January 18, 2001

Caring HEADLINES

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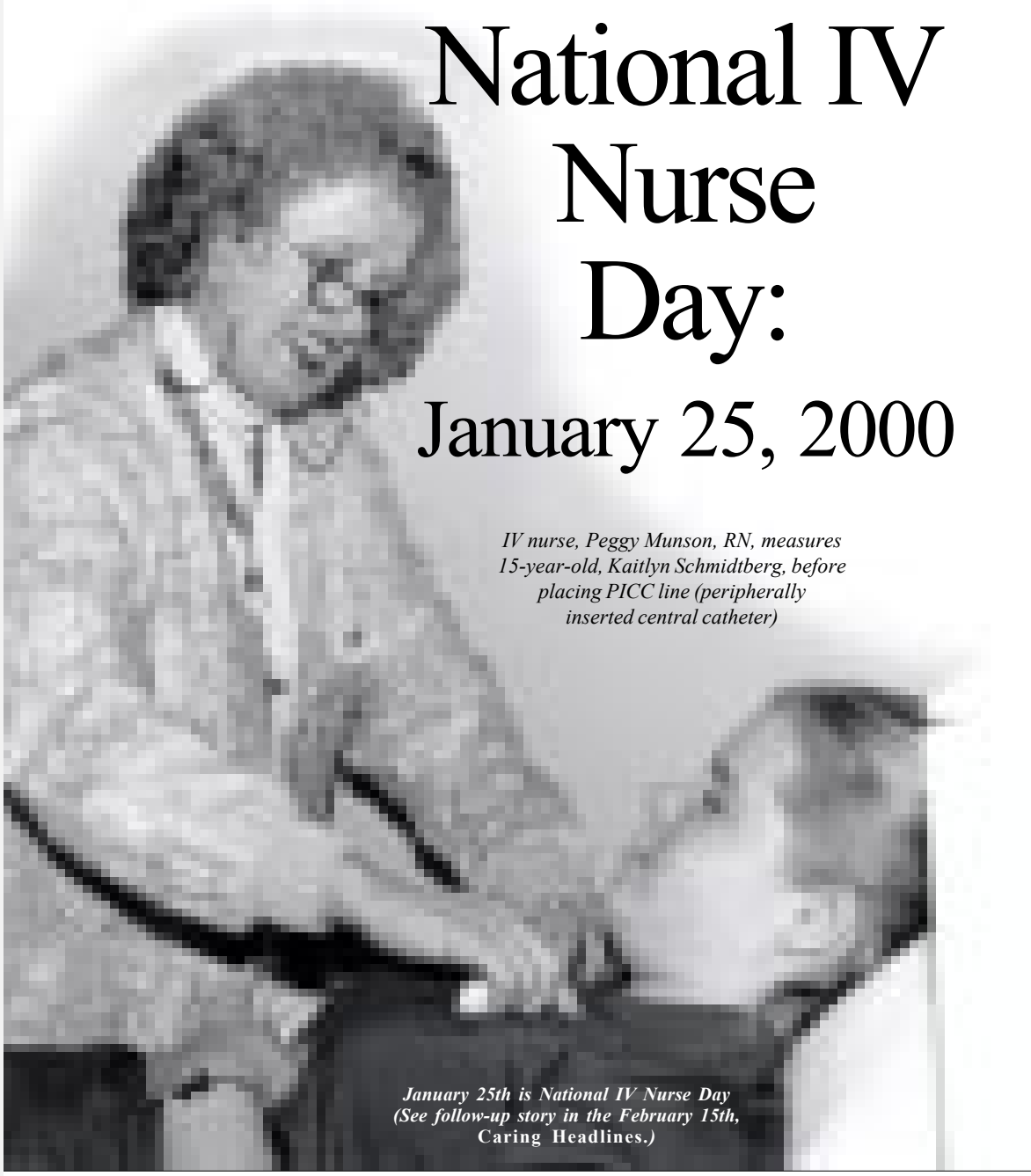
National IV Nurse Day:

January 25, 2000



IV nurse, Peggy Munson, RN, measures 15-year-old, Kaitlyn Schmidtberg, before placing PICC line (peripherally inserted central catheter)

January 25th is National IV Nurse Day (See follow-up story in the February 15th, Caring Headlines.)

