

Caring

December 6, 2001

HEADLINES

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Former MGH nursing director: the 'picture' of leadership

Even if you'd never met the illustrious Yvonne L. Munn, you'd have felt like you were old friends listening to the glowing testimonials delivered by former colleagues and friends at the unveiling of her portrait on Wednesday, November 7, 2001. Following the 8th annual Yvonne L. Munn Nursing Research Lecture and Awards (created in her name), a portrait of Munn was dedicated to honor the many contributions she made during her tenure as associate general director of Nursing from 1984 to 1993.

At the unveiling ceremony, all who spoke attested to Munn's warmth, wit, wisdom and unwavering advocacy for patients and nurses. They described a kind, determined, independent leader who brought guileless honesty and forthrightness with her from her roots "west of the Charles... and west of the Mississippi!"

historical perspective. Said Buchanan, "Yvonne's first budget was for the year nineteen eighty-five. At that time, one thousand and thirty full-time nurses staffed an average daily census of nine hundred and five. The average hourly rate for a staff nurse was twelve dollars, or less than twenty-five thousand dollars per

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Former MGH president and current general director emeritus, Dr. Robert Buchanan, who hired Munn, provided some



At the unveiling (l-r): Jeanette Ives Erickson, RN, Yvonne L. Munn, RN, George Baker, MD, and Robert Buchanan, MD

Our journey toward research-based practice

Through careful planning, thoughtful allocation of funding, and a commitment to the highest quality patient care, we have come far in our journey toward a culture of research-based practice. The Yvonne L. Munn Research Program, under the auspices of The Center for Clinical & Professional Development, provides opportunities to challenge current thinking, test our current practices, and identify new ways to shape and influence professional standards. Our goal is for staff to feel supported in their efforts to improve patient care. We do that by providing opportunities to conduct research, expand critical-thinking skills, and add to our knowledge base.

In preparing this column, I sought out some of our own nurse researchers to share their thoughts about the importance of research-based practice.

Chris Graf, RN, PhD, director of Management Systems, says, "Nursing is a science as well as an art. As such, all aspects of nursing practice are subject to rigorous investigation in order to validate the effectiveness of current practices and identify new and enhanced practices. The objective is to provide

the most effective evidence-based practice to ensure optimal outcomes for our patients. A program of scholarly research that incorporates both inquiry and implementation is critical to supporting and promoting the science of nursing."

Diane Carroll, RN, PhD, clinical nurse specialist and nurse researcher, says, "The purpose of clinical nursing research is to inquire, investigate, and thereby provide evidence to inform patient care. Answers to one question generally lead to another question, which generates further research in a particular area. This series of inquiries forms a program of research that results in a stronger foundation for clinical practice. Through this scientific process a body of knowledge is developed that informs patient care."

Ellen Robinson, RN, PhD, clinical nurse specialist and nurse researcher, adds, "Nursing is a profession rather than simply a 'job.' One characteristic of a profession is that it has its own distinct body of knowledge. Professional nurses assess patients' response to illness; they look at how a patient's medical condition affects the patient as well as the family. They look at how illness affects a patient's

role at work, at home, and in the community; how illness affects a patient's self esteem and ability to make decisions. These are all concerns that need to be researched.

"Building a research program that is clinically focused complements the work of clinicians. I believe that our research initiatives will play a major part in our recruitment and retention strategies and in attracting national attention to nursing here at MGH."

We are currently aggressively trying to recruit a nurse scientist to lead the Yvonne L. Munn Nursing Research Program within The Center for Clinical & Professional Development, and I will let you know when that position is filled. In the meantime, our journey toward a culture of research-based practice continues with our annual Yvonne Munn Nursing Research Lecture and Awards, with our annual Research Day and Poster Display during Nurse Week, and with an ever-growing number of research studies and projects undertaken by a growing number of nurse researchers here at MGH.

For more information about our research program, please call The Center at 726-3111.



