6.27 Provide evidence of education and mentoring activities that have effectively engaged staff nurses in research and/or evidence-based practice.

Within Massachusetts General Hospital (MGH), a variety of opportunities exist for Staff Nurses to become actively involved in research.

Nursing Research Committee

As part of the Collaborative Governance structure described in Force 2.3, the Nursing Research Committee (NRC) exists to foster the spirit of inquiry around clinical practice, promote awareness of institutional nursing research activities, and encourage and provide support for research-based practice. The committee is composed primarily of Staff Nurses and co-led by a Staff Nurse as well. The NRC focuses on three main initiatives:

- **NRC Journal Club** is a discussion group that meets bimonthly to hear local nurse researchers present original published research and to explore how this research relates to clinical practice. Each session features a nurse researcher from MGH and a pre-selected article. Interactive dialogue includes an appraisal of the literature, a review of the research findings and implications for practice. Article references with a summary are posted on the NRC web page prior to the meeting date for participants to access and review. The summary is an aid to the participants and a basis for the interactive dialogue. One recent article was “Quality of Life in Implanted Cardioverter Defibrillator Recipients: The Impact of a Device Shock”, Carroll, D.L. & Hamilton, G.A. (2005). *Heart & Lung*, 34, 169-178. Attachment 6.27.a is the summary for this Journal Club discussion.

- **Did You Know Posters** are developed by Patient Care Services experts and summarize clinical research in education posters displayed on nursing units in the hospital and health centers (attachment 6.27.b). The NRC has developed guidelines for poster authors and solicits input from Staff Nurses, as noted in this excerpt from the background information on their web-site:

  The Nursing Research Committee would like to hear your ideas. Please let us know what you think of the posters, what topics you would like to see, or if you or your unit would be interested in creating a Did You Know... poster! Tear-off reply sheets are available on all displays or send your comments directly to The Nursing Research Committee c/o The Norman Knight Nursing Center for Clinical & Professional Development, Founders 3.

  **We look forward to hearing from you!**
• The annual Nursing Research Expo is an integral part of Nurse Recognition Week celebrations, and NRC plans and manages a number of events to highlight nursing research including scientific sessions, a research lecture and poster presentations.

♦ At the scientific sessions, MGH nurses who have been recipients of Yvonne L. Munn Nursing Research Awards, present the results of their research (attachment 6.27.c). Presentations in 2007 included studies on “Music as a Therapeutic Intervention in the Care of Neuroscience Patients” and “Measuring Psychological Insulin resistance: Barriers to Insulin Use.”

♦ The Yvonne L. Munn Nursing Research Lecture is given by an invited nurse researcher (see Force 11.10), followed by the presentation of the recipients of the Yvonne L. Munn Nursing Research Awards and the Yvonne L. Munn Post-Doctoral Fellowship (attachment 6.27.d).

♦ Throughout Nurse Recognition Week, research posters are displayed prominently throughout the first floor corridors of the hospital. In 2007, over 40 posters, in the categories of Original Research, Performance Improvement and Encore Presentations, were displayed. (Encore Presentations include any posters that were originally created for and presented at other forums, such as professional meetings.) During the fall of each year, a call for abstracts is published in departmental and institutional print and electronic media. The submission deadline for the abstracts is mid-winter. Abstract templates are available on the Committee website. Pairs of Nurse Research Day subcommittee members, one of whom is a doctorally prepared nurse, collaborate to critique, edit, and accept abstracts for poster presentations. This triggers approval from nursing administration to proceed with poster development by the graphic artist.

In 2007, the NRC expanded the activities to include a Nursing Research Fair, a four-hour event “under the Bulfinch Tent” that featured interactive poster sessions, exhibits and nursing research consultation (attachment 6.27.e). In the interactive poster sessions, which highlighted over 30 research posters that were displayed throughout the hospital during Nurses Week, the opportunity for staff to talk with and question the researchers and investigators brought the research to life. The exhibitors represented resources across the MGH community available to nurse researchers and staff. They included the MGH Nursing Research Committee, Yvonne L. Munn Center for Nursing Research, Mallinkrodt General Clinical Research Center, Clinical Research
Program, Treadwell Library, and Sigma Theta Tau International. In the thirty-two 30-minute research consultation sessions, doctorally prepared, experienced nurse researchers met one-on-one with nurses interested in addressing clinical questions and developing research studies. Consultation focused on research questions, methodologies, and possible funding opportunities.

