August 2, 2001

Caring HEADLINES

Inside:

Workplace Education Program

a celebration of achievement!

Bigelow 11 unit service associate, Nadia Faiz, comes forward to accept her certificate of achievement at this year's Workplace Education Program recognition ceremony.
(See story on page 12)

MGH Patient Care Services
Working together to shape the future

"Simply the best... Better than all the rest!"

An update on the PCS leadership retreat

I just want you to know that when your managers and directors leave you to participate in these leadership retreats… they're working hard! At our most recent retreat on July 10, 2001, we had a very full agenda, we covered a lot of ground, and your leaders generated an impressive list of ideas to ensure that MGH remains the best—"better than all the rest!" And since being the best was the focus of our day's work, I had T-shirts with the words, "MGH Patient Care Services: Simply the best—better than all the rest," made and distributed to all who attended.

I started the day by challenging my colleagues to think outside the box—*way* outside the box. I asked how we, as leaders, are going to ensure that staff are fulfilled in their work. How will we make sure that every employee feels supported? How will we attract the best and brightest to MGH, and how will we keep them here? We know what you told us in the Staff Perceptions of the Professional Practice Environment survey; how will we turn that data into meaningful practices and initiatives? Most of us are familiar with the Magnet Hospital study conducted by the American Academy of Nursing in the 80s. It identified certain hospitals that were able to recruit and retain highly qualified nurses in a highly competitive market. How will we become a "magnet" for qualified clinicians in the face of the current shortage of healthcare workers?

To help inform our work, I asked a number of people to provide updates on issues affecting MGH and our future. Deborah Colton, director of Government Affairs for Partners, returned to give us her insight into what's going on at the state and federal levels regarding health care and the nursing shortage. Deborah predicts that the Patient's Bill of Rights and prescription drug coverage for seniors will soon dominate the news, and an increase in appropriations for nursing scholarships will be forthcoming from both state and federal funding sources. Deborah also led us in an ethical discussion about the pros and cons of relaxing immigration laws in order to attract nurses from other countries to compensate for the shortage here.

Because quality and safety are priorities as we strategize for the future, I asked representatives from GE's much touted Six Sigma Program to talk to us about their approach to quality- and process-improvement. Matthew Egan explained the finer points of the Six Sigma program, which embraces a define–measure–analyze–improve–control process. Many of us present felt that our current efforts around quality-management are not that different from the Six Sigma approach.

Allison Rimm, director of the MGH Office of the President, gave us an overview of hospital diversity initiatives and the many programs in place to

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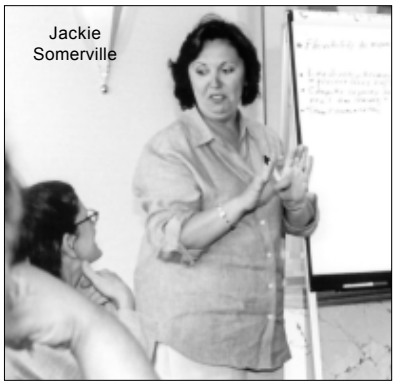
Deborah Washington


Jackie Somerville


Trish Gibbons


Theresa Gallivan


Deborah Colton

assist minority employees to advance within the organization.

Deb Washington, director of PCS Diversity, praised leaders for their proven understanding of diversity issues, for maintaining a zero tolerance for cultural bias, and for their efforts to ensure fairness in all methods and practices. She asked us to continue building relationships, to continue asking questions, and to continue recognizing and developing minority staff in professional and non-professional positions.

Dottie Jones and Trish Gibbons gave updates on collaborative governance. Dottie had compiled evaluation data obtained from a recent survey of collaborative governance committee members, and reported an overall increase in the sense of empowerment felt by staff over the first three years since the inception of the collaborative governance structure.

Trish distributed note cards to attendees and challenged everyone to write down suggestions about how to support participation in collaborative governance. Some of the ideas put forward were:

- Each committee could hold 'open-forum' meetings four times a year and invite staff to attend to get them involved with committee discussions
- Ask each collaborative governance committee member to lead a unit-based committee on the same topic
- Bring issues raised at committee meetings back to the unit for staff discussion; a 'cross-fertilization' of ideas
- As issues arise on the unit, consider whether it would be appropriate to seek consultation with a collaborative governance committee.
- Make time during regularly scheduled staff meetings to update unit/department on the progress of collaborative governance committee work.

George Reardon, director of PCS Systems Improvement, presented an update of our 2001-2002 key initiatives and asked leaders to share this information with staff to ensure that we're focusing on the right priorities and that we have the right strategies in place to achieve them.

And then there were the break-out sessions. When I told you that your leaders were working hard, this is where

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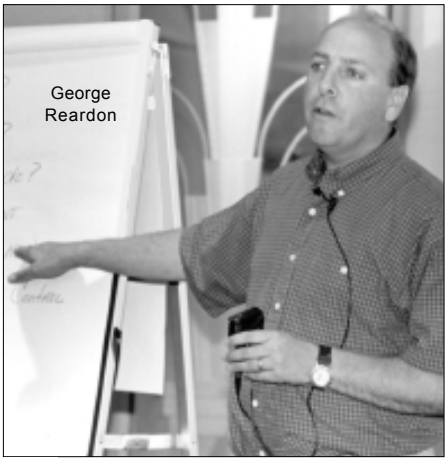
Jeanette Ives Erickson


Carmen Vega-Barachowitz


George Reardon


Steve Taranto (center), David Romagnoli, and Rebecca Fishbein


Marianne Ditomassi (foreground) and Trish Gibbons

Clarification of the professional practice model for Patient Care Services

One of the issues that emerged in the most recent staff perceptions survey is that there may be some confusion among staff about the meaning, purpose, and scope of our professional practice model. To help clinicians more fully understand the elements of the professional practice model, the following is provided for your review.