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

Updates

- Barbara Cashavelly, RN, who has been the nurse leader of Cox 2 since December of last year, has assumed nurse manager responsibilities for the Cox 1 and Cox 2 Ambulatory Oncology practices.
- Joyce Saturley, RN, has accepted the newly created position of clinical nurse specialist for the White 13 GCRC.
- Nurse manager, Ann Kennedy's area of responsibility has changed recently with her acceptance of the position of nurse manager for White 12. Ann will assume leadership of White and Ellison 12, while relinquishing managerial responsibility for Ellison 16.
- Also on White 12, former clinical nurse specialist, Mary Mott, RN, has accepted the position of neuroscience nurse practitioner.
- Jan Duffy, RN, project manager, will be providing interim nursing administrative leadership to the White 13 GCRC.

Remembrance and Healing for individuals impacted by Domestic Violence

A service sponsored by the Chaplaincy, the Domestic Violence Work Group, Social Services/HAVEN, EAP, and Police & Security.

**Friday, December 7, 2001
12:15-12:45pm
in the MGH Chapel**

A light lunch will be served
For more information, call 724-0054

Clinical Recognition 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: When will we learn more about the Clinical Recognition Program?

Jeanette: Beginning in late January there will be much more information available through educational sessions, unit-based staff meetings, and a variety of other forums.

The Clinical Recognition Steering Committee is guiding the implementation of this program. A sub-group of that committee, The Clinician Education Work Group, is developing a

calendar of events to help educate staff about this program. I will keep you informed as more specific information becomes available.

Question: Who designed the Clinical Recognition Program?

Jeanette: The program was designed and developed by the Professional Development Committee within our collaborative governance structure. The committee was comprised of staff nurses, physical therapists, oc-

cupational therapists, speech-language pathologists, social workers, and respiratory therapists.

Question: I've never written a narrative; I'm more familiar with case studies. Is there a difference, and are any resources available to help clinicians develop narrative-writing skills?

Jeanette: Case studies and clinical narratives are both helpful ways for clinicians to reflect on their practice. They are

similar in that they're both clinical descriptions of one patient situation.

Case studies tend to focus on a clinician's decision-making regarding a diagnosis and/or set of symptoms. In a clinical narrative, clinicians are encouraged to more explicitly describe their thought process and feelings, and they may describe other aspects of the patient 'story,' such as relationships with the patient and family or collaboration with other team members.

Staff in The Center for Clinical & Professional Development are available to assist clinicians in developing narrative-writing skills.

Question: How do staff participate in the Clinical Recognition Program?

Jeanette: Recognition at the first two levels (entry and clinician) takes place at the unit or department level and is managed by the manager or director. Clinicians will work with their manager or director to analyze their practice in terms of the criteria defined by the program.

Progression (to advanced clinician or clinical scholar) is voluntary and will involve the development of a professional portfolio. Support will be available to clinicians who want to create a portfolio for consideration.



Child life specialist, Tracie Grant, helps Ellison 18 patients, Maggie Smillie (left) and Emma Carey, craft messages for the "Message on a Bottle" Program.

Message on a bottle!

In an effort to help provide relief and encouragement to the many individuals still working around the clock at Ground Zero, a special non-profit organization called, "Message on a Bottle," has been created. The program collects hand-written messages from people across the country and affixes them to water bottles that will be delivered to firefighters, police, rescue workers, nurses, doctors, and volunteers in New York City. It's estimated that these workers consume upwards of ten bottles of water per day to stay hydrated as they work. The Message on a Bottle campaign has reached out to school children across the country to help keep the 'stream' of encouragement coming.

Yvonne L. Munn Research Lecture and Awards

At the 8th annual Yvonne L. Munn Nursing Research Lecture and Awards, on Wednesday, November 7, 2001, Jeanette Ives Erickson, RN, senior vice president for Patient Care, observed, "This is a very special occasion. Not only are we fortunate to have this year's recipients of the Yvonne L. Munn Award, today's distinguished guest speaker, Terry Fulmer, and many past recipients of the award; but also, we are privileged to have Yvonne Munn herself, former MGH associate general director of Nursing, here for this ceremony."