The Nursing Research Committee formed a writing group to write a scholarly publication about the creation and operation of the NRC. The manuscript, “Promoting Research Utilization from the Perspective of the PARIHS Framework,” has been submitted to JONA and is under review. The NRC also maintains an internal website that, in addition to information about its major initiatives, provides information and links to guidelines, resources and tools for nursing research (attachment 6.27.f). NRC thus provides multiple opportunities for Staff Nurses to become involved in and knowledgeable about nursing research. The experience is especially valuable for the NRC members, as attested to in this award-winning narrative from the ANCC Magnet Program written by Kelli Anspach, RN, Staff Nurse from the Cardiac Medicine Access Unit:

Magnetic Attraction to Nursing Research

I have been a nurse at MGH for 2 ½ years. In that time, I feel that my nursing practice has developed and grown through the tremendous support and opportunities available to me. Last year, during my annual performance review with my Nursing Director, we were discussing my goals for the upcoming year. I told her I wanted to become more involved in the hospital and she recommended Collaborative Governance. I submitted an application and attended an 8-hour Collaborative Governance Orientation, which described the many facets of the organization, and I felt drawn to the Nursing Research Committee. In nursing school, I actually despised my Nursing Research class but as a professional, I have learned the value of evidence-based practice and the importance of sharing that learned information with others. I felt that the Nursing Research Committee would help to give me new insight into research and would be a challenging growth opportunity for me professionally.

During my first Nursing Research Committee (NRC) meeting, I was immediately impressed at the caliber of members. There are members who are doctorally prepared, many have their masters degrees in nursing, some are CNS’s, some are involved in their own research, and there are several staff RN’s. Never have I met so many inspiring, intelligent women. My first thoughts were that I was in over my head. I really didn’t know much about what the committee did and was afraid I wouldn’t have much to offer. My fears were quickly allayed by the warm, friendly, encouraging atmosphere and the positive feedback I received from other members. I found that the committee has three sub-committees focusing on three major aspects of

345
utilizing Nursing Research: The Nursing Research Expo (a two-day event highlighting original nursing research), The “Did You Know” posters (evidence-based informational posters for best-practice on bedside nursing issues), and The Nursing Journal Club. My Nursing Director supported my participation by insuring there was enough staff coverage to allow me to leave the unit to attend the 1 ½ hour meetings and was willing to give me an additional 1 hour off the floor to attend my sub-committee. Soon, I felt comfortable contributing and even presenting to the committee. I had the chance to present a Poster, attend lunch with the Chief Nurse of MGH, and even have high tea with the featured Nurse Researcher during Nurses’ Week. I feel honored and lucky to be a part of such an accomplished group and I enjoy getting away from bedside nursing occasionally and feeling like I am truly a part of a professional organization.

My favorite aspect of the NRC is my role as member of the Nursing Journal Club. The Journal Club, a sub-committee of the NRC, is organized and run by its six members. Each month, we meet to “mine for presenters”; we read over recent articles on original Nursing research that we feel would have appeal to Staff RN’s. Ideally, the research is within the last three years, is original research, and is applicable to bedside nursing practice. If we agree that the article meets our criteria, we contact the Nurse researcher and extend an invitation to present their work at our Journal Club. We have had presenters speak on a variety of topics such as communication in nursing, vascular nursing, chronic skin wounds to name a few. Our last Journal Club had over 25 Staff Nurses, a Physician, two Nursing Directors, and three Nursing Students present (we also have a V.A. hospital who joins us via teleconference). We have had excellent feedback from nurses who feel that the Journal Club helps them practice evidence-based Nursing and I personally have learned so much. Not only have I been able to practice advertising, public speaking, and professional networking, but I have also benefited from being exposed to so much nursing research. I plan to stay involved on this end of Nursing research by helping to bring it to my fellow nurses, and I have also been inspired to set a personal goal to do original research of my own in the future. I feel so fortunate to be in a Magnet hospital that values professional development and supports me in my membership in the Nursing Research Committee.