Definition

The professional practice model for clinicians within Patient Care Services is the conceptual framework that supports the practice of nurses, social workers, and therapists across various settings and levels of care within the organization. It builds on our vision, guiding principles, primary-nursing philosophy, and is respectful of the knowledge base and domains of practice of all clinical disciplines.

Our professional practice model:

- articulates the work of clinicians across a variety of settings
- provides a framework to guide clinical practice, education, administration, and research
- promotes communication among disciplines and between clinicians and the organization
- guides the allocation of resources
- provides a framework for evaluation of practice
- serves as a marketing tool to visually describe clinical practice both internally and externally

Several key components comprise the cornerstone of our professional practice model:

- values that affirm our work
- a philosophy statement that synthesizes our beliefs
- standards of practice
- decision-making that empowers clinicians
- professional development opportunities
- a patient-care delivery system
- privileging, credentialing, and peer-review systems
- research-based practice

Our professional practice model provides the framework for achieving clinical outcomes, and is driven by critical thinkers and strong decision-makers. Our work is a united and pioneering effort to realize our vision. The professional practice model involves:

- delineating knowledge embedded in practice and answering the question, "How do we acknowledge and capture clinical expertise?"
- describing skill acquisition and answering the question, "How do we create an environment for learning and capture opportunities to teach?"
- identifying and resolving impediments to clinical practice and answering the question, "What systems need further refinement and what resources are needed for the development of expertise in practice?"
- defining strategies that encourage and celebrate professional development and answering the question, "How do we acknowledge, celebrate, and reward clinical expertise?"

Components of the model:

Values and philosophy are reflected in the vision statement of Patient Care Services, which supports the MGH strategic plan, values and guiding principles (including patient focus, research, education, markets, competitiveness, diversity, human resources, and decision-making).

Standards of practice originate from external agencies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Department of Public Health (DPH), the Center for Disease Control (CDC), etc. Internal standards are developed in several forums including, the Nursing Practice Committee, other discipline-specific committees, and other practice-specific groups throughout the hospital.

Decision-making that empowers professionals involves collaboration and a concerted effort to maintain a high level of communication. A key factor for success is that our model places the responsibility, authority, and accountability for delivering patient care clearly with clinicians. This requires a well-defined committee structure which we have (in the form of our collaborative governance structure). Committees are the vehicle for translating our philosophy and core values into our daily practice. The goals of collaborative governance are:

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Our Mission

To provide the highest quality care to individuals and to the community, to advance care through excellence in biomedical research, and to educate future academic and practice leaders of the health care professions.

PCS Vision Statement

As nurses, health professionals, and PCS support staff, our every action is guided by knowledge, enabled by skill, and motivated by compassion. Patients are our primary focus, and the way we deliver care reflects that focus every day. We believe in creating a practice environment that has no barriers, is built on a spirit of inquiry, and reflects a culturally competent workforce supportive of the patient-focused values of this institution. It is through our professional practice model that we make our vision a demonstrable truth every day by letting our thoughts, decisions, and actions be guided by our values. As clinicians, we ensure that our practice is caring, innovative, scientific, and empowering, and is based on a foundation of leadership and entrepreneurial teamwork.

New Graduate Critical Care Program

The Fielding the Issues section of Caring Headlines *is an adjunct to Jeanette Ives Erickson's regular column. This section gives the senior vice president for Patient Care a forum in which to address current issues, questions, or concerns presented by staff at various meetings and venues throughout the hospital.*

***Question*:** What is the MGH/IHP New Graduate Critical Care Program?

***Jeanette*:** The New Graduate Critical Care Nursing Program is a collaborative effort between The Center for Clinical & Professional Development and the MGH Institute of Health Professions (IHP). The intensive six-month, continuing-education program is designed to give baccalaureate-prepared registered nurses an extended knowledge base, to develop their skills, and to advance critical decision-making. Fourteen new graduate nurses have enrolled in this program and 27 experienced critical care nurses have agreed to participate as preceptors. Each new graduate nurse has been hired into a permanent staff position in one of the following ICUs: Coronary Care, Medical, Cardiac Surgical, Surgical, Burn Unit, Neuro, and the PICU.

***Question*:** Why are we opening critical care positions to new graduates at this time?

***Jeanette*:** Over the past year, the demand for critical care beds has increased dramatically. The rising volume and acuity have constrained capacity and placed increased demand on all of our nurses. This situation, coupled with a national nursing shortage, has challenged us to develop new approaches to recruit and retain critical care nurses.

Making critical care positions available to new graduate nurses gives us a new pool of qualified nurses for recruitment. Keeping our positions filled supports current staff in their ability to provide optimal care and thereby promotes retention as well.

***Question*:** How do we support inexperienced nurses in critical care?

***Jeanette*:** The goal of the program is to promote an environment in which nurses feel supported in their practice, are able to meet the needs of their patients, and are prepared to function within an interdisciplinary team. The leadership of nurse managers, clinical nurse specialists, as well as preceptors has been central to the development of this program; and we have also committed central resources. Laura Mylott, RN, PhD, serves as faculty within the IHP and is responsible

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Professional practice model

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- to create a framework that addresses appropriateness, efficiency, and effectiveness of practice; and aligns departmental activities
- to support and uphold our philosophy
- to connect Patient Care Services to the rest of the hospital
- to create avenues for collaboration

Professional development includes empowerment, professional practice, and reward systems for acknowledging variations in practice. The Center for Clinical & Professional Development was created to ensure active participation in the learning process.

The ***patient-care delivery system*** describes inter-disciplinary pathways; the integration of research into practice; quality-assessment activities that study variation as a way of improving care; and systems-improvement as a way of enhancing direct patient-care delivery. Our delivery system is based on the premise that clinicians' involvement with patients and families is central to our work.

Research-based practice creates a spirit of inquiry that consistently challenges critical thinking. By folding research into our framework we continuously improve the patient experience and strengthen our professional identities.

