14.3 Submit a report that details the formal educational activities (whether initiated or ongoing) of the CNO and the nurse executive leadership group for the twelve (12) months prior to documentation submission.

At any given time, a subset of the leadership team within Nursing at the Massachusetts General Hospital (MGH) is engaged in academic coursework to advance their formal education. Similar to continuing education and attendance at nursing and interdisciplinary conferences, the pursuit of advanced formal education is also encouraged and supported financially through the hospital’s tuition reimbursement program. The table attachment 14.3.a captures the formal education and fellowship participation between September 2006 and September 2007 for the Nursing Executive and Nursing Director groups.

The following are illustrations of how the pursuit of formal education or participation in a national fellowship program advances one’s personal and professional journey while advancing nursing practice.

Jackie Somerville, RN, PhDc, Associate Chief Nurse, is currently enrolled in the Doctoral Nursing Program at Boston College. Her dissertation titled, “Patients' Perceptions of Feeling Known by their Nurses Scale” is focused on the development and testing of the psychometric properties of an instrument that measures patients’ perceptions of feeling known by their nurses. It is a qualitative, descriptive study conducted to capture patients’ descriptions of feeling known by their nurses. When patients felt known, they describe “feeling recognized as a unique human being, feeling safe, feeling a meaningful connection with their nurses and feeling empowered to participate in their care.” Guided by these themes and Newman’s theory of Health as Expanding Consciousness, a 77-item instrument was developed and is being administered to 400 subjects. A psychometric analysis will be used to establish the validity and reliability of the instrument.

She describes the reasons for pursuing her doctorate and area of study as follows, “I have always believed that the nurse-patient relationship is the foundation of excellence in nursing practice, interventions and outcomes. I worry as a nurse executive however, that the current health care environment often puts this relationship at risk. I chose to pursue doctoral studies with the hope of expanding my knowledge of the discipline and to enhance my skills as a nurse researcher. I recognize that describing the phenomenon of the nurse knowing the patient and the power of patients feeling known by their nurses is not enough. We must be able to measure this phenomenon and demonstrate their relationship to patient, nurse and organizational outcomes. This knowledge may then drive the creation of models of nursing care delivery that enhance this knowing process.”
Peggy Settle, RN, PhDc, Nursing Director, Neonatal Intensive Care Unit (NICU) is currently enrolled in the Doctoral Nursing Program at Boston College. Her dissertation is titled, “Nurse Activism in Resolving Ethical Dilemmas in Magnet vs. Non-Magnet Newborn Intensive Care Units.” Technological advances enable health care providers in to initiate, sustain and in some cases prolong life in NICU. The ethical dimensions of nursing practice for this patient population are complex and multi dimensional. In addition, the long-term health outcome for most extremely low birth weight (ELBW) infants is uncertain.

Reports of moral distress along with questions regarding the benefits of treatment versus the burdens of care are daily considerations of the NICU nurse. And while the NICU nurse provides the most intimate and consistent care to the ELBW infant, it has been reported that they do not participate in the ethical decision-making (Monterosso et al, 2005). This research study aims to explore the relationship between practice environments (Magnet vs. non-Magnet Hospitals), nurses’ ethical reasoning and specific unit characteristics as it relates to the nurses taking action to resolve an ethical dilemma. The null hypothesis to be tested includes: There is no relationship between the practice environment, nurse’s ethical reasoning and specific unit characteristics as it relates to nurses taking action to resolve an ethical dilemma. A descriptive comparative survey design will be employed. The study instruments include the Perinatal Values Questionnaire and the Neonatal Nursing Ethical Involvement scales. An online survey is the planned data collection technique. In her own words, she describes her professional journey, “Participation in doctoral studies provided me the opportunity to further clarify the contribution nurses make to the care of individuals, groups and the global community. Through the process, I developed a broader philosophical perspective of nursing care and further developed my research skills”.