MGH Patient Care Services

Working together to shape the future

Martin Luther King's legacy—a call to action

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

One of America's most recognized humanitarians and certainly the most noted civil-rights leader of the 20th century, Dr. Martin Luther King, Jr, was also a gifted and eloquent orator. Those of us who are old enough to have heard him speak during his lifetime, and those who have only seen him on news reels, no doubt recall some vision of him at a pulpit, on a dais, or on a street corner mesmerizing listeners with his powerful preacher's voice, his impassioned message of peace, and his simple words of truth.

Dr. Martin Luther King, Jr.,
January 15, 1929 – April 4, 1968

Dr. King was a luminary, a messenger of 'right,' whose speeches and oratory inspired millions. But if words had been his only legacy, our memory of him would have faded long ago. What makes Dr. King's words so powerful is knowing that behind the words was an unconditional commitment to go wherever, do whatever was necessary short of violence to bring America closer to peace, freedom, and equality.

This is the legacy we need to carry on: having the courage of our convictions—using our words, our actions, and our influence to effect change in a thoughtful and timely way.

In the years since Dr. King's tragic death, we have come far in our struggle to overcome the limitations of prejudice and discrimination. In 1968, the word 'diversity' had more to do with stock portfolios than equality and civil liberties. Today, diversity is a call to action—one of our organizational priorities and a key component of every decision we make and every initiative we implement. We have learned from past mistakes and we are using that knowledge to build an organizational culture of understanding, compassion, and inclusion.

Education, focused leadership, and a strong commitment to do the right thing have brought us this far. Education is a crucial part of the equation. As Dr. King said in his 1948 address at Morehouse College, "The function of education… is to teach one to think intensively and to think critically. But education which stops with efficiency may prove the greatest menace to society. The most dangerous criminal may be the man gifted with reason, but with no morals...

We must remember that intelligence is not enough. Intelligence plus character—that is the goal of true education. The complete education gives one not only power of concentration, but worthy objectives upon which to concentrate."

Our educational programs and culturally-competent-care offerings are a mainstay of our diversity initiative. And though it may not have been said in so many words, feedback indicates that what we are offering is a 'worthy objective on which to be concentrating.'

Strong, focused leadership is essential. Without a clear vision, mission, and operating plan, education is an empty promise. MGH and Patient Care Services share a unified vision for the future. Our leaders are committed to creating a culturally diverse professional environment where all people are valued; where patients, staff and visitors feel cared for, included and supported.

A commitment to do the right thing. One thing we've learned over the years is that you can't force people to believe a certain way. But through vigilant hiring practices, fair and equitable advancement programs, and maintaining an environment where diversity and culturally competent care are openly embraced, we can attract professionals whose interests and commitment are in line with our mission and vision.

As we observe Dr.

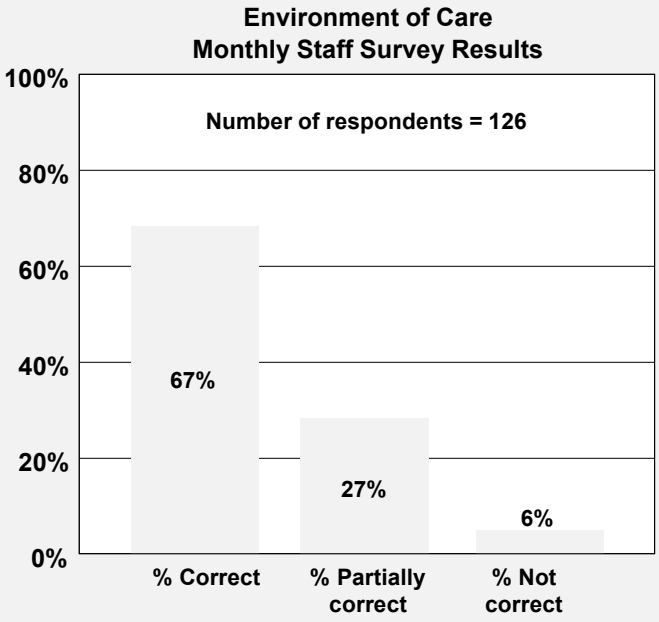
continued on next page

Environment of Care Survey Question

Function: Medical Equipment Management

Question: What is the system for checking biomedical devices?

Answer: The MGH department of Biomedical Engineering has a hospital-wide program for inventory control of bio-medical devides, and a system for performance-assurance testing of devices by a BME technician. Unit staff supports the plan by inspecting each device before usage to ensure that a dated label indicates testing has been done. Defective, not labeled, or outdated devices should be removed from service, tagged, and reported to Biomedical Engineering.