Yvonne L. Munn Nursing Research Awards

The annual Yvonne L. Munn Nursing Research Awards support studies initiated by MGH staff for the purpose of advancing the science of nursing care for their patients and families. Applicants must be members of the MGH clinical nursing staff. A MGH doctorally-prepared nurse serves as a consultant and mentor to each research team in order to develop the research skills of clinical staff and to enhance the rigor of clinical research. Mentors provide assistance in proposal writing and study implementation. Proposals may be submitted at any time throughout the year but
are due by January 15th of each to be considered for the award for that year. Awards are presented each May during the annual Nurse’s Week recognition activities. Completed studies are featured as poster presentations or as scientific session presentations during the Annual Nursing Research Expo during Nurse Recognition Week. In 2007, four awards were presented for

- The Transition Experiences of Entry into Practice for First- and Second-Career Nurses
- Evaluation of Basic Arrhythmia Knowledge Retention and Clinical Application by Registered Nurses
- Exemplary Presence in Emergency Nursing: a Focused Ethnography
- The Effects of a Music Intervention on Patients Undergoing Cerebral Angiography for the First Time using Procedural Sedation

A complete listing of Yvonne L. Munn Center for Nursing Research awards to-date is in Force 6.28, attachment 6.28.c and RD 4).

Mentoring and Education for Research and Evidence-based Practice

Mentoring and education are threaded throughout nursing practice at MGH. Masters prepared nurses encourage, mentor and support nursing staff to translate knowledge into practice. More advanced nurses in the Nurse Scientist Advancement Model mentor less experienced and novice nurse researchers. Doctorally prepared mentors are required for recipients of nursing research awards. Faculty not currently employed at MGH mentor and dialogue with MGH research experts.

Educational programs on clinical topics are based on current research and literature. The NRC Journal Club described above and Nursing Grand Rounds Nursing Grand Rounds, which focus on clinical and professional issues, including clinical decision-making, ethics, research, the continuum of care and technology, are only two of the vehicles for educating and involving staff in nursing research and evidence-based practice. Educational programs also target specific aspects along the research-results-implementation continuum, such as “How Do I Know Which IRB Form to Use?” or “Writing Research Poster Abstracts,” or “A Symposium on Evidence-Based Nursing Practice.”
The following guide can be used to aid the participants of the Journal Club in summarizing the article being discussed. The guide is meant to provide a basis for generating an interactive dialogue exploring the link between nursing research and clinical practice.

**Title:** Quality of life in implanted cardioverter defibrillator recipients: The impact of device shock

**Authors:** Diane L. Carroll and Glenys A. Hamilton

1. **Study Synopsis**
   The success of the implanted cardioverter defibrillator (ICD) to improve survival needs to be assessed not only from the biomedical perspective but also in relation to quality of life (QOL). This study demonstrated mental health concerns in those who received a device shock during the first year after implantation.

2. **Background and Significance:**
   Life threatening arrhythmias remain a leading cause of death in the United States. The ICD has gained acceptance as a treatment for those who have life-threatening arrhythmias. With the advent of the ICD to increase life expectancy, the impact of this device needs to be assessed in relation to QOL as the ICD may place patients at risk for poor physical and mental health outcomes particularly as it relates to fear of device shock.

3. **Purpose of the Study:**
   The purpose of this study was to compare QOL in a group of ICD recipients who received a device shock to a group of ICD recipients who did not receive a device shock as therapy from their ICD during the first year after implantation.
4. **Review of the Current Literature:**
Current research finds that most ICD recipients accept their device and the device is critical to their well-being. The ICD has an impact on physical functioning during the first year while mental health in ICD recipients appears similar to the US population. The delivery of an ICD shock heightens fears and concerns and may affect components of QOL.