The development of a professional practice model is an important element of our work. Our goal has been to develop a model that supports the effective, individualized delivery of care to our patients based on their needs and expectations and the art and science of our professions.

Guiding Principles

- We are ever-alert for opportunities to improve patient care; we provide care based on the latest research findings.
- We recognize the importance of encouraging patients and families to participate in the decisions affecting their care.
- We are most effective as a team; we continually strengthen our relationships with each other and actively promote diversity within our staff
- We enhance patient care and the systems supporting that care as we work with others; we eagerly enter new partnerships with people inside and outside of MGH.
- We never lose sight of the needs and expectations of our patients and their families as we make clinical decisions based on the most effective use of internal and external resources.
- We view learning as a lifelong process essential to the growth and development of clinicians striving to deliver quality patient care.
- We acknowledge that maintaining the highest standards of patient care delivery is a never-ending process that involves the patient, family, nurse, all healthcare providers, and the community-at-large.

Chris Shaw, RN, and Sheila Davis, NP, of the Partners AIDS Research Center and MGH Infectious Disease Associates

Taking MGH nursing to new frontiers:

The Nursing Partners AIDS Project

On July 2, 2001, MGH nurses, Christopher Shaw, RN, and Sheila Davis, NP, departed for South Africa and points unknown as participants in the Nursing Partners AIDS Project (NPAP). The program, which operates in conjunction with the Partners AIDS Research Center, sends clinicians to areas hardest-hit by the AIDS epidemic to talk directly with local care providers to identify their most pressing needs in meeting this devastating challenge.

Says Patient Care Services senior vice president, Jeanette Ives Erickson, RN, "There is a great need for nursing support in addressing the HIV/AIDS situation in Africa. Once again MGH nurses are at the forefront, bringing much-needed knowledge and expertise to the areas that need it most. Chris and Sheila are making a great sacrifice, leaving their home and families for an extended period of time to participate in this important project. I hope they learn much on their journey; I know they will leave the people of Africa with the best that MGH nursing has to offer."

The purpose of this month-long visit to South Africa (and perhaps parts of Botswana and Zimbabwe) is to assess the scope and need for education and training. Says Davis, "We'll meet with local caregivers, clinics, agencies, nursing schools, and health centers to see where we can make the biggest impact. We want to bring our 20 years worth of knowledge and experience to help alleviate some of the suffering."

This is not the first humanitarian nursing trip for either Shaw or Davis. Both traveled to Haiti recently where they helped train local nurses to provide gynecological care and pelvic exams. And Shaw will return to Africa in the fall for a two-year stint as he helps implement and coordinate new programs.

Says Shaw, "Nurses really do have a unique opportunity to make a difference. Nurses can do things, go places, gain access to information simply because we're nurses. We can ask the most personal questions and it's not perceived as threatening or intrusive—patients know that when we ask a question, it's coming from a caring place."

Davis and Shaw have agreed to share their experiences with readers of *Caring Headlines*. Below are their first few correspondences:

Letters from Africa

July 5th
We arrived in Durban 40 hours after departing from Boston. A long but bearable journey. We sat next to a Zimbawean woman who works in Harare educating women about HIV, so it was nice to have that connection. Today we spent the morning with a nun who is the nurse administrator of St. Mary's Hospital just south of Durban. She spoke eloquently of the need to care for the caregivers as they are pushed to the limit caring for young people dying. The death rate is even greater than what's being reported at home. They regularly have six to eight deaths per night at their 200-bed hospital that serves a local population of 750,000. She worries about the nurses themselves dying; they have already lost many of their staff.

July 6th
Chris said you asked about what it's like being so far away from our families. I'm a single mom with a wonderful nine-and-a-half-year-old daughter. She is spending time with her dad while I'm gone. It's very difficult. We did a lot of preparing before I left, but there were many, many tears (from both of us!) the day I left. She is an amazing girl, and when I left she said, "I need you so much mommy, but the poor people in Africa need you more right now. You need to go and help them. They look so sad in all the pictures. How could this happen to people like us?"

Needless to say, that broke my heart. This is very difficult. More so

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Educating staff and the public about brain aneurysms

—by Deidre Buckley, RN, NP
coordinator of the MGH Brain Aneurysm-AVM Center

It is estimated that more than two million people in the United States are living with un-ruptured intracerebral aneurysms. When an aneurysm ruptures, it usually causes bleeding into the subarachnoid space (the compartment surrounding the brain), and it can be fatal.

In this country alone, there are approximately 30,000 new cases each year of subarachnoid hemorrhages due to the rupture of intra-cranial aneurysms. They account for 6-8% of all strokes, and continue to be a significant cause of morbidity and mortality.

Despite numerous diagnostic, surgical, anesthetic and peri-operative advances, outcomes for patients with ruptured aneurysms remain poor. In fact, only one third of those who experience aneurysmal subarachnoid hemorrhages recover without major disability. Cerebral aneurysm rupture is most prevalent in the 35-60 year-old age group, with 50 being the mean age of occurrence.

Though advanced imaging technology allows non-invasive detection of aneurysms or AVMs (atrioventricular malformations), most aneurysms are not detected until after rupture. People typically experience the 'worst headache' of their life and then seek medical attention (if they survive the event).

The recovery process following aneurysm treatment is long, especially after a hemorrhage, and can be unsettling, especially if you're not prepared.

On August 22, 23, and 24, 2001, from 9:00am –3:00pm, representatives from the Brain Aneurysm Foundation will staff an information booth in the Central Lobby. Staff will be on hand to answer questions and written materials will be available.

On August 23, a symposium, "Bridging the gap between clinicians, patients and their families," will be held under the Bullfinch tent from 6:00–9:00pm; Sucheta Kamath, MA, CCC/SLP, president of the Brain Aneurysm Foundation, will speak about the Steps to Success Program, and there will be other speakers as well. All are welcome to attend. For more information, call 723-3870.

