational interviewing to promote healthy lifestyles for people with arthritis.

Another well-known name in the field of nursing research is Rosemary King, PhD, who worked as Assistant Director of Nursing at RIC and whose research topics include preventing pressure ulcers in patients. She also has studied the toll that caregiving takes on family members over time. (See related profile on page 1.)

In addition to being primary investigators, nurses serve as co-investigators for others. RIC researcher George Hornby, PhD, for example, has hired nurses to record activity levels of patients with spinal cord injuries. Concurrently, nurses are leading a study with the same patients to see how activity levels affect mood and mental health. They also are

studying whether patients’ moods change while they are participating in Hornby’s study.

“There’s a huge range of research that gets done and a lot of the time people aren’t aware of the roles of nurses in research,” says Sorenson, who is looking for an immunological tie between stress and worsening conditions in patients with multiple sclerosis. “There are those of us doing more clinical, bench-style research while there are others doing qualitative work, such as looking at the quality of life for patients with pressure ulcers.”

Nurses interested in pursuing research at RIC have a big advantage: The hospital is the beneficiary of a \$1 million endowment set up in the 1980s by the Prince Charitable Trust, which engages in philanthropy that supports employees. The income from the endowment, which varies in amount from year to year, is used to fund sabbaticals or cover time for RIC nurses who are engaged in research or want to further their education through attending national conferences and bringing evidence-based practices back to RIC to integrate into nursing care.

RIC has been named the best rehabilitation hospital in America by U.S. News & World Report for more than 20 years. And it became the first rehabilitation hospital in the country to be awarded Magnet® status by the American Nursing Credentialing Center (ANCC) in 2006. RIC received a second Magnet® designation in 2010.

ANCC takes into consideration such factors as a hospital’s commitment to nursing research and the ways it fosters career development for nurses.



Matthew Sorenson, RN, PhD



Laura Ferrio, RN

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Rehabilitation Measures Database: Tell Us What you Think!

The Rehabilitation Measures Database (RMD) is about to celebrate its third anniversary. Since the RMD launched in the spring of 2011, the site has grown beyond expectations. From just a handful of visitors the RMD has grown to nearly 4,000 visits a day from literally every corner of the globe. Over the past three years we have partnered with several professional organizations including the American Physical Therapy Association, the American Occupational Therapy Association, the American Congress of Rehabilitation Medicine, the Musculoskeletal Outcomes Research Consortia, the Foundation for Physical Medicine and Rehabilitation, the American Therapeutic Recreation Association, and educational institutions including the University of Illinois at Chicago and Urbana-Champaign, Duke University, the University of North Carolina, the University of Indianapolis, the University of North Texas, and the University of Florida.

During the last three years we have focused on building a comprehensive library of outcome measures based on our users' suggestions and feedback. The RMD has benefited tremendously from our dedicated partners who have contributed to the project by authoring instrument summaries, serving as peer reviewers, and employing the RMD as an educational resource. In an effort to continue building a resource that adds value to the vital services rehabilitation clinicians provide, the RMD team launched a user survey in March 2014. To date 153 users have provided feedback about the RMD. Here's a brief summary of what we've learned so far:

- Respondents work in academic institutions (31%), outpatient rehabilitation (18%), and inpatient rehabilitation (17%).
- RMD users work with patients who have a variety of clinical conditions, including stroke (54%), musculoskeletal disorders (44%), and brain injury (44%).
- RMD users employ outcome measures to monitor patient progress (85%), document outcomes (82%), and modify patient interventions (69%).

- Our largest growth of new users is in South America, Australia, and Western Europe with a strong showing in southeast Asia.
- We also asked what proportion of patients did not speak English as their first language. Responses ranged from 0 to 100% with a median of 17%.

This feedback will help build a better RMD. For example, these results suggest the RMD needs to find ways to become more accessible to clinicians while providing outcomes information that serve a diverse population. We are currently developing collaborations with a number of organizations to do just that; if you or your organization would like to be involved, please contact Dr. Jennifer Moore at jmoore@ric.org. These results also suggest the RMD needs to ensure that instruments cataloged in the database properly address why clinicians are using outcome measures. Finally, the RMD needs to ensure that measures included in the database address issues related to the diversity of patients our users treat. In a global society, cultural equivalence is a necessity, and as such we need to collaborate with partners who can help us address these issues strategically.