Deborah Washington, RN, PhDc, Director, Patient Care Services Diversity Program is currently pursuing her Doctorate in Nursing at Boston College and has also been accepted into the Robert Wood Johnson (RWJ) Executive Nurse Fellows Program. This three-year fellowship program is designed for Fellows to grow their leadership practice while remaining in their current leadership positions. The program includes a leadership development project that is developed in conjunction with the Fellow’s place of employment. The narrative portion of her RWJ application can be found in attachment 14.3.b. Her responses to the application questions illustrate her reasons for pursuing the fellowship as well as her personal professional goals from participating in the fellowship. Also, of note, Deborah Washington, RN, PhDc, was selected as the 2007 National Nursing Spectrum Nurse-of-the-Year in the category of Advancing the Profession.
Massachusetts General Hospital – Department of Nursing

Formal Education or Fellowships (Initiated or Ongoing)
Nursing Executive Group and Nursing Directors

September 2006 – September 2007

<table>
<thead>
<tr>
<th>Nurse Leader Name/Title</th>
<th>School/City/State</th>
<th>Degree/Fellowship</th>
<th>Dates of Matriculation/Fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeanette Ives Erickson, RN, MS</td>
<td>Robert Wood Johnson Executive Nurse Fellowship (Inaugural class) – Alumni</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Vice President for Patient Care and Chief Nurse</td>
<td></td>
<td>Fellow: 1998 - 2001 Alumnae: Ongoing</td>
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</tr>
<tr>
<td>Gaurdia Banister, RN, PhD</td>
<td>Robert Wood Johnson Executive Nurse Fellowship – Alumni</td>
<td>Fellow: 2001- 2004 Alumnae: Ongoing</td>
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<tr>
<td>Executive Director, The Institute for Patient Care</td>
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<tr>
<td>Brian French, RN-BC, MS</td>
<td>Combined MS/PhD (MS as Adult Health CNS) Received Research Fellowship for PhD program</td>
<td>September 2007 Expected Graduation May 2011</td>
<td></td>
</tr>
<tr>
<td>Professional Development and Education Manager, The Norman Knight Nursing Center for Clinical &amp; Professional Development</td>
<td>Boston College William F. Connell School of Nursing Chestnut Hill, MA</td>
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<td></td>
</tr>
<tr>
<td>Nursing Director, Radiology</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Catherine Mannix, RN, MSN, OCN</td>
<td>Masters of Science in Nursing</td>
<td>Degree completed December 2006</td>
<td></td>
</tr>
<tr>
<td>Nursing Director, Radiation Oncology</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Peggy Doyle Settle, RN, C, PhD</td>
<td>Doctorate in Nursing</td>
<td>September 2003 Expected Graduation May 2008</td>
<td></td>
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<tr>
<td>Nursing Director, Newborn Intensive Care</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Leader Name/Title</td>
<td>School/City/State</td>
<td>Degree/Fellowship</td>
<td>Dates of Matriculation/Fellowship</td>
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<tr>
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</tr>
<tr>
<td>Colleen Snydeman, RN, MSN Nursing Director, Cardiac Intensive Care</td>
<td>MGH Institute of Health Professions Boston, MA</td>
<td>Doctorate of Nursing Practice</td>
<td>September 2007 Expected Graduation May 2009</td>
</tr>
<tr>
<td>Jackie Somerville, RN, PhDc Associate Chief Nurse</td>
<td>Boston College William F. Connell School of Nursing Chestnut Hill, MA</td>
<td>Doctorate in Nursing</td>
<td>September 2003 Expected Graduation May 2008</td>
</tr>
<tr>
<td>Mary Sylvia-Reardon, RN, MS Nursing Director, Renal</td>
<td>MGH Institute of Health Professions Boston, MA</td>
<td>Doctorate of Nursing Practice</td>
<td>September 2007 Expected Graduation May 2008</td>
</tr>
<tr>
<td>Deborah Washington, RN, PhDc Director, Patient Care Services Diversity Program</td>
<td>Boston College William F. Connell School of Nursing Chestnut Hill, MA</td>
<td>Doctorate in Nursing</td>
<td>September 2003 Expected Graduation May 2008</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>HRET Cultural Competence Fellowship 2005 – 2006</td>
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<tr>
<td></td>
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<td>RWJ Nurse Executive Fellowship 2007 – 2010</td>
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</tbody>
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RWJ Executive Nurse Fellows Program
APPLICATION NARRATIVE

Please state the reasons for your interest in the RWJ Executive Nurse Fellows Program. Describe your purpose, objectives and particular interests, and how these can be accomplished by your participation in the fellowship program.