Brain Aneurysm Awareness

Visit the information booth
in the Central Lobby
August 22, 23 and 24, 2001

"Bridging the gap between clinicians, patients and their families"

under the Bulfinch tent
August 23, 2001
6:00–9:00pm

For more information call 723-3870

Letters from Africa

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when I see all these children suffering. I want to hold my daughter so tight and shelter her from all this death.

July 6th
Today we went with an African nurse from the University of Natal to a hospice-care facility. We then traveled with a hospice nurse and community worker inland to the bush areas to visit HIV patients at home. It was an amazing experience. Patients were predominately women who had been diagnosed when they were pregnant. Some of the children were also HIV-positive, some negative. No one is receiving treatment. People in the bush live in old, run-down houses with no running water or electricity. The common complaint is no food, and no formula for their babies.

We arrived at one hut where the patient (a man), had died the day before. We went into the round hut; the nurse said a prayer and then all the woman sang this beautiful song together. When we asked about the meaning, it was loosely translated as, "We thought you were going to grow old, but you were taken away so early… so, so young."

There are children at every hut we go to, running around, some looking quite ill, but all so friendly with wonderful smiles and spirit.

This agency has more than 450 HIV patients enrolled at one time, covering a wide geographic area. The nurse describes herself as, health minister, spiritual aide, social worker, and nurse. She says she doesn't have the resources to 'nurse.' She can only try to work around all the other issues.

We saw a woman lying in a cold room, so thin she looked like a skeleton. She had terrible bone pain and the only medication she had was something similar to ibuprofen. We saw a man with a badly swollen foot who had an accumulation of fungus, possibly Kaposi's sarcoma and/or condyloma.

It was a long day, and we were physically, emotionally, and spiritually drained by the end of it. We're looking forward to working with the nurse from the University of Natal. She is working on her PhD in HIV nursing, and seems very interested in collaborating with us.

More from Africa in the next issue of Caring Headlines

Sometimes excellent care begins with a little old-fashioned hospitality

Dawn Moore, RN
staff nurse, Bigelow 13

Admission of a patient to the Intensive Care Unit can be extraordinarily stressful for a patient and family. Initially during a crisis, the patient experiences physiological stress while family members and friends experience psychological stress. Typically, admission to the ICU follows some sort of catastrophic event that has the potential to be life-threatening. Some critical illnesses such as severe burns occur without warning, so there is no time for the patient, family, or friends to prepare for this crisis and the long road to recovery that follows.

Families often experience a higher level of stress than patients, and more often than not have ineffective coping skills. When admitting patients to the ICU, a critical care nurse needs to admit the family as well as the patient. The ICU experience is very intense and can cause emotional turmoil for families who must entrust the care of their loved one to complete strangers. A critical care nurse needs to be prepared to deal with the needs of the family during this psychological crisis to help them cope effectively and regain their family stability.

A critical care nurse can be 'consumed' by the efforts involved with caring for an unstable patient. Initially, we may only be able to focus on stabilizing the patient. But we must remember that the patient is part of a family, and they too are going to require attention to have their needs met. The concept of total patient care includes meeting the needs of the patient, the patient's family, and the patient's friends.

My name is Dawn Moore, and I have been a nurse in the Burn Intensive Care Unit for four years. I was reminded of this concept recently during a night shift over the 4th of July by my coworker, Molly Finneseth, RN. I was taking care of a patient, Mr. W, who had been admitted with a 30% burn of his total body surface area and a severe inhalation injury due to a propane explosion. I was not familiar with this patient, so I was entirely focused on the care he would require during my shift.

Mr. W had been in the ICU for several weeks and his respiratory status had decompensated since his admission. He had therefore been chemically paralyzed for several weeks and put on a ventilator to enable his lungs to heal. After assessing Mr. W carefully, I decided to lighten his paralytic medication and assess his neuro status while he was awake. Mr. W became un-paralyzed and opened his eyes for the first time in a month. Tears came to my eyes as I introduced myself to him and tried to explain why he was in the ICU. I held his hand and he responded weakly by trying to squeeze my hand. A few hours later he was nodding appropriately to questions. I continued to sit at Mr. W's bedside and hold his hand.

Molly came in to say that my patient had a visitor. I assumed the visitor had been in to see Mr. W previously, but I was wrong. A young man came to the bedside, stared at Mr. W and began to cry. Molly stood by his side and comforted him. I gave Molly and the visitor a few minutes and then I introduced myself as the nurse caring for Mr. W I started to explain Mr. W's condition and his plan of care. The young man, Mike, wanted to sit with his friend, so we gave them some time alone together. Mr. W's eyes were open and he clearly recognized his friend. There were tears coming down his cheeks, so Mike tried to comfort him and assure him that he would be okay.

I talked with Molly and learned that Mike was Mr. W's roommate and best friend. He had been hiking the Appalachian trail for the past four months and only recently learned of Mr. W's condition when he called home and found the phone had been disconnected. He called Mr. W's father, who told him that Mr. W was in the Burn ICU, and that their house had been completely destroyed in the fire. Mike hopped on a bus and came 450 miles to see his friend.

When Mike arrived on the unit, he was wearing an old backpack and soiled clothes. He had literally stepped onto a bus from his hiking expedition and come straight to the hospital. He was tired and didn't have a place to stay. He didn't have much money, so he couldn't afford a hotel room in Boston on the 4th of July. Molly and two other co-workers, Edna Gavin, CCT, and Mary Williams, RN, suggested we let Mike stay in one of the va-

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Exemplar

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cant patient rooms since census was low.

We told Mike he could stay for the night and visit Mr.W again in the morning. That evening, staff had brought food in for a little holiday party, so Molly made Mike a plate and gave him some toiletries so he could take a shower. He was so grateful to the staff and cried as he thanked us.