Fulmer, a nursing professor at New York University, in her presentation, "Nurses Improving Health Services for the Elderly," shared

her research related to improving acute and critical care of the elderly in a hospital setting. She touched on:

- Chronic diseases
- Ethical issues, including life support, advance directives, quality of life, and elder abuse
- Functional disability and diminished capacity
- Shifting the paradigm in assessing older patients to use the mnemonic: SPICES
S – Skin problems
P – Problems eating
I – Incontinence
C – Confusion
E – Evidence of falls
S – Sleep disorders
- Providing incentives for nurses to excel in geriatric care
- The national shortage of geriatric nurse practitioners and nurse specialists
- The need to improve continuity of care across settings
- The need to establish a baseline assessment of hospitals' preparedness to care for elderly patients; this is the first step to a dialogue on how to improve care
- Need to create nursing tools, models, strategies, surveys and protocols geared at improving geriatric care
- Models acknowledge the different resources and practices at different hospitals; need to find the right fit for the resources available
- Nurses can improve the care of elderly patients with the right systems and administrative support
- The rewards for improving geriatric care are countless!



Special guest lecturer, Terry Fulmer, RN, PhD, FAAN, professor, Division of Nursing, New York University

Yvonne L. Munn Nursing Research Award Recipients

This year's recipients of The Yvonne L. Munn Nursing Research Awards are Susan Gavaghan, RN, MSN, for her proposal, "Prolonged Mechanical Ventilation and Weaning: a Patient Profile," a study to describe the ventilator weaning unit's population in order to identify patients who will successfully be able to wean from a ventilator. The second award went to a team of nurse researchers: Patricia Mian, RN, MS, CS; Debbianne Shahidi, RN, BSN; Susan Warchall, RN; and Susan Whitney, RN, BS, for their proposal, "Family Presence During Resuscitation in the Emergency Department," a study to assess current attitudes and practices of ED nurses and physicians toward family presence during resuscitation and invasive procedures; and to determine whether educational programs can influence attitudes and practice.



Munn and Ives Erickson with award recipient, Susan Gavaghan, RN, MSN



Munn and Ives Erickson with recipients (l-r): Susan Warchall, RN; Susan Whitney, RN, BS; Patricia Mian, RN, MS, CS; and Debbianne Shahidi, RN, BSN

Yvonne Munn

continued from front cover

year. When Yvonne retired eight years later, we had an average daily census of seven hundred and eighty-two, and the number of full-time nurses had increased by one hundred and eighty-one for a total of twelve hundred and eleven. The hourly rate for nurses had increased to twenty-four dollars, or more than fifty thousand dollars per year." The significance of these statistics, even by today's standards, was not lost on those in attendance.

Buchanan closed, saying, "Given all that Yvonne has contributed to the nursing profession, to the welfare of

patients everywhere, and to the standing of MGH as one of, if not the single most prestigious hospital in the world, this celebration in her honor is entirely appropriate. I am flattered to have been asked to participate in honoring one for whom I have so much professional respect and personal affection."

Former associate general director, Lawrence Martin was unable to attend; Dr. George Baker, assistant to the president, delivered his remarks. Said Baker (on Martin's behalf), "Yvonne Munn... was very proud of her nursing service and wanted everyone to share in that pride. She conceived a plan with Dr. George Baker that

would educate the administrative and professional staff about how complicated and difficult the nursing profession is. She invited them to shadow a nurse on a unit for a typical shift. From all reports, her plan worked, and nursing accumulated many advocates.

"She was a delight to work with, and I am thrilled to be part of this ceremony today that celebrates her contributions to MGH and the nursing profession."

Chief nurse and senior vice president for Patient Care, Jeanette Ives Erickson, RN, took the opportunity to thank Munn for setting the stage for her own leadership of 'a magnificent department of Nursing.'

Said Ives Erickson, "Yvonne taught me the importance of communication and being visible; the importance of data-driven decision-making; setting a strategic direction; maintaining a patient- and family-driven agenda; and ensuring that our three-fold mission is embraced by nursing.

"Thank-you Yvonne, for everything you did to make MGH Nursing the incredible department it is!"

Though current MGH president, Dr. James Mongan, never worked with Munn, his remarks were nonetheless heartfelt. Said Mongan, "I learned early in my career that when you have a strong department of Nursing, you have a

strong hospital. When I first came to MGH five years ago, I was immediately struck by the professionalism of the Nursing Department. Yvonne, it didn't take long to learn that your legacy of leadership had positioned the department to achieve the success it enjoys today. I thank you for the foundation you laid during your tenure at MGH."