5. **Sample/Population:**
Eighty-one patients were approached and seventy subjects agreed to participate. Each subject had an ICD implanted, were able to speak and read English, were cognitively intact, and had a telephone. At one year, 59 subjects completed questionnaires, 4 subjects had died, 6 refused to participate, and one subject had his ICD explanted.

6. **Methods and Design/Data Collection:**
The was a prospective, descriptive study that collected data at the time of ICD implantation and at one year. Each subject was asked to complete the SF-36 to measure health status, the Profile of Moods States (POMS) to measure psychological state, the Brodsky ICD questionnaire to measure concerns, and the Ferrans and Powers Quality of Life Index (QLI) to measure QOL. Each subject was asked if their ICD had provided a device shock.

7. **Results/Finding:**
Fifty-nine subjects completed all the questionnaires at implantation of ICD and at one year later. Sixteen subjects received a device shock with 5 receiving more than one shock over the first year (37%). There was a lower mental health composite summary scores and higher anxiety, fatigue, and total psychological distress scores in those who had a device shock over the first year. Those ICD recipients who had a device shock suffered more over the first year having more perceived suffering as it related to pain, loss of control and panic if shocked again.

8. **Analysis of Findings:**
There were specific mental health issues identified in those ICD recipients who had a device shock with anxiety the most common response.

9. **Applicability of Findings:**
Adjustment to ICD appears to occur over time as long as recipient does not receive a device shock. The ICD recipient who suffers a device shock need continued psychological monitoring and support to reduce the negative mood response to ICD shock and promote optimal QOL.

For further information please visit our website:
[http://www.MGHINursingResearchCommittee.org](http://www.MGHINursingResearchCommittee.org)
Pulmonary Arterial Hypertension
PHenomenal Hope

A Did You Know Poster by Arlene Schero, RN, MA, ACNP

PHENOMENAL HOPE!

This past decade has witnessed exciting advancements in our understanding of the pathogenesis of Pulmonary Hypertension and this has led to disease-specific treatments. As we gain expertise in caring for patients with this complicated condition - we can envision “hope” for the future.

Pulmonary Hypertension (PH) refers to elevated resistance within the pulmonary circulation. The term Pulmonary Arterial Hypertension (PAH) encompasses a spectrum of disorders that cause PH with a common histopathology. The hallmark histopathologic lesion is plexogenic pulmonary arteriopathy causing vasoconstriction, vascular remodeling and thrombosis in situ.

In the past, pulmonary hypertensive diseases were classified as either primary or secondary. The 2003 World Health Organization (WHO) (Table 1) classifies pulmonary hypertension on the basis of mechanisms, rather than associated conditions.

WHO CLASSIFICATIONS (2003)
1. Pulmonary Arterial Hypertension
   - Idiopathic (PAH, formerly Primary)
   - Familial PAH
   - Associated with PAH
     - Collagen Vascular Disease
     - Congenital heart disease
     - Chronic Liver Disease
     - Human Immunodeficiency Virus (HIV)
     - Use of Dial Drugs such as fenfluramine
     - Use of cocaine
     - Persistent Pulmonary Hypertension of the Newborn
     - Other Hereditory Hemorrhagic Telangiectasia, Glycogen Storage Disease
     - Pulmonary Venous Occlusive Disease
   - Pulmonary Venous Hypertension (PvH)
     - Disease of the left side of the heart
   - Pulmonary Hypertension associated with disorders of the respiratory system and/or hypoxia
2. Pulmonary Hypertension due to chronic thrombotic and/or embolic disease
3. Miscellaneous
   - Sarcoidosis
   - Eosinophilic Granuloma
   - Compression of the pulmonary artery (adenopathy, tumor)
   - Lymphangiosclerosis

The major usual changes are vasoconstriction, smooth muscle cell and endothelial cell proliferation and thrombi. These findings suggest homeostatic imbalances as a consequence of pulmonary endothelial cell dysfunction or injury.