The next morning Mike came in to visit Mr.W, who was wide awake. They had a short visit and then Mike said it was time to go. He told Mr.W he was leaving, but Mr.W. got upset and tried to hold his hand. I went to the bed and took Mr. W's other hand. I explained that Mike was going to finish his hike and that he'd stay in contact with the staff and come visit again. Mike didn't want to leave while Mr.W was upset. Soon Mr.W nodded to say that it was all right.

Mike said his goodbyes. I was at Mr.W's bedside when Mike told him, "You're in good hands, buddy. I know they'll take excellent care of you here, because they took excellent care of me, and I'm just a visitor. I love you buddy, and I'll see you soon." Mike turned to us with tears in his eyes, thanked us for everything, and then left to catch a bus back to New Hampshire.

This experience helped me remember that family and friends need our attention, too. The concept of total nursing care can be challenging when caring for a critically ill patient who needs constant care. But both Mike and Mr.W benefitted immensely from this small intervention. I am grateful to have the wonderful co-workers I have, who helped me remember this vital aspect of nursing practice.

Comments by Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse

This narrative has two very compelling themes: clinical knowledge and knowledge of the patient and family. Lightening a patient's medication when he has been paralyzed for many weeks requires great insight, assessment and skill. It requires careful monitoring of multiple systems to ensure the patient is tolerating the transition, and constant attention to the degree of sedation required. But this isn't the *primary* focus of Dawn's narrative. Dawn speaks to the issue of including the family in the scope of her care, and the fact that Mike is Mr.W's best friend makes him family. Under unusual circumstances, Dawn and her colleagues acted outside the box, relying on their own best judgement, and provided a place for Mike to stay on the unit. This was an unorthodox solution, but one that supported both Mr.W and his dear friend. Many of us may not even have considered this option, but as Dawn showed us, sometimes providing 'total nursing care' means extending some good old-fashioned hospitality! Mike was right—Mr.W was in very good hands indeed!

Thank-you, Dawn.

Q & As

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for program development and evaluation through The Center for Clinical & Professional Development. Scott Ciesielski, RN, BSN, serves as program coordinator, and together with Laura facilitates a planning group of critical care nurse managers and clinical nurse specialists to ensure that supports are in place for both preceptors and new graduates. We are aware that it will take the commitment of the entire critical care community to make this program successful. Through program evaluation we will learn what is working and where improvements are needed.

***Question*:** Can we continue to provide and support appropriate patient care at a time when we are already dealing with staffing challenges?

***Jeanette*:** This is a challenge we would face with, or without, this new program. We choose to be proactive in reducing the burden on our nursing staff. Balance will be the key. As with all new staff, we try to balance the needs of our patients with the learning needs of new nurses. There will be times when preceptors will have to focus solely on the clinical needs of a patient and temporarily defer their teaching goals. We continue to discuss strategies that will allow learning to take place even in the presence of a complex patient population. Within the preceptoring experience there is dedicated time for reflection and learning. We will be vigilant in monitoring this component of the program, and continue to work with preceptors on strategies for learning in this fast-paced, complex, patient care environment.

In six months we will have 14 new ICU nurses; in one year, 28 new ICU nurses. While the journey may be new, this is a creative, forward-thinking program that allows us to continue to meet the needs of our patients.

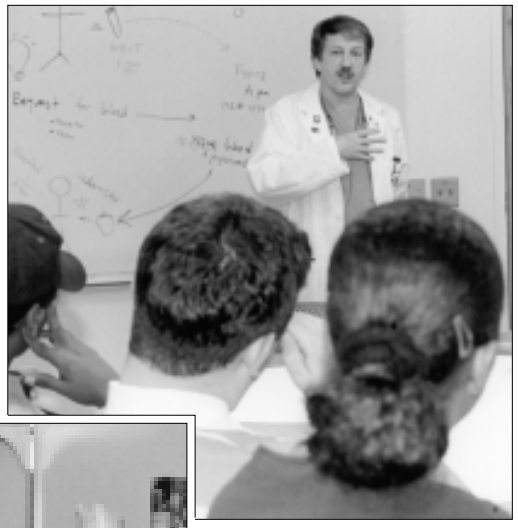
***Question*:** Who are the preceptors and how are we supporting them?

***Jeanette*:** Experienced critical care nurses from each designated ICU have agreed to serve as preceptors. They are enthusiastic, committed to the program, and anxious to begin. Each preceptor has attended the preceptor workshop sponsored by The Center for Clinical & Professional Development. The program was customized to incorporate a better understanding of generational issues and the leaning needs of new graduates. The New Graduate/Mentoring program currently offered by the Center will also be customized for critical care. Preceptors play a major role in this program, serving as coaches, teachers and advocates to help orient new nurses to their new units.

Opening our doors to the next generation:

Bunker Hill students visit MGH

Nothing renews your own interest, commitment, and enthusiasm more than sharing your work with a group of curious, motivated young people. On Friday, July 13, 2001, a handful of MGH employees did just that as 26 students from Bunker Hill Community College's Health Careers Opportunity Summer Breakthrough Program toured parts of MGH to learn more about careers in Pharmacy, Radiology and Phlebotomy (a separate program exists for Nursing), and attended educational sessions on resumé preparation and interviewing skills. Coordinated by professional development coordinator, Rosalie Tyrrell, RN, the visit included tours of Pharmacy Administration, The WACC 2 Phlebotomy Unit and clinical labs, a look at the new Emergency Department CT scan, and one-on-one interaction with MGH professionals. Students had an opportunity to see specialized equipment, watch clinicians in action, and ask questions about their potential future career paths.



Top: Kim Pellerin, radiation education coordinator, explains CT-scan procedure to visiting students.

Left: Supervisor, George Souza, shows students around the WACC Phlebotomy Unit.

Right: Senior attending technician, Scott Belknap, introduces students to the world of Pharmacy.