When Munn took the podium, she seemed both proud and serene as she said, "It is a privilege to be part of the history of this great institution. There is a long list of heroes who have contributed their hearts and souls to this organization, and it is they who truly deserve to be honored. I think you'll agree that many past and present leaders of MGH were, and still are, ahead of their time in terms of their vision and forward thinking.

"All of you in this room know that there are many, many people responsible for my being honored here today. I'm talking about the staff who served during my tenure—they are the ones whose work and dedication truly made a difference to patients and families every day.

"I'm grateful to have had the opportunity to be part of this wonderful team. Thank-you."



Immediately following the unveiling (l-r): James Mongan, MD, George Baker, MD, Robert Buchanan, MD, Jeanette Ives Erickson, RN, and Yvonne Munn, RN

Personal experience contributes to defining moment for new nurse

My name is Maryanne Costello, and I am a staff nurse on the White 10 Medical Unit. I suppose you could say there are stereotypes of nursing that traditionally include bed pans and sponge baths. Frequently, I find myself explaining what nursing really is and defending the fact that it goes far beyond those stereotypes. But I now realize that only a nurse can truly understand and appreciate the essence of nursing.

All through nursing school we were asked to come up with our own personal nursing model or theory. I produced many papers muddling through numerous 'theories' I'd created, never fully able to verbalize my own true model (although I knew it extended beyond the frequently joked-about sponge bath). Having never been a nurse, I couldn't quite put my finger on it. Even in my first few months on White 10, I still couldn't pin-point my personal nursing theory. I knew I followed *some* personal, ethical system every day. But I clearly remember the day my own personal nursing model became known to me.

I had finally gotten past the difficult learning

curve of time-management skills, figuring out where supplies were, and learning the overall language of an acute medical unit. I was settling into my job, and my confidence was slowly increasing. A transfer patient was coming to me from the MICU—a man with primary lung cancer with metastases to multiple organs, including his brain. I was told in report by a somewhat exasperated nurse that, "the family was *very* involved." The patient, and about 12 family members arrived on the unit minutes later. He was unresponsive and family members were beside themselves. They were crying, hugging each other, crying some more, and asking more questions than I could answer.

Having been a nurse for only a short time, my experience with such cases was incredibly limited, but I answered their questions to the best of my ability. I explained everything from drawing blood cultures to telemetry seizures to chemotherapy. It got to the point where I was unable to tell them anything more, and I could see that despite their continuing questions, no amount of information or education was going to help.

I put all my supplies down and looked them straight in the eye. I knew what they were feeling. Only a few years before, my brother had been in a terrible train accident. I remember experiencing that same life-or-death fear, the helplessness and sadness. I remember being that family... not knowing what to do, what to say, or who to turn to. While trying so hard to make sense of the situation, whether it be emotional, physical, or spiritual, the questions just lingered, and the fear grew.

I remember that doctors and nurses created more frustration by not taking the time to just talk with us like real people. They treated us like we were disturbing them, thereby making a bad situation even worse. I didn't want to be that nurse. I didn't want to give that kind of care, causing more harm than good.

I looked them all in the eye, I held their hands and told them all of this. We spoke about love for the patient, love for one another, spirituality, togetherness, fear, hope, life, death, and holding on. We stood there and cried together and it was exactly what was needed; it was all that could be done right then.



Maryanne Costello, RN
staff nurse, White 10

This was when I realized that this is what my nursing is all about. This is my model. This is when I believe, I became a nurse.

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

This is a wonderful narrative from a new nurse. Maryanne gently explained the situation to this anxious family many times, but questions continued. Maryanne recognized their feelings of helplessness and frus-

tration from her own personal prior experience. She let herself be in touch with those feelings, which in turn let her be truly present for this family. It wasn't really answers they needed. It was someone to say, "I understand how you feel, I'm sorry for what you're going through, but you're not alone." The next time Maryanne finds herself 'defending' the nursing profession, she need only produce this narrative to dispel any lingering stereotypes.

Thank-you, Maryanne.

PCS Diversity Steering Committee holiday gift-giving event!

Learn about different holiday traditions observed by peoples and cultures around the world!