Tips about emergency preparedness

1) Biomedical Engineering may be reached by calling 4-1333; Equipment Services by calling 6-2255; and the Respiratory Care charge therapist by paging #2-4225.
2) In the event of an equipment failure, please see the Medical Equipment Failure Plan grid in the Environment of Care Handbook under Equipment Management.
3) For more information on the Medical Device-Product Policy/ Hazard Notification, refer to page 5.11-1 in the Hospital Manual of Safety Policies.

Jeanette Ives Erickson

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Martin Luther King Jr.'s birthday, yes, let us reflect on the tremendous impact and accomplishments of this great humanitarian. But to truly honor his memory, let us use *every day* as an opportunity to put his words into action. Let us use *our* words, *our* actions, and *our* influence to deliver his message.

We have come far, and I truly believe we are on the right path. I believe we *can* overcome the limitations of ignorance and discrimination through education, leadership and commitment. If you have not yet enrolled in the Culturally Competent Care Program offered through The Center for Clinical & Professional Development, let that be your first step. The next session is scheduled for January 25th. Attend the workshop and share what you learn with a colleague or friend.

Words. Actions. Influence.

EAP Work-Life Seminars

"Home-buying: be an informed consumer"

presented by
Beth Dickerson, RM Bradley

Buying a house or condo for the first time can be a stressful and intimidating process. This two-part seminar will offer important information on buying a home. Part I will provide an overview of all phases from search to closing. Part II will concentrate exclusively on financial aspects, including the steps necessary to secure a mortgage and a pre-qualified certificate.

(Part I
"Search to closing"
Thursday, January 11, 2001
12:00–1:00pm
Wellman Conference Room)

Part II
"Financing your new home"
Thursday, February 8, 2001
12:00–1:00pm
Wellman Conference Room

Both sessions will be presented at the BWH and Part II will be presented at SRH.

For more information,
call the Employee Assistance Program
at 726-6976

The essence of clinical expertise

Carmen Vega-Barachowitz, CCC-SLP, MS
director, Speech-Language Pathology

Carmen Vega-Barachowitz, CCC-SLP, MS
director, Speech-Language Pathology

On December 7, 2000, Carmen Vega-Barachowitz, CCC-SLP, director of Speech-Language Pathology, presented, "The Essence of Clinical Expertise," at the winter 2000 Macaluso Awards ceremony. Brief excerpts of her presentation appeared in the December 21st issue of Caring Headlines*. Below is the expanded version of her talk.*

Two and a half years ago when the collaborative governance structure first began, I joined the Professional Development Committee. I didn't know then that I was about to embark on a journey, a search for definitions, clarifications, and understanding of the development of clinical practice. Most importantly, I had begun my search for the essence of clinical expertise. It seemed clear to me that if I could articulate expert practice, I could, in my leadership role, facilitate professional growth and help staff move along the path from novice to expert. This began my journey to describe behaviors, articulate attributes, and specify qualities of the various levels of clinical practice. I can now share what I have learned and describe what I consider the essence of clinical expertise.

Expert practice embodies the vision of Patient Care Services. Our vision states that every action is guided by knowledge, enabled by skill, and motivated by compassion. It is practice that is caring, innovative, built on a spirit of inquiry, and based on a foundation of leadership and entrepreneurial teamwork. In her book, *From Novice to Expert*, Patricia Benner, RN, talks about practice guided by knowledge and enabled by skill. She refers to theory as a powerful tool for explaining and predicting. Benner says, "Theory shapes questions and allows for systematic examination of a series of events. Expertise develops when the clinician tests and refines propositions, hypotheses, and principle-based expectations in actual practice situations." Experience, she adds, is therefore a requisite for expertise. "Clinical knowledge is gained over time."

Dr. Harold Klawans, professor of Neurology and Pharmacology at Rush University in Chicago, also acknowledges the importance of experience. In his book, *Toscanini's Fumble and Other Tales of Clinical Neurology*, he describes how he wanted to be a doctor. He states that when he was young and naïve, he thought that medicine was science and learning and research, not patients and their broken lives in need of help and repair. Then when he finished his training, the neurological problems he had learned to diagram so well became patients. Their lives began to shape his life; their problems slowly became his problems; and he became a humanist in addition to a scientist.