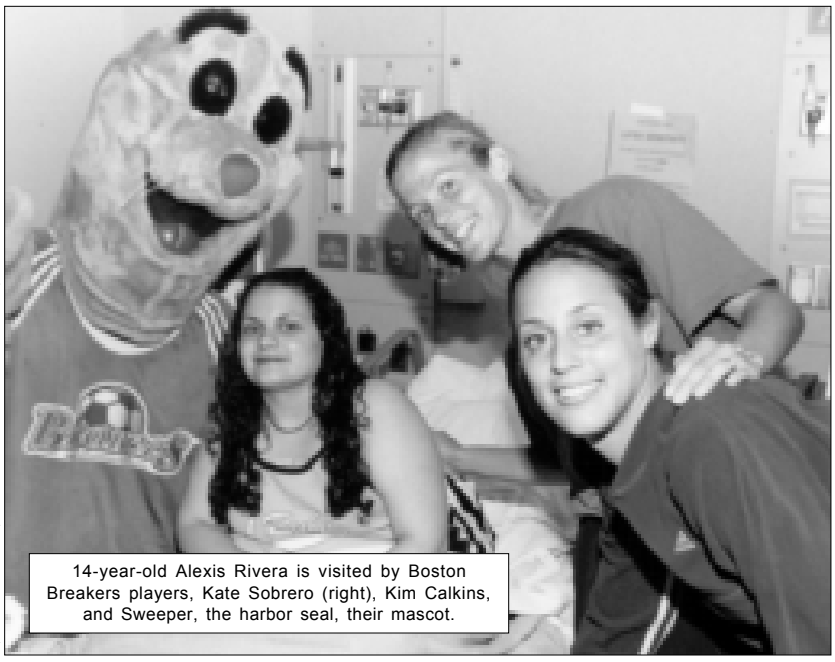
Bottom: Lead ED CT-scan technologist, Maureen Mathews, explains behind-the-scenes, computerized CT-scan technology.

Professional women soccer players score big on Ellison 17 & 18

Boston Breakers visit pediatric units

Giving back to the community is a tradition professional athletes have engaged in since the beginning of professional sports. On Monday, July 16, 2001, Kim Calkins and Kate Sobrero, two members of the Boston Breakers professional women's soccer team, carried on that tradition when they visited the MGH pediatric units, accompanied by their mascot, a six-foot tall harbor seal named, Sweeper! The Breakers, one of the initial eight teams of the WUSA (Women's United Soccer Association), are currently in their debut season with a record of 5-8-3 (at press time).

Calkins and Sobrero with 15-year-old Michael Herrick in the Ellison 18 recreation room



14-year-old Alexis Rivera is visited by Boston Breakers players, Kate Sobrero (right), Kim Calkins, and Sweeper, the harbor seal, their mascot.

(This photo taken by Abram Bekker of the MGH Photo Lab)

Calkins, Sobrero and Sweeper spent time talking with, and answering questions for, ambulatory patients in the 'rec' room and visited individual patients room by room, signing autographs and giving out team memorabilia. Seems that many patients, families, visitors and staff are big fans of the new franchise!

Negotiation Skills for Those Not Born to the Table

presented by Phyllis Kritek, RN, PhD, FAAN, internationally recognized author and scholar

Working in today's complex healthcare environment, negotiation skills are essential for our ability to manage conflict between individuals of different ages, cultures, disciplines and departments.

Conflict-management can also be a catalyst for change. Negotiation skills are key for those working in management or administrative positions.

November 2–3, 2001
8:30am–5:00pm
O'Keeffe Auditorium

For more information, contact Brian French at 724-7843, or Deborah Washington at 724-7469

Workplace Education Program

increasing professional opportunities through education and support

Theresa Gallivan addresses gathering

At the Workplace Education Program recognition ceremony, White 10 unit service associate, Maria Marrero, reads her narrative.

Ellison 13 unit service associate, Marie Morisette, receives certificate from instructor, Jane Ravid, as members of the Planning & Evaluation Team (l-r): Megan Brown; Kathy Creedon; and Bill Banchiere; and associate chief nurse, Theresa Gallivan, look on.

Big smiles, happy faces, and a palpable sense of pride were the order of the day at the Workplace Education Program recognition ceremony, Thursday, July 19, 2001, in the Walcott Conference Room. The program, sponsored by MGH and the Jewish Vocational Service, recognized a record 80 employees this year for successfully completing classes in English as a Second Language, English Plus, and Adult Education. Employees from Nursing, Food & Nutrition Services, Environmental Services, Parking and Transportation, and other departments participate in the program that strives to support employees for whom English is not their primary language.

In addition to students, the ceremony was attended by coworkers, nurse managers, and supervisors, all of who revelled in the great success and achievement of those being recognized.

Associate chief nurse, Theresa Gallivan, RN, addressed the gathering, saying, "This is the high point of my week! I want to congratulate each of you. The critical role you play in helping us meet the needs of our patients helps us to make MGH a more compassionate, caring, and culturally rich environment. We rely on you more and more as we face the difficult challenges in health care. Your stories are inspiring. The work you do is important. And so are each of you."

Two awards were given to program volunteers, Joanne Gringeri and Suzanne DeCruz, for their, "devotion to duty in lending their time and experience to this program."

Several students were asked to read their written class work aloud to the group. The substance, content, and use of language in their narratives revealed great passion, talent, and accomplishment.

Betsy Bedell, director of Adult Education for the Jewish Vocational Service, thanked the program's planning and evaluation team, including Megan Brown; Kathy Creedon; Bill Banchiere; Mary McAdams, Ruth Dempsey, Maria Bloch, Jeff Davis and the staff of MGH Human Resources; instructors, John Kirk and Jane Ravid; and all of the managers and supervisors who make this program possible. Said Bedell, "Without your continued support and encouragement we could not provide this important service."

The Workplace Education Program just completed its sixth year. For more information, call The Center for Clinical & Professional Development at 6-3111.

Ives Erickson

continued from page 3

the rubber hit the road—this is what I consider one of the most important reasons to have leadership retreats. Brainstorming. Thinking out loud. Sharing ideas. Tapping into the collective brain power of this incredibly gifted group of leaders.