**Monday, December 10, 2001
10:00am–1:00pm
in the Main Corridor**

Those taking part in the annual gift-giving program to benefit families served by the HAVEN Program (Hospitals Helping Abuse and Violence End Now) may deliver gifts to the appropriate tables in the main corridor between 10:00am and 1:00pm

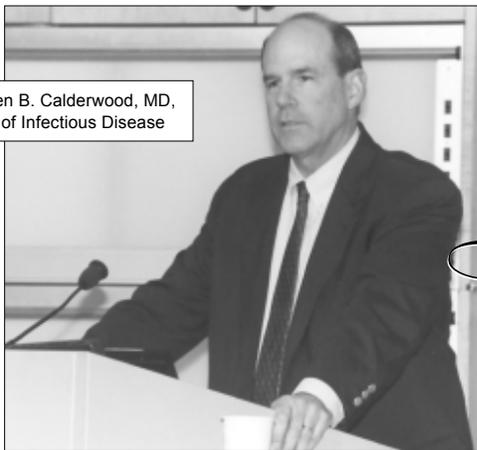
Anthrax and other potential bioterrorist threats

On Thursday, November 15, 2001, as part of Nursing Grand Rounds, Dr. Stephen Calderwood, chief of Infectious Disease, presented, "Anthrax and Other Potential Bioterrorist Threats," to an audience of very interested clinicians from all disciplines.

Calderwood spoke about exposure to anthrax, smallpox, botulism, and to a lesser degree, plague and tularemia. Some of the salient points of his talk included:

- Anthrax can be contracted through cutaneous, gastrointestinal, or inhalational exposure.
- The incubation period for inhalational anthrax is usually one to seven days post-exposure, but illness may occur as many as 60 days later.
- Inhalational anthrax begins with flu-like symptoms of fever, sweats or chills, severe fatigue, cough, nausea, vomiting, shortness of breath, and abdominal pain.
- Cutaneous anthrax presents with skin lesions that ulcerate, with substantial surrounding edema, and black eschar.
- Cutaneous anthrax is much less serious

Stephen B. Calderwood, MD, chief of Infectious Disease



- than inhalational anthrax.
 - Anthrax (including inhalational anthrax) is not spread by person-to-person contact; patients can be hospitalized in standard hospital rooms with standard precautions.
 - Smallpox presents with fever, headache, back ache, sore muscles, followed quickly by the appearance of a maculopapular rash.
 - The rash appears first on the face (including inside the mouth) and forearms, then spreads to the legs, palms, soles and trunk. This is the reverse of how chickenpox presents.
 - The incubation period for smallpox is 7 to 17 days post-exposure.
 - With smallpox, patients are infectious at the time of onset of the rash.
 - Smallpox is spread person-to-person by droplets, droplet nuclei, and direct contact with infected skin lesions.
 - Smallpox patients are infectious for approximately three weeks, or until all lesions have scabbed.
 - Patients suspected of having smallpox should be placed in a negative pressure room on airborne and contact precautions.
- Calderwood stressed that no cases of anthrax, smallpox, or any other bioterrorist-suspected illnesses have been reported in Massachusetts at this time. He also urged all clinicians to report any suspected bioterrorist-related illness to the Division of Infectious Diseases (726-3812), and ID will notify Infection Control and the appropriate public health authorities.

PFLC educates public about chemical and biological warfare

—by Taryn Pittman, RN, MSN
patient education specialist

Recent concerns about anthrax and other biological and chemical agents have generated an increased demand for information about these threats. The Patient and Family Learning Center (PFLC) at MGH has conducted a thorough bibliographic search through medical literature and Internet sites to identify documents that detail concise and comprehensive information about chemical and biological warfare. This information was made available to the public within days of the Sept 11th attacks.

PFLC staff and volunteers identified written materials from the Center for Disease Control, Cable News Network, the US State Department, Israel Defense Force, Journal of the American Medical Association, the Healthfinder web site, Massachusetts Department of Public Health, and the Association for Professionals in Infection Control and Epidemiology, Inc. All materials are available free to hospital staff and the public.

Since the first of October, media attention has focused primarily on anthrax due to the number of incidents of an-

thrax exposure through the US mail. This news brought hundreds of concerned citizens to hospitals and emergency rooms for evaluation, reassurance, and information. The MGH Emergency Department (ED) has received hundreds of phone calls and patient visits related to possible anthrax exposure.