HEMODYNAMIC DEFINITION

- Resting mean Pulmonary Artery Pressure: >25 mm Hg or >30 mm Hg with exercise
- Normal Pulmonary Capillary Wedge Pressure: < 15 mm Hg
- Pulmonary Vascular Resistance: 250 dynes.sec.cm-5 or >3 Woods units

CLINICAL SIGNS AND SYMPTOMS

- Initially may be asymptomatic
- Unexplained dyspnea especially with exertion
- Fatigue
- Palpitations
- Chest pain or pressure
- Pneumothorax or syncope
- Peripheral edema, ascites, anemia
- Osler’s Syndrome (thrombocytosis)
- Holosystolic murmur of Tricuspid Regurgitation
- Jugaular venous distension
- Hepatocellular reflex
- Accentuated pulmonary component of Sr

ROLE OF THE RIGHT VENTRICLE

The right ventricle’s thin wall is designed to empty its volume into a low impedance, high capacitance pulmonary circulation. Progressive PAH presents a pressure overload state within the RV leading to three phases of Right Ventricular Failure: Compensated Phase, Systolic/Diastolic Phase and Decompensated Phase.

DIAGNOSTIC TESTS

- Doppler Echocardiography
- Right Heart Catheterization
- Pulmonary Function Testing
- Chest CT or Pulmonary Angiography
- Six Minute Walk Test

Hemodynamic Progression of PAH

Cardiac output

Pulmonary pressure

Increasing PVRI

Time

350
## PAH PATIENT EDUCATION

Early recognition and referral to a center with expertise in management with PAH is essential. At MGH key points that are included in every patient's plan includes:

- Eat foods low in salt
- Observe weight closely for potential fluid status changes
- Take frequent pauses when walking by using the "window shopping" technique
- Begin an exercise program that strengthens, increases physical activity
- Rise slowly from bending, sitting or lying
- Avoid hot baths or showers that can result in peripheral vasodilation
- Prevent pregnancy by using barrier methods of contraception and avoid estrogen-containing contraceptives
- Check interactions with concomitant drugs and herbal remedies
- Use supplemental oxygen as needed in altitudes greater than 1800 meters above sea level to keep oxygen saturations > 90 percent
- Obtain influenza and pneumococcal pneumonia immunizations
- Join our MGH PAH Support Group

## CLINICAL TRIALS AT MGH

MGH has multiple ongoing trials that are available for patients. New agents are being investigated as monotherapy and as combination therapy. The MGH Pulmonary Vascular Disease Program has been collaborating with the Cardiopulmonary Exercise Laboratory in developing innovative research focusing on characteristics of dynamic pulmonary hypertension and the regulation of blood flow.

## RESOURCES

- MGH Pulmonary Vascular Disease Program Pulmonary and Critical Care Department: Aaron Waxman MD, PhD (Director); Barbara Cockell MD; Arlene Schiro RN, CS, ACNP; Laurie Lawler RN; Kathleen S. Laing.
- www.phassociation.org

## TREATMENT OPTIONS

<table>
<thead>
<tr>
<th>CLASSIFICATIONS</th>
<th>MEDICATIONS</th>
<th>ROUTE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostacyclins</td>
<td>Endostar™ 1</td>
<td>IV/film</td>
<td>Labeled for use in PAH patients.</td>
</tr>
<tr>
<td>Endothelin Receptor Antagonists</td>
<td>Bosentan™ 2</td>
<td>Oral</td>
<td>Hypersensitivity, leucopenia, fluid retention</td>
</tr>
<tr>
<td>Phosphodiesterase inhibitors</td>
<td>sildenafil 3</td>
<td>Oral</td>
<td>Short half-life, headache, systemic hypertension</td>
</tr>
<tr>
<td>Conventional Therapy</td>
<td>Bosentan™ 4</td>
<td>Oral</td>
<td>Introduction of oral or oral</td>
</tr>
<tr>
<td>Scatter</td>
<td>Oral</td>
<td>Requires monitoring blood level</td>
<td></td>
</tr>
<tr>
<td>Ventolin</td>
<td>Orally with other medications, requires monitoring F/HR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium Channel Blockers</td>
<td>Oral</td>
<td>Helpful in vasoreactive non-responders</td>
<td></td>
</tr>
</tbody>
</table>

## REFERENCES


[www.mghnursingresearchcommittee.org • February 2007]
Nurse Week Presentation

Scientific Sessions
MGH nurses present their research

This year’s Nursing Research Expo began with two informative scientific sessions spotlighting the work of two formidable nursing research teams. The first study, “Music as a Therapeutic Intervention in the Care of Neuroscience Patients,” was presented by Diane Carroll, RN; Anastasia Triantouli, RN; Martin Higgs, RN; and Mary Larkin, RN.