In morning and afternoon break-out sessions, we put the following issues out there for discussion. The responses we got are too numerous to include, but here is a brief sampling of the ideas that were generated:

When they write the history of MGH, what will they say about us?

- They will recall our strong Diversity Program
- Our strong and lasting collegiality
- Our emphasis on education and continual learning
- Our knowledge-based practice

What is the best way to market this good news?

- Our employees are our best marketing department
- *Caring Headlines* and the MGH website

If you could go back in time five years, what would you have done differently?

- We could have acted more quickly in establishing and rolling out our computerized technology
- We could have integrated all disciplines under Patient Care Services sooner
- We could have questioned long-standing assumptions sooner

How do you envision MGH in the year 2006?

- We will have accessible interpreters for all languages
- A highly functioning electronic medical record
- Extensive complementary therapies, including an animal therapy program
- We will have a surplus of qualified staff, with waiting lists of students wanting to work in the healthcare industry
- We will have the most diverse workforce in Boston, including a diverse leadership team
- We will have total flexibility in staffing/scheduling

How do we create a system for capturing and sharing best practices?

- Sharing best practices should be incorporated into regularly scheduled leadership and inter-disciplinary meetings
- Showcase best practices in *Caring Headlines*
- Create a resource book that contains a record of best practices

What can we do to fast-track recruitment?

- Have new candidates meet with HR and unit manager in one visit
- Streamline communication between HR and units
- Allow 'first point of contact' to assume accountability for hiring
- Be confident and enthusiastic about what we have to offer

What is the best way to attract (or re-attract) students or employees who have left MGH?

- Personal phone calls to recruit and/or solicit referrals
- Offer reinstatement of previous benefits and pension for employees who have left
- Keep retirees involved as teachers and mentors
- Redesign 'exit interview' form to glean information about why staff are leaving

Create a model for intensive new-hire on-boarding

- Develop strategies to support staff beyond orientation (phone calls, weekly meetings, etc.)
- Create a sense of 'team'
- Have HR follow up with staff periodically after hire

I hope you appreciate, as I do, the risks your leaders took in answering these questions so honestly and passionately. These were difficult questions to ask, and to answer. But the only way to make our work meaningful, is to look at where we've been, create a vision for where we want to go, and think about what we need to do to get there. As I said, these are only a few of the ideas that surfaced in our last session together. We will pick up this important work where we left off when we reconvene for our next retreat in September.

Updates

Please join me in welcoming Susan Stengrevics as the new CNS for Cardiac Surgery, and Ellen Powers as nurse staff specialist for Ambulatory Oncology Facilities Planning.

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Submission of Articles

Written contributions should be submitted directly to Susan Sabia **as far in advance as possible.** *Caring Headlines* cannot guarantee the inclusion of any article.

Articles/ideas may be submitted
by telephone: 617.724.1746
by fax: 617.726.4133
or by e-mail: ssabia @partners.org

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—Educational

When/Where	Description	Contact Hours
August 13, 14, 15, 20, 21, 22 7:30am–4:00pm West Roxbury VA	**Critical Care in the New Millennium: Core Program** For ICU nurses only. This program provides a foundation for practice in the care of critically ill patients. Pick up curriculum books and location directions from the Center for Clinical & Professional Development on Founders 6 before attending program. For more information, call The Center for Clinical & Professional Development at 726-3111.	45.1 for completing all six days
August 14 7:30–11:30am, 12:00–4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Successful completion of this program re-certifies staff in AHA Basic Life Support. Priority will be given to staff required to have AHA BLS for their job. Others are encouraged to complete unit-based, age-specific mannequin demonstration to meet requirements. Participants must review the new AHA Health Care Provider Manual, which may be borrowed from the CCPD for a returnable $10 deposit. (Note: class has been extended to 4 hours due to changes in AHA requirements.) Pre-registration is required, as is proof of AHA certification within the last two years. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
August 14 7:30–8:30am Patient Family Learning Center	**On-Line Patient Education: Tips to Ensure Success** This program is geared toward clinicians who have basic Internet navigational skills. The goal is to give staff the tools to find quality patient-education materials to enhance clinical practice and discharge teaching. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
August 16 8:00am–5:00pm Wellman Conference Room August 20 8:00am–5:00pm Wellman Conference Room	**Advanced Cardiac Life Support (ACLS)—Provider Course** Provider course sponsored by MGH Department of Emergency Services. $120 for MGH/HMS-affiliated employees; $170 for all others. Registration information and applications are available in Founders 135, or by calling 726-3905. For course information, call Inez McGillivray at 724-4100.	16.8 for completing both days
August 16 1:30–2:30pm O'Keeffe Auditorium	**Nursing Grand Rounds** Nursing Grand Rounds are held on the first and third Thursdays of each month. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	1.2
August 22 8:00am–2:30pm Training Department Charles River Plaza	**New Graduate Seminar II** This seminar assists new graduate nurses (with the guidance of their mentors) to transition into the role of professional nurse. Seminars focus of skill acquisition, organization and priority-setting, communication and conflict-management, caring practices, and ethical issues. For more information, call The Center for Clinical & Professional Development at 726-3111.	5.4 (contact hours for mentors only)
September 4 8:00am–5:00pm NEMC	**Chemotherapy Consortium** This program lays the foundation for certification in chemotherapy administration. Staff must complete a pre-test and pre-reading packet before attending program. (Materials available in The Center for Clinical & Professional Development on Founders 6). Post-program test and clinical practicum required for certification. For more information, call Joan Gallagher at pager #2-5410. Pre-registration is required. To register, call The Center for Clinical & Professional Development at 726-3111.	TBA
September 6 7:30–11:30am, 12:00–4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Successful completion of this program re-certifies staff in AHA Basic Life Support. Priority will be given to staff required to have AHA BLS for their job. Others are encouraged to complete unit-based, age-specific mannequin demonstration to meet requirements. Participants must review the new AHA Health Care Provider Manual, which may be borrowed from the CCPD for a returnable $10 deposit. (Note: class has been extended to 4 hours due to changes in AHA requirements.) Pre-registration is required, as is proof of AHA certification within the last two years. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
September 6 1:30–2:30pm O'Keeffe Auditorium	**Nursing Grand Rounds** Nursing Grand Rounds are held on the first and third Thursdays of each month. This session will focus on: "Maltreatment of Children." For more information about this session call The Center for Clinical & Professional Development at 726-3111.	1.2