In an effort to meet health information needs, the ED and PFLC have worked to develop and disseminate packets of information on anthrax from several reliable sources. The materials were distributed from the Triage area of the ED, and by primary nurses in the treatment areas. Materials range from a one-page, easy-to-read overview of anthrax, to more comprehensive materials such as an article published in the May 12, 1999, JAMA on anthrax as a biological weapon.

To date, the PFLC has generated more than 200 packets and will continue to serve as an information resource for the public. Clinicians are encouraged to refer patients to the PFLC for information about any current medical topic, diagnosis, treatment, or health-related issue. The PFLC can be reached at 724-7352.

Opportunities abound for nurses with vision

Erika Rosato, RN, MHA(c), program director for the Spaulding Oncology Rehabilitation Program at Youville Hospital, would like you to know it's a great time to be a nurse. With a good education, the guidance and support of your nursing colleagues, and a little imagination... opportunities abound! Indeed, Rosato's story is a case in point.

Ellison 14 nurse manager, Carol Ghiloni, RN, explains: "Erika started working as a staff nurse on our unit right out of school. Within a year and a half she had received the Cancer Nursing Career Development

Award, and some time later expressed an interest in nursing administration. She began working toward her master's degree right around the time I was sharing interim nurse-manager responsibilities for the Oncology and Spinal Cord Unit at Spaulding Rehabilitation Hospital. I thought of Erika immediately as a possible candidate to take over permanent leadership of the unit."

After a three-month trial period, Rosato did take over full-time as nurse manager of the unit on the Spaulding main campus, and not long after that she became program director

for the Spaulding Unit at Massachusetts Eye and Ear Infirmary (while retaining oncology resource nurse responsibilities at the main campus).

All the while, says Rosato, "I received incredible support from both Carol and Tim Quig-

ley, chief nurse executive at Spaulding (also a former MGH nurse). Carol invested so much time and energy working with me, teaching me. I feel very indebted to her for giving me the tools and the confidence I needed to take advantage of these opportunities. And Tim has great imagination—he was always willing to think outside the box and encouraged me to do the same."

such a professional, caring and cohesive environment for patients and staff alike."

Says Quigley, "Anyone who meets her can see that Erika is a talented individual. Her clinical skills, intelligence, and positive attitude made her the obvious choice to lead this complex, high-profile effort that spans both acute and rehabilitation settings."

In addition to program director, Rosato is also the oncology resource nurse at Youville. She comes to MGH weekly to round with the nurses on Ellison 14 and evaluate patients who might be candidates for discharge to Youville. She also works closely with Beverly Hudson, RN, oncology care coordinator for the Blake 2 Infusion Unit.

Says Ghiloni, "Erika has retained strong relationships with the nurses here; everyone knows her so collaboration is very easy, very natural. You couldn't ask for better continuity of care."

Rosato observes, "This is a very blended unit. There's a lot of give-and-take between nurses, therapists, physicians and aids. Staff look outside their traditional roles to provide absolutely seamless care. It's a tremendously unified, patient-focused team."

continued on next page



Rosato with Carol Ghiloni, RN, nurse manager of the Ellison 14 Oncology-Bone Marrow Transplant Unit



Erika Rosato, RN, program director for the Spaulding Oncology Rehabilitation Unit at Youville Hospital, with patient, Marian Darlington-Hope, 49-year-old faculty member of Lesley University, Cambridge

So in March of this year, when the inpatient Spaulding Oncology Rehabilitation Program opened at Youville Hospital in Cambridge, Ghiloni and Quigley both had the same idea: Rosato would be perfect for the position of program director. And while they both expected Rosato to thrive in her new role, says Ghiloni, "I don't think anyone could have predicted how quickly and effectively she would create

Bigelow 11 nursing retreat: “Why nursing?”

On August 1, 2001, Bigelow 11 nurses came together for a staff retreat with three primary objectives: to develop a mission statement for Bigelow 11 nursing, to promote a spirit of pride and teamwork, and to have fun! Each staff nurse was asked, “What do you like about being a nurse?” Each wrote his/her response on an index card, which was then placed in a bag. Throughout the day, random cards were drawn from the bag and shared with the group. Every nurse whose card was read received an MGH lip balm (that was the fun part!)