The first study sought to determine the prevalence of Psychological Insulin Resistance (PIR) in insulin-naive patients with type 2 diabetes and attempt to identify predictors of PIR. The team employed a number of survey tools and questionnaires to collect and analyze data. The study sample included 100 people who were primarily male, over 60, Caucasian, and reported being in good health at the time of the study. None of the participants had been started on insulin therapy in the past. They were all asked about their willingness to begin insulin therapy should it become necessary, and what they thought the likelihood of their needing insulin therapy was.

Of the 100 surveyed, 33% reported they would be unwilling to start insulin therapy if prescribed. The most common reasons given included:
- It would represent personal failure
- It implies the disease is worse
- It is too restrictive
- It would increase hypoglycemia

The team felt the study did help identify barriers to insulin therapy and suggest opportunities for educational interventions. They also concluded that identifying barriers to insulin therapy could facilitate earlier acceptance of the therapy when prescribed and decrease the effects of hypoglycemia due to psychological barriers.

Carroll, Higgs, and Triantouli’s study sought to determine the effect of music as an intervention on physiological and psychological responses in neuro-medical and neurosurgical patients compared to those who receive “usual” care. They hypothesized that music plus usual care would reduce blood pressure, heart rate, respiratory rate, pain perception, and negative mood states, and increase peripheral skin temperature.

The intervention consisted of 30 minutes of music (using a CD player); music was selected by the patient from a variety of choices. Patients were pre- and post-tested for vital signs, skin temperature, pain and mood states. Both the treatment group and the usual-care group were comprised of approximately 25 patients, predominantly female, in their 50s, primarily Caucasian, and a mix of neuro-medical and neurosurgical diagnoses.

The team concluded that after a 30-minute music session, there was a significant reduction in systolic blood pressure, heart rate, and respirations, and a significant reduction in negative mood states (anxiety, depression, fatigue, and overall mood scores). As a result, music has been integrated into practice at White 12, and music as a therapeutic intervention is used in the presence of agitation, fear, and at the end of life.

“We need to be visionary and visible in our practice. One way to make our work visible is through nursing research.”
— Dottie Jones, RN director of The Yvonne L. Munn Center for Nursing Research

Page 8 — Caring Horizons — May 24, 2007
Nurse Week Presentation

The 13th annual Yvonne L. Munn Nursing Research Lecture

In keeping with the style of every other Nurse Week presenter, Cheryl Beck, RN, professor, co-director of the Munn Program, and co-coordinator of the Doctoral Program, at the University of Connecticut School of Nursing, was an ardent proponent of her subject matter, “ Cultivating a Program of Research: Meeting Clinical and Research Interests.” Beck spent a length of time discussing the importance of developing a research program that is knowledge-driven and not limited by the research methodology. Said Beck, “Qualitative and quantitative research are equally important.”

Putting to rest the notion that qualitative research is somehow less valuable than quantitative research, Beck quoted renowned research evaluator, Michael Quinn Patton, saying, “Qualitative data can put the flesh on the bones of quantitative results, bringing the results to life through in-depth case elaboration.”

Supporting the idea that the cumulative production of knowledge in a particular area of research is most valuable when it is fully explored and examined, Beck recommended seeking out experts in both qualitative and quantitative research who can complement your work, bring other perspectives to your thinking, and help you explore using methods you may be unaccustomed to. Said Beck, “There is a wealth to be gained by opening the breadth of your research.”