When/Where	Description	Contact Hours
September 7 8:00am–4:30pm O'Keeffe Auditorium	**2001: A Diabetic Odyssey** This program is designed to enhance nurses' knowledge around the care of patients with diabetes. Topics will include patho-physiology of Type 1 and Type 2 diabetes; pharmacological interventions, monitoring and management of diabetes; nutrition and exercise; complications; and caring for special populations such as pediatrics, geriatrics, critically ill, and pregnant women. No fee for MGH employees. $30 for Partners employees. $75 all others. Pre-admission is required. For more information, call The Center for Clinical & Professional Development at 726-3111.	8
September 11 7:30–8:30am Patient Family Learning Center	**Internet Basics: Using the World Wide Web to Enhance Your Practice** This program is targeted toward clinicians who want to learn basic skills in accessing, searching and navigating the Internet. The goal is to teach clinicians to access quality on-line healthcare information to enhance clinical practice. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
Sept. 12, 8:00am–12:30pm September 14, (Exam) 8:00–9:30am Bigelow 4 Amphitheatre	**Transfusion Therapy Course (Lecture & Exam)** For ICU nurses only. Pre-registration is required. For information, call 6-3632; to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
September 12 8:00am–2:30pm Training Department Charles River Plaza	**New Graduate Seminar I** This seminar assists new graduate nurses (with the guidance of their mentors) to transition into the role of professional nurse. Seminars focus of skill acquisition, organization and priority-setting, communication and conflict-management, caring practices, and ethical issues. For more information, call The Center for Clinical & Professional Development at 726-3111.	6.0 (contact hours for mentors only)
September 12 8:00am–4:00pm VBK6	**CVVH Core Program** This program is designed for ICU nurses and echmo-therapists, to provide a theoretical basis for practice using continuous venous-venous hemodialysis. Participants must pick up and complete a pre-reading packet prior to attending. Packets may be picked up in FND645. Pre-registration is required. To register, or for more information, call The Center for Clinical & Professional Development at 726-3111.	6.3
September 12 1:30–2:30pm Bigelow 4 Amphitheater	**OA/PCA/USA Connections** Continuing education session offered for patient care associates, operations associates, and unit service associates. This session is entitled, "Safe Care of Violent Patients." Pre-registration is not required. For more information, call The Center for Clinical & Professional Development at 726-3111.	- - -
September 13 8:00am–4:30pm Training Department Charles River Plaza	**Preceptor Development Program: Level I** Program is geared toward MGH staff nurses and advanced practice nurses who have served, or are interested in serving, as clinical preceptors for new graduates, experienced nurses, student nurses or international guests. Participants explore the roles of educator, role model, facilitator and clinical coach as well as partner in planning and guiding clinical experiences. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	7
September 13 1:30–2:30pm O'Keeffe Auditorium	**Nursing Grand Rounds** This presentation will focus on, "Breaking the Language Barrier: Accessing Patient Information in Languages other than English," presented by Martha Stone, coordinator of Reference Services, Treadwell Library. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
September 17 7:30–11:30am, 12:00–4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Successful completion of this program re-certifies staff in AHA Basic Life Support. Priority will be given to staff required to have AHA BLS for their job. Others are encouraged to complete unit-based, age-specific mannequin demonstration to meet requirements. Participants must review the new AHA Health Care Provider Manual, which may be borrowed from the CCPD for a returnable $10 deposit. (Note: class has been extended to 4 hours due to changes in AHA requirements.) Pre-registration is required, as is proof of AHA certification within the last two years. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
September 17 (8:00–4:15) O'Keeffe Auditorium and September 19 8:00am–4:15pm Training Department Charles River Plaza	**Neuroscience Nursing Review 2001** This 2-day review is designed for experienced nurses who care for neuroscience patients or who are preparing for the neuroscience nursing examination. Participants my attend one or both days. Limited to 25. See Educational Offerings Calendar for fees. For more information, call The Center for Clinical & Professional Development at 726-3111.	TBA

Spiritual caregiver fellowships available for nurses

Apply by September 1st

Two fellowships are currently available for nurses wishing to enter the winter, 2002, Clinical Pastoral Education Program, offered by the MGH Chaplaincy and sponsored by the MGH department of Nursing. Applicants must be registered nurses with at least two years of nursing experience; they must currently be working within the Nursing Department in direct-care roles.

The Clinical Pastoral Education program is a training program accredited by the Association for Clinical Pastoral Education. It provides a vehicle for caregivers to expand their knowledge in spiritual care. The winter program is part-time, beginning January 7, 2002, and running through May 17, 2002. Group sessions are held on Mondays, from 9:00am to 5:00pm, and additional hours are negotiated to fulfill the clinical component. Applications for the program, and the fellowship, are due by September 1, 2001.

For more information about the Spiritual Caregiver Fellowship, or to receive an application, please contact the Chaplaincy office at 6-2220.

New program rewards PCS employees who recruit or refer clinical staff for hire within Patient Care Services

- PCS Referral Program rewards PCS employees who refer individuals for hire into specific roles between now and September 29, 2001
- All current PCS employees are eligible (excluding directors, leadership and HR staff)
- $1,000 will be given to employees whose referrals are hired into PCS clinical positions of 20 hours per week or more

For more information, contact Steve Taranto at 724-2567

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