Bigelow 11 nurse manager, Eileen Flaherty, RN, reports, “The exercise was so powerful. Not only were the responses reflective of their passion for nursing, but they strengthened the unity of purpose shared by our entire staff.” With the permission of the nursing staff on Bigelow 11, some of the responses are included below.

What do you like about being a nurse?

“I enjoy the unique opportunity to be part of people’s lives... they trust me to help them.”

“Making people smile and laugh even on their worst day.”

“I enjoy helping others during difficult times in their lives and making it less frightening while comforting and educating them.”

“Making a significant positive difference in people’s lives, especially at vulnerable times.”

“Always learning something new.”

“I love that great feeling of making even a tiny little difference in a patient’s life.”

“Interacting with so many different people—patients, nurses, doctors...”

“Being a nurse challenges me more than anything I’ve ever done. Caring for patients is a privilege.”

“Helping others in need, and learning every day.”

“Being part of a group of caring and respected professionals.”

“Being able to listen and talk with people about their lives. Making my patients feel comfortable, using medicine and laughter!”

“The stories patients share with me.”

“Communicating with patients, listening.”

“One-to-one interaction with people of all ages in need of professional guidance.”

“Building relationships with patients and families. Having them trust me during their most vulnerable times.”

“Seeing how well patients do after I care for them.”

“Talking to new people every day.”

“I like the feeling of knowing I’ve made a difference at what can be a very difficult time in someone’s life.”

Opportunities

continued from previous page

Says Ghiloni, “This really is a win-win situation. The Spaulding Unit at Youville provides relief to Ellison 14 by accommodating those patients who don’t need the acute care of our unit anymore. And having a dedicated oncology rehabilitation unit, complete with complementary therapies, psychiatric services, pain management, even pet therapy, is a wonderful extension of our own quality of care. And our in-

volvement continues even after patients transfer to Youville, decreasing that feeling of abandonment some patients experience after discharge.”

Says Rosato, “I’m so fortunate. I’m still working within the Partner’s network, I still

work closely with my MGH and Spaulding colleagues, and my staff and I are making a huge difference in the lives of the patients who come through our unit.

“It really is a great time to be a nurse!”

**Effective immediately,
the Parking Validation Desk has moved
from its location in the WACC Lobby
to its new location in the Main Lobby**

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Deb Wing Memorial Lecture: "Stroke Education & Collaborative Practice: Adaptations for China"

This year's 10th annual Deborah Wing, RN, Memorial Lecture, on Tuesday, November 13, 2001, was in the form of a slide show presented by Jean Steel, RN, director, Center for International Healthcare Education at the MGH Institute of Health Professions; Lin Zhan, RN, associate nursing professor, U. Mass, Boston; Patricia Sullivan, PT, director, Center for International Healthcare Education at the MGH Institute of Health Professions; and Mary McKenna Guanci, RN, neuroscience clinical nurse specialist. The presentation chronicled a recent trip to China in which the participants observed and shared best practices in the care of post-stroke patients.

Presenters reported observing a highly physician-driven healthcare system, some cultural differences (including daily 'rest periods' for nurses!), and different approaches to technology, discharge planning, patient-education, and patient-clinician relationships. The MGH team was able to introduce such concepts as patient-focused care, a team approach to rehab, home-care and follow-up interventions, involving the patient in decision-making, advancing the role of nursing, and systems improvement.



Deb Wing Memorial Lecturers (l-r): Patricia Sullivan, PT; Mary McKenna Guanci, RN; Jean Steel, RN; and Lin Zhan, RN

Multi-Cultural Nursing Student Mentoring Program:

strategies to increase diversity

MGH and the University of Massachusetts, Boston, have enjoyed a long and productive partnership over the years preparing and educating nurses to practice in a professional setting. Their most recent collaboration is an effort to enhance the diversity of our workforce through the Multi-Cultural Nursing Student Mentoring Program, to be piloted in February, 2002.