Later he realized that through caring for his patients he learned more about what the brain could and could not do, and how we as individuals cope despite limitations. *Expert practitioners learn from their patients.*

This concept is supported by a well-known neurologist and author of, *The Man Who Mistook His Wife For A Hat*. Dr. Oliver Sacks believes that the study of disease demands the study of identity, the inner worlds that patients create under the spur of illness. He says that our observation of our patients' behavior should not be limited to the outside; we should try to see the pathological world through the eyes of the patient herself. *An expert practitioner shapes and refines practice by combining clinical and theoretical knowledge while considering the newly created inner world of the patient.*

But it is not only clinical experience and theoretical knowledge that transform an individual from novice to expert. It is important to interpret, analyze and incorporate our experiences, and that requires skill, qualities, and attributes that we possess,

continued on next page

Share your practice

Share your knowledge

Write an exemplar

for *Caring Headlines*

The essence of clinical expertise

continued from previous page

develop or acquire over time. The question is: What qualities, skills or attributes does an expert clinician possess? In 1996, I came upon a program developed by Susan Kovalik and associates. The program was designed to foster skills needed to succeed in life. Since then, I have read, re-read, reviewed and re-written this list of skills many times on many different occasions. I present the list here as it helps me to answer the question: What qualities, skills or attributes does an expert clinician possess?

- *Integrity*: acting accordingly to your sense of what is right and wrong
- *Initiative*: doing something because it needs to be done
- *Flexibility*: being willing to alter plans when necessary
- *Perseverance*: keeping at it!
- *Organization*: planning, arranging, and implementing in an orderly way
- *Sense of Humor*: the ability to laugh and be playful without harming others
- *Effort*: doing your best
- *Common Sense*: using good judgment
- *Problem-Solving*: creating solutions to difficult situations and everyday problems
- *Responsibility*: responding when appropriate; being accountable for your actions
- *Patience*: waiting calmly for someone or something
- *Curiosity*: a desire to investigate and understand
- *Cooperation*: working together toward a common goal
- *Caring*: feeling and showing concern for others
- *Courage*: the ability to persevere and withstand difficulty and fear

To this list I have recently added *Interest in Humanity*. In the corridor near the main lobby of MGH there is a quote from Dr. Francis Peabody, (1926). It reads: "One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient."

Clinical expertise is not an end in itself. It continues to be refined through the years. It does not stop when a person is recognized as a clinical expert, and it does not disappear when there is a change in practice setting or a reduction in the hours of employment. It is part of who the individual has become. It is the result of a metamorphosis that has taken place without the individual's awareness. As imperceptible as it may be to the practitioner, is as obvious as it usually is to colleagues who witness this transformation. As we grow older, expert practice continues to be refined by new learning, experience, self-reflection and creativity.

As expertise in clinical practice develops, the individual's inner concept of time also goes through a transformation. Recently, I heard this story of an expert practitioner who had to give bad news to a patient and his family and discuss a very poor prognosis. It was very late in the day, the time when most of us are already home. During their discussion, however, there was no attempt on the part of the clinician to expedite the conversation. The clinician did not move until the patient and his family signaled that they were ready to leave. There was no looking at the clock… no sign of being in a hurry.

Kenneth Schwartz stated that, "Time is a prerequisite for real engagement between caregiver and patient. Even the most compassionate caregivers cannot use their healing gifts if they don't have the time to do so." Expert practitioners make time to foster collaboration with team members and promote the growth and creativity of their peers. They make time to mentor and to listen. Most important, expert practitioners make time for self-reflection and self-evaluation. Their inner concept of time is forever altered, and has no relevance or connection to a clock or a calendar.

Expert clinicians cease to see barriers; they see only opportunities. Expertise in clinical practice is about saying, 'yes' when others think the situation is impossible. It is about going against the tide, persuading others to do what you know is the right thing for the patient. It's about having a vision, that turns into a mission. It's about having the inner strength to lose in a good cause, rather than win in a bad one.

Clinical expertise is not an end in itself. It continues to be refined through the years. It does not stop when a person is recognized as a clinical expert, and it does not disappear when there is a change in practice setting or a reduction in the hours of employment. It is part of who the individual has become.

Personal loss helps Ellison 11 nurse support grieving family

Deslin Jackson, RN
staff nurse, Ellison 11

My name is Deslin Jackson. I have been a registered nurse for 13 years, 7 here at MGH, 5 on the Ellison 11 Cardiac Access Unit. I have seen patients die, prepared families and patients for impending death, grieved with them, and offered strong emotional support to them. However, none has had the impact on me that the death of Mr. Brown had.