The Robert Wood Johnson Executive Nurse Fellows Program is my opportunity to pursue the answers to seven questions. These questions are the culmination of what I understand to be the core components of an effective organizational initiative focused on diversity. They were my contribution to my learning experience as one of the inaugural fellows in the Health Research and Educational Trust Cultural Competence Fellowship. The questions are:

1. How is your organization positioned for Consumer Driven Health Care in a multicultural society?
2. What are your community partnerships and how do they help you innovate clinical practice?
3. In the organization you lead, what is the general atmosphere of the learning environment for diverse students pursuing a career in the health professions?
4. How do the principals of clinical practice in your organization reflect current trends in academic curricula on cultural awareness?
5. How do you know you have a culturally competent workforce?
6. What resources do you have in place to support diversity, inclusion and culturally competent practices in your organization?
7. What is your operational definition for health disparities and how does your organization measure up to it?

When these questions are organized into a systematic approach that creates an inclusive work environment and a culturally competent practice environment, the American healthcare system will shift its focus to the challenges of the country’s newly emerging cultural pluralism.
My goal is to analyze new possibilities for the incorporation of these questions and the pursuit of their answers into the organizational structures of a large teaching hospital. There are compelling reasons for our current dilemmas in health services and these explanations are not all related to “ability to pay.” The needs of current society have the capacity to highlight the inadequacies of a system and also demonstrate how outmoded and substandard its services are.

My participation in the fellowship will help me develop psychologically, socially and politically. These are the arenas in which I must be effective if I am to accomplish my goal.

**Write a brief personal profile (describe yourself, your background, what you value most, what you enjoy most, what is most important to you). Our intent is to learn about you as a person; we are not looking for information about academic or professional accomplishments.**

I am a “boomer” born in the south in the 1950s. I had a wonderful childhood filled with the security of a large nuclear and extended family. My family name, in the small town in which I was born, goes back generations as hunting guides, fishermen and “no nonsense Baptist”.

Although I grew up in the segregated south, there are only a few remembered dangers. In a society in which everyone knows his place, there is little to worry about as long as you remain in your assignment. Education brought integration into my life.

I left the south and came to Boston after I graduated high school. I read about Boston in my World Book Encyclopedia. It became my dream city. It had great schools that were written about in books I’d read. Before I came to Boston, I had never ridden in a cab or eaten in a restaurant or taken an elevator. When I told my parents what I wanted to do after graduating high school, they simply worked to provide me with what I needed to leave home. They always believed education was the road to success. I believe that as well.

I use my life as a reference point for what others can accomplish when there is support and someone who believes in individual potential. I believe each life has a purpose. The one thing to be determined is the size of the stage where that purpose is acted out. That setting can be as small as a series of bedsides or as large as a run for political office.
outcome of either should be the result of personal decision and not circumscribed opportunity.

**Describe the scope of your current leadership role(s), responsibilities and reporting relationships. What opportunities and challenges do you face? What current trends are affecting you most directly?**

I am the first Director of the Patient Care Services Diversity Program. I function in a staff capacity to the Senior Vice President for Patient Care and Chief Nurse. My responsibilities encompass the ongoing program design, administration, implementation and evaluation of the Patient Care Services Diversity Program. I am the principle resource person and internal advisor on diversity issues to the departments that comprise Patient Care Services.

It is my responsibility to identify key diversity initiatives and to develop a business plan that sets those efforts in motion. Program implementation and evaluation of outcomes are also part of my role. Examples of my work are diversity related education, collaborative efforts with Human Resources on recruitment and retention, and to represent Patient Care Services through participation on diversity-related committees throughout the organization. I have a liaison role with the Office of Multicultural Affairs and the Community Benefit Program at Massachusetts General Hospital. Additionally, I establish working relationships with community-based groups like the National Council of Negro Women, National Patient Safety Foundation and Critical Mass (a coalition of organizations to eliminate health disparities). As a consequence of developing and defining my role I am a sought after advisor to other stakeholders across the country interested in developing their own diversity initiative.

My biggest challenge is related to the maturity of our diversity initiative. We officially launched our program in 1995. We began with major two goals.

- Our educational goals were designed to bring beginning knowledge to staff and employees related to diversity and its concepts.
- Our workforce goals were to change the demographics of the people we traditionally employed.
That call to action remains a leadership focus today. Overall, however, staff is more sophisticated in their understanding of themselves and the relevant issues. Additionally, a teaching hospital is constantly incorporating new learners into its mission. Our diversity program has reached a turning point. For example, we must provide an educational track of fundamentals for new hires in addition to creating a separate programmatic path for the more experienced manager and employee who are now working in a more dynamic multicultural organization. We must also enhance our data collection systems to assist us in evaluating our hiring practices.