Beck’s own body of research, The Postpartum Depression Research Program, is the accumulation of many studies, each triggered by knowledge gained in the studies before. She admits beginning with quantitative methods, but soon realized they weren’t generating the experiential data she needed to fully describe how debilitating postpartum depression is for some women. Qualitative research helped “tease out” data that sometimes remains invisible in quantitative studies.

In the course of her extended research program, Beck has employed numerous methodologies and encourages others to do the same. “Don’t underestimate,” she said, “the benefits of all the different approaches to research: analytical, interpretative, perceptual, thematic, interpretational, phenomenological, narrative analysis, and many others.”

Beck shared details from many of her studies that helped identify the various stages of postpartum depression. These stages helped identify risk factors that can be used when caring for women throughout the peripartum experience.

Said Beck, “A research program is like a tapestry. Each study builds on previous work, adding to our cumulative knowledge. We’re creating an ever-expanding base of evidence that informs future practice and drives future studies. This is an exciting time—there is a wide range of research possibilities and opportunities.”

May 24, 2007 — Caring Headlines — Page 11
The MGH Nursing Research Fair

This year's multi-day Nursing Research Expo included a new attraction: the Nursing Research Fair, which boasted interactive poster displays, opportunities for research consultation, and educational booths and exhibits. Approximately 1,100 MGH employees and visitors took advantage of the beautiful weather to avail themselves of the fair's offerings. Through interactions with research investigators, posters came alive. Staff were eager to hear the clinical origins of studies and learn how they're applicable to their own nursing practice.

Nurses from throughout MGH, including Patient Care Services, the MGH health centers, ambulatory practices, and as far away as the Clark House, in Westwood, came to discuss clinical issues and research questions with doctorally prepared nursing experts. The hope is that this networking opportunity will fuel new research studies and ongoing mentorships with consultants and/or others identified through attendance at the fair. Educational booths featured internal and external resources that support nursing research, such as the Nursing Research Committee, The Yvonne L. Munn Center for Nursing Research, the Clinical Research Program, the General Clinical Research Center, Sigma Theta Tau International, and the Treadwell Library. With this kind of enthusiasm, next year's Expo promises to be even bigger!
The charge of the Nursing Research Committee, a Collaborative Governance committee of Patient Care Services, is to:

- Foster the spirit of inquiry around clinical practice
- Promote awareness of institutional research activities
- Encourage and provide support for research-based practice

Our three main initiatives are:

1. **Nursing Research Journal Club**
   Discussion group meets bimonthly to hear local nurse researchers present original published research and to explore how this research relates to clinical practice.
   [Next Meeting and Article](#)  [Previous Articles](#)

2. **Did You Know Posters**
   PCS experts summarize clinical research in education posters displayed on nursing units in the hospital and health centers.
   [Poster Author Guidelines](#)  [Background Info](#)  [Link to Posters](#)

3. **Annual Nursing Research Expo**
   Events during Nurse Week in May highlight nursing research including posters by MGH nurses, scientific sessions by Yvonne L. Munn award winners, and a keynote speaker.
   [Abstract Submission Process](#)  [Abstract Templates:](#)
   - Original Research - [Exemplar](#)
   - Research Utilization
   - Performance Improvement - [Exemplar](#)
   - Encore Poster
   [Previous Abstracts](#)
<table>
<thead>
<tr>
<th>General Info</th>
<th>Guidelines</th>
<th>Resources</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee Members</td>
<td>Developing Research</td>
<td>Clinical Research Program</td>
<td>CITI Certification</td>
</tr>
<tr>
<td>Contact Us</td>
<td>Q.I. or Research?</td>
<td>Doctoral Forum</td>
<td>Evaluating Literature</td>
</tr>
<tr>
<td>Demystifying the Process</td>
<td>Qualitative Research</td>
<td>Human Research Committee / IRB</td>
<td>Poster Presentations</td>
</tr>
<tr>
<td>Web Links</td>
<td>Quantitative Research</td>
<td>Mallinckrodt Center</td>
<td>References</td>
</tr>
<tr>
<td></td>
<td>Research Utilization</td>
<td></td>
<td>Writing Abstracts</td>
</tr>
</tbody>
</table>