If you haven't already taken the survey, please take 10 minutes to help chart RMD's course moving forward! The survey is available through the following link

https://www.surveymonkey.com/s/RMD_Feedback



Postdoctoral fellows (Continued from page 3)

"I was sure that the fellowship would increase my understanding and knowledge of the U.S. healthcare system, but I didn't want to be too affected by a medical model, which has a conflicting philosophy of disability," he says. But he was reassured by the presence of the fellowship program's co-director, Allen Heineemann, a veteran researcher who has studied both health disparities and community integration issues for those with disabilities.

During the program, Lee took classes in health economics and research methodology and enjoyed mixing with fellows of very different backgrounds. "Integrative fellowships with PhDs and MDs are a great opportunity

to better understand the providers' perspective. It's an important part of health care."

After finishing the fellowship, Lee landed a position with Oregon Health & Science University as a lead data analyst. During his year there, he researched health and healthcare disparities among people with various disabilities.

From there he went to the National Institutes of Health where he did another postdoctoral fellowship in epidemiology and biostatistics. Since December, he has been the Director of the Health and Wellness unit in the Center for Disabilities Studies at the University of

Delaware.

"We act as a catalyst for system change to make health and wellness services more inclusive for those with disabilities," he said. Lee's wide-ranging portfolio includes expanding everything from emergency preparedness for those with disabilities, to raising awareness of domestic violence against women with disabilities, to providing health services for children and youth special healthcare needs.

"You can easily see how my training at Northwestern really helped me," Lee says.

Rosemarie King (Continued from page 1)

pioneer in the field of examining stress and depression in families where a member has experienced a traumatic health event.

“As the caregiver goes is so often the way the survivor goes, whether it’s spinal cord injury, stroke, or traumatic brain injury. It’s a relationship,” King says. “If the caregiver is depressed and doesn’t have the energy or interest to go out or take care of themselves, how can they have the motivation and energy to help the patient?”

In one of her studies, King helped caregivers with symptoms of depression learn techniques to deal with stress. “We used a problem-solving intervention. We would

do in the 1960s. “We were tired of school and we wanted to go where everyone was going.” She returned to Chicago a few years later with a master’s degree from the University of California to teach rehabilitation nursing at the University of Illinois at Chicago College of Nursing. She regularly took her students on field trips to the Rehabilitation Institute of Chicago (RIC).

She found the nursing practice at RIC so compelling that she eventually began working there as a clinical nurse specialist in stroke and spinal cord injuries.

But when King looked for research about some common prob-

King headed back to school again, this time for a research-oriented PhD, which she received in 1990 after finishing her dissertation on quality of life after stroke. She returned to RIC but decided to take advantage of the hospital’s early-retirement offer in 1995.

She packed up, but she didn’t go far. King accepted a research faculty position at Northwestern University where she spent much of her time collaborating with Robert Hartke, PhD, on research to promote adaptation of stroke survivors and their caregivers. A second major research focus of King’s was the prevention of pressure ulcers in people with spinal cord injuries. Among her list of

“Rosemarie is one of the few professionals who successfully made a transition from superior clinician and clinical leader to innovative and productive clinical investigator.”

-Elliot Roth, MD

go over their problems and help them come up with concrete, practical solutions. We don’t tell them what to do. Our idea was to see how they can problem solve so they can carry it over into the future.”

It wasn’t always clear that nursing or research would be King’s calling. After graduating from Sacred Heart High School in Chicago, King went to work as a stenographer. “I hated it with a passion,” she says. “It was boring and repetitious and you weren’t interacting with people. I really wanted to do something helpful to people.”

King gave up her stenographer’s pad and enrolled in St. Bernard Hospital School of Nursing. Later, while working full-time in the pediatrics ward at the University of Illinois Hospital, she pursued a bachelor’s degree in nursing at Loyola University Chicago.

From there, she headed to California with some classmates because it seemed like the thing to

lems experienced by her patients - pressure ulcers, bowel issues, and adjusting to disability among them - she was disappointed by how little information was available.

accomplishments, King has co-authored six papers with Allen Heinemann, PhD, director of RIC’s Center for Rehabilitation Outcomes Research (CROR).