Please answer either question:

- Describe a challenging or difficult situation where you didn’t, initially, know what to do. How did you feel? What did you do? What did you learn?
- Give a recent example of how you have set direction and created change in your organization. What risks did you face in pursuing those changes? What factors (personal, interpersonal, political, organizational, etc.) helped or hindered you?

Presently I am focused on identifying clear and visible signs of Patient Care Services’ journey with diversity. Changing the composition of our workforce is only one of the many factors needed to promote an effective diversity agenda. There is an ultimate accomplishment in the creation of an inclusive work environment in which staff and employees feel connected to one another as they live out the mission of the organization. Specifically, it is the existence of a context that brings out the meaning of patient care through performance criteria that relates to managing differing values, beliefs and customs in the personhood of our patients and families.

One particular indication of our success is the number of diverse employees in entry-level positions who make the decision to enter the profession of nursing. Once they are admitted to a nursing program, managers offer flexible work schedules that accommodate class time. Tuition reimbursement, in-house scholarship programs and external sources of financial assistance are all sought after on behalf of these employees. What has not been solidly established, coming from this particular pool of candidates, is the number of post graduation hires they represent and their success rate in our organization as newly credentialed professionals. Long time employees transitioning from a nonprofessional to a
professional role have unique challenges. This is especially true for a minority entrant. I am in the process of clarifying the implications of these scenarios and any programmatic approaches they suggest for the future.

At the same time, I thought it important to meet with all Nursing Directors and their Associate Chiefs to hear first hand their current hiring dilemmas as those issues pertain to diversity. Utilizing data that outlines dates of hire, ethnicity and work location of minority staff in relation to the relevant manager, I am holding a series of informative dialogues.

My initial concern was the potential for misunderstanding ascribed to my intentions from the Nursing Directors. I take the stance that there is a difference between affirmative action and diversity. That difference is contained in the issue of quotas. Diversity should not mask quotas in the guise of “hiring goals”. When leadership identifies diversity as an organizational priority, the creation and structuring of a fair and open process produces what is needed. It was important to me that Nursing Directors understood my distinction between the two concepts. My plan was to identify activities that produced the tangible results we were experiencing as well as pinpointing hindrances to further progress in our recruitment and retention efforts. I was also interested in gauging the sense of accountability each Nursing Director possessed in having a personal diversity agenda. These carefully orchestrated steps are necessary, I believe, if a minimalist approach to commitment and counterproductive finger pointing are to be avoided.

Each Associate Chief proved a valuable ally. They ensured full participation of their direct reports. Interestingly, the leadership style of the individual executive determined the sequence of group meetings. Each cluster of Nursing Directors presented their philosophy and description of hiring practices. I gained additional insights into human resource procedures, the impact of policies and the distinctiveness of individual unit cultures. The most enlightening comments drew attention to the unique skill sets of diversity hires, availability of foreign-born nurses released from local agency contracts and the wish that the organization offer RN refresher courses and skill enhancement classes.

What are your strengths and development needs as a leader? What specific leadership competencies do you wish to develop or enhance?

My leadership strengths are:
Communication
Conflict management
Problem Solving
Interpersonal Relationships

My leadership skills are the result of training and personality. I believe my Master’s degree in adult mental health has been invaluable. The skills that developed from that training I would characterize as openness, nonalignment, humor, and authenticity. The ability to manage strong emotions and highly-charged situations has been honed during my time as Director. In my role I am available to employees and their peer groups as well as their managers throughout the institution. My availability is not limited by the organizational chart. Patients and families in addition to their providers are also able to access my office for assistance. Problem behaviors, dissatisfactions and the need for advocacy are examples of situations that involve my services.

I believe what adds depth to my leadership is a desire to remain mindful of my own biography. My large family and the smallness of my hometown have kept me grounded in the unremitting problems of those on the social margins. Patterned behaviors that remain obvious in a line of descent, social capital that provides key resources at the opportune moment (and often determines the outcome in adverse circumstances) and a community in stasis are all very present in my understanding of the quandaries that continue to challenge quality of life in minority communities.