The program, which can accommodate a maximum of three nursing students per year, offers students:

- an MGH multi-cultural nurse mentor for the duration of the student's academic enrollment
- a \$1,500 scholarship to be paid out over the course of the student's participation in the program
- a job as a patient care associate (part-time while school is in

session; full-time during the summer)

- a supervised, hands-on learning experience with emphasis on the multi-cultural aspects of healthcare delivery
- opportunities to meet and dialogue with the director of the PCS Diversity Program
- employment assistance to students wishing to pursue a nursing career at MGH following graduation
- a year-end celebration with mentors, nurse

managers, and members of the program's planning team.

The application process for the pilot program is already under way. Multi-cultural sophomore, junior and senior nursing students in good academic standing are screened by U. Mass faculty members and eligible applicants go on to be screened and interviewed by MGH staff members.

Members of the Multi-Cultural Nursing Student Mentoring Pilot Program team include: Rosalie Tyrrell, RN, professional development coordinator and project manager; Deb-

orah Washington, RN, director of PCS Diversity; Megan Brown, Human Resources generalist; Trish Gibbons, RN, associate chief for The Center for Clinical & Professional Development; a nurse manager advisory group; and from U. Mass: Brenda Cherry, RN, dean of the College of Nursing & Health Sciences; Marion Winfrey, RN, associate dean of Undergraduate Studies; and Valerie Miller, academic advisor.

The Multi-Cultural Nursing Student Mentoring Program welcome reception is slated for February 1, 2002. For information, call Rosalie Tyrrell at 4-3019.

Educational Offerings

October 4, 2001

When/Where	Description	Contact Hours
December 17 7:30–11:30am 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
December 17 8:00am–4:00pm	2001: A Diabetic Odyssey O’Keeffe Auditorium	8
Dec. 19, 8:00am–12:30pm December 21 (Exam) 8:00–9:30am	Transfusion Therapy Course (Lecture & Exam) Bigelow 4 Amphitheatre	---
December 19 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Training Department, Charles River Plaza	7.2
December 20 10:00–11:30am	Social Services Grand Rounds “Helping Patients & Families Take Control.” O’Keeffe Auditorium	CEUs for social workers only
December 20 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
January 3 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
January 3 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
January 9 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (contact hours for mentors only)
January 9 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater	---
January 9 5:30–6:00pm networking 6:00–7:00pm presentation	Advanced Practice Nurse Millennium Series O’Keeffe Auditorium	1.2
January 10 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Training Department, Charles River Plaza	7.2
January 14—8:00am–5:00pm January 24—8:00am–4:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Wellman Conference Room	16.8 for completing both days
January 14 8:00–10:00am, and 1:00–3:00pm	Management of Aggressive Behavior Wellman Conference Room	---
January 15 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
January 17 8:00am–4:00pm	CVVH Core Program VBK6	6.3
January 17 10:00–11:30am	Social Services Grand Rounds “Caring for the Chronically Suicidal Patient.” O’Keeffe Auditorium	CEUs for social workers only
January 17 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
January 23 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (contact hours for mentors only)

*For more information about any of the above-listed educational offerings, please call 726-3111.
For information about Risk Management Foundation educational programs, please check the
Internet at <http://www.hrm.harvard.edu>*



Dottie Noyes, RN, CNS,
with Anna Mae Smith



Susan Stengrevics,
RN, CNS, with
Richard Edescoteaux



Mimi O'Donnell, RN, CNS,
with Philip Yuen

Serving the community

During the week of November 5, 2001, eight MGH clinical nurse specialists volunteered their time to immunize local elders against the flu. Clinics were set up in the Amy Lowell House, Blackstone House, and Beacon House, all located within a few blocks of the MGH main campus. Approximately 100 elders took advantage of the service and rolled up their sleeves to be immunized. The clinics, coordinated by clinical nurse specialist, Lisa Sohl, RN, grew out of a collaboration between Community Benefits, Nursing, Pharmacy and Volunteer Services. The program was one step in an on-going effort to meet the health care needs of our most vulnerable neighbors. In addition to Sohl, CNSs who participated in the program included: Ruth J. Bryan, RN; Jill Pedro, RN; Mary Guanci, RN; Kate Barba, RN; Mimi O'Donnell, RN; Susan Stengrevics, RN; and Dottie Noyes, RN.

Caring HEADLINES

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