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Upcoming Course: Measuring Rehabilitation Outcomes in Older Adults

Friday, July 25, 2014

Rehabilitation Institute of Chicago

This one day course on Measuring Rehabilitation Outcomes in Older Adults will provide an in-depth look at integrating measurement into clinical practice. This course is designed for rehabilitation clinicians, educators, and fieldwork coordinators in the field of physical medicine and rehabilitation who desire to develop their skills in measuring rehabilitation outcomes. The objectives are to:

- Recognize the value and importance of using classification schemes and outcome measures in the evaluation process
- Evaluate, interpret, and document client goals and outcomes in clinical practice
- Increase one’s capacity to effectively utilize resources to assist with outcome measure selection
- Critically evaluate measurement properties of existing outcome measures for application in clinical practice, including validity, reliability, responsiveness, and clinical utility

<https://www.regonline.com/Register/Checkin.aspx?EventID=1418139>

Now Accepting Applications: Fellowship in Health Services Research

The Center for Education in Health Sciences and the Department of Physical Medicine and Rehabilitation of Northwestern University's Feinberg School of Medicine, anticipate the availability of postdoctoral health services research fellowships.

These two-year, full-time fellowships provide an opportunity for individuals who have completed an M.D. or Ph.D. to gain expertise and experience in health services and outcomes research, with the goal of preparing fellows for a career in health services and outcomes research.

Program graduates will help ensure that there are adequate numbers of highly trained individuals to carry out the nation's health services research agenda, with a focus on improving quality and safety of healthcare, enhancing access and healthcare equity, and appraising the effectiveness of healthcare expenditures and health policy. Positions begin between July and September 2014.

Research is centered on the following topical areas:

- Disability and Rehabilitation
- Healthcare Equity
- Patient Safety
- Healthcare Quality
- Healthcare Communication
- Health Services and Outcomes Research
- Health Policy
- Healthcare Economics and Comparative Effectiveness

Information and application directions are available at <http://www.feinberg.northwestern.edu/sites/cehs/fellowship/index.html>.

We are particularly interested in candidates who share an interest in rehabilitation outcomes research and have an interest in contributing to the Rehabilitation Research and Training Center on Improving Measurement of Medical Rehabilitation Outcomes.

Nursing Research (Continued from page 4)

The ultimate goal of research, of course, is to improve the quality of care for patients and the outcome of their treatment. RIC tracks so-called nursing-sensitive indicators such as pressure sores and the number of falls experienced by patients to gauge quality of care.

The field is now starting to look at readmission rates, Ferrio says. Sometimes, patients who leave rehabilitation hospitals develop complications and are readmitted to acute care hospitals. As part of the federal Patient Protection and Affordable

Care Act, the Centers for Medicare and Medicaid will penalize acute-care facilities when patients are readmitted within thirty days of

discharge. That's where the care nurses provide at RIC can help those upstream institutions.

"We definitely have a role in preventing

those readmissions," Ferrio says. "Our acute care partners have a choice about where they send patients. The better we are at preventing

readmissions, the stronger our patient flow will be. Compared with skilled nursing facilities, we are a more expensive option. But those facilities don't have a center that studies outcome research. How do we translate best practices from bench to bedside? That is something that is on our strategic plan for nursing."

"RIC's vision has changed to focus on advancing human ability," Ferrio says. "Now we're focused on helping them overcome their disability. We're focused on goal attainment."

— Laura Ferrio, RN

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Articles written by **Susan Chandler**.

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King (Cont. from page 6)

"Rosemarie is one of the few professionals who successfully made a transition from superior clinician and clinical leader to innovative and productive clinical investigator," says Elliot Roth, MD, Medical Director of RIC's Patient Care Recovery Unit. "Her areas of study are highly relevant to our patients and affect them every day."

Many people would be happy to slow down after a long career, and King has friends who love being actively retired. But that's not for her, she says. She would like to continue working part-time and traveling with her husband (also not retired) to far-away places such as Machu Picchu in Peru, which is on her schedule for 2015. There is one thing she won't miss about her old job, though. "I've found it very nice not to have to write grants. I don't know how Allen does it."