I would like to enhance my critical thinking skills within the context of systems thinking. As a fellow in the Robert Wood Johnson Executive Nurse Fellows Program, I eagerly anticipate guidance in analyzing the change represented by a strong diversity program. Transformation within the organization in relation to this topic is often diffuse. It relies on individual acceptance and belief. My role, for example, is a constant exercise in helping others articulate value judgments and ethics based decision-making. It functions innumerable times on the small stage of personal interactions. The aggregate of those interactions by myself and others and their ripple effect on organizational learning is presently undefined by me. I also want to identify leadership strategies that effectively curtail negative responses to provocative system agendas like diversity.
Describe the next executive role to which you aspire and how the Fellowship program will help you to achieve or move toward that role.

My ultimate goal is to become the first Chief Diversity Officer of Partners Healthcare. My current role is unique. In the typical organizational chart it is usually positioned as an office reporting to the department of human resources. This is a key point. In my institution, I have responsibilities with a clinical as well as a workforce development focus. With that perspective in mind, my goal is to bolster the prominence of a diversity executive in the healthcare industry. In the world of business, global markets have already established the tangible benefits of the diversity executive role. I do not mean this in terms of status or rank. The organizational chart establishes that. In the business of healthcare the role has an untapped capacity to provide evidence of its unequivocal importance to the mission, profit margin and social consciousness of an institution. It is a tangible factor in defining success in contemporary health services. Performance and achievement within the context of diversity remains relatively undefined in healthcare. To that end, the current discourse on health disparities, cultural competence and workforce diversity are stimulating needed awareness. However, formal discussions at the local, state and national level have served primarily to bring the intricacies involved to a level of visibility only. The behavior of systems remains moderate in response and reforms are minor and inadequate. Organizational models are needed to stimulate a stronger reaction. A diversity executive educated in the discipline and theories of nursing can produce those models. Transcultural nursing, adaptation models, novice to expert paradigms are all rich in source material for producing substantial results.

As a Fellow, I look forward to gaining a learning experience with experts who will guide my effort to move my seven-question tool to an organizational model for diversity. At present it is an abstract concept. I am working towards its actualization.

What do you see as a major non-health care issue (e.g., political, economic, technological, social, global) facing the nation that will have an impact on one or more aspects of health care, and why?

Pluralism is the watchword for the future of this country. The belief systems expressed in our governing and legislative documents are being tested in unprecedented
ways. The dominance of non-European immigration and the creation of minority-majority cluster populations have huge implication for education systems and our knowledge-based economy. Generally speaking, the country is in a problem-solving mode. I also see the concept of health emerging as a commodity. We are currently grappling with health conceptualized as a product. Globally this redefinition is attended by the influence of health-associated industries. Genomics, for example, is being used for scientific and nonscientific reasons. If I want to know which tribe in Africa contributed to my genetic makeup, I can have that bit of curiosity answered for under $400. These new characterizations will require innovative thinking to keep pace with implications to ethics, politics and the notion of the global village. Health has entered the arena of competitive economics. This may have ominous significance to the core identity of an endeavor traditionally viewed as a right and a service to the welfare of a civil society.

Please describe briefly (one paragraph) a potential leadership project you will undertake if you are selected as a fellow. An important component of the fellowship program is the design and completion of a leadership development plan. In addition, fellows conduct a leadership project to be carried out at, and with the support of, their employing organization. The project should provide fellows with an opportunity for professional growth and also address health care issues essential to the future of their employing organization. You may elect whether or not to make this project the basis of your actual leadership project if you are selected for the program.

I would like to use my seven questions to develop an assessment tool for organizations with a commitment to diversity. These questions highlight the following issues:

- the empowered consumer
- the healthcare organization and its role as a member of the community
- the quality of the learning environment for diverse students within an institution
- to what extent the practice environment is cutting edge
- evidence/metrics for cultural competence
- the identification of necessary resources to support a diversity agenda
• the concept of health disparities and its incorporation into organizational mission

The fellowship also includes a mentor experience, preferably with a leader outside health care. Please describe briefly (one paragraph) what you seek in a mentor and why.

I need a mentor who is a great abstract thinker. The person who best suits where I want to take my work and my life is an individual who can help me identify and structure my creative process. I enjoy brainstorming. I find what looks like chaos to some, is a place where I enjoy grazing for information. I like starting at the outer edges or on a tangent from an issue in question because I believe in the consilience of knowledge. What I need in a mentor is someone who can appreciate my process as an aspect of my identity while providing me with a skill set that improves upon my methods.