I returned to work after going to Jamaica to bury my father, who had been tragically killed. My colleagues know how committed I am to primary nursing. They told me that Mr. Brown was back on the unit, that he was dying, and they asked if I wanted to continue being his primary nurse. Without giving it much thought, I said yes, because I had enjoyed taking care of him when he had been hospitalized in the past.

Mr. Brown was a 72-year-old gentleman with a history of renal failure, prior coronary artery by-pass grafting (twice), and end-stage congestive heart failure. He had presented this time with increasing dyspnea in congestive heart failure (CHF).

After receiving report, I went directly to Mr. Brown's room. I was very anxious to see him, not knowing what to expect. He had already been hospitalized for 10 days in my absence and with his slow deterioration he had been transferred to a private room. We often move very ill patients to single rooms to allow extra privacy and unlimited visitation with family and friends. In attendance were his three 'doting daughters,' as I nicknamed them. I re-introduced myself, in case they had forgotten my name. Mr. Brown and his daughters assured me that I could not be forgotten.

Mr. Brown owned a successful car dealership that provided him many comforts in life. He was a divorced father who had reared five children, two sons and three daughters. He had a strong, rambunctious personality. He vacationed with his daughters, but was not overtly extravagant. His dry sense of humor made it enjoyable to care for him whenever he presented for CHF management. I also have a dry sense of humor and I love to laugh.

Mr. Brown had become oxygen-dependent; oliguric (not producing urine) secondary to his renal status, and his dyspnea persisted even with minimal exertion, for example, rolling from side to side in bed. In his most depressed moments he would sigh and say, "Oh shucks." While this may sound passive, I think it was his way of showing how frustrated he felt with the management of his disease. His medical team decided he should be given a dobutamine drip along with lasix IV. Initially, this combination showed good results, but then the regimen failed.

At this point, Mr. Brown and his family decided to withdraw all medications. His lawyers and accountants came in as requested by Mr. Brown to, "get his affairs in order." The decision was also made at this time to stop all laboratory work and radiology studies. However, Mr. Brown wished to continue with supplemental oxygen. I was apprehensive and fearful, and told a colleague, "He's going to drown in his secretions." The addition of intravenous morphine allowed him maximum comfort. He met no resistance from his medical team. It was clear to all of us that this was going to be Mr. Brown's final admission.

His death came slowly: weeks went by. He had requested and received comfort measures, and by now had gotten his affairs in order. He expressed his desire to die in the hospital, not at home. He felt very comfortable being cared for by people who knew and truly cared for him. At times Mr. Brown felt well enough that he was able to leave the unit accompanied by his daughters to enjoy the sunshine. His diet was no longer restricted and his daughters provided foods and beverages they knew he enjoyed. This included high-fat, high-sodium foods as well as alcoholic beverages. At times, his room seemed more like someone's living room, than a hospital room.

One night, one of Mr. Brown's daughters came to me and said that with the withdrawal of medications and the provision of comfort measures only, she thought her father would have succumbed sooner. I knew that Mr. Brown's daughters truly loved him. I knew that watching their father's death was painful for them, but I wanted them to value the time they had with him. I used this opportunity to

continued on next page

Med sheets moving to patients' bedside

For many years medication administration sheets, or 'med sheets' as they're more commonly known, have been kept in a central binder located on medication carts or in medication rooms on patient care units. As part of a medication-improvement initiative, all inpatient med sheets are being relocated to the patient's bedside where they will be kept in a binder along with other medical records and flowsheets.

This practice, which has been in place in ICUs for many years and is the practice on several general care units already, was initiated to improve medication-administration practice. The change keeps med sheets and other vital clinical information close to the patient and therefore accessible to nurses, physicians and other healthcare team members.

Med sheet binders should be kept at the bedside except when orders are being transcribed into them and during the time that medications are being dispensed. If removed for any reason, binders should be promptly returned to the patient's bedside.

Roll-out of the new binders is scheduled to take place in the Ellison Building over the next few weeks. Boxes are now being constructed to accommodate binders in the Blake, Bigelow, and White buildings. Roll-out in these areas will take place in February or March.

For more information, please contact Beth Nagle, RN, clinical nurse specialist, at 6-3476

MGH-Revere HealthCare Center
presents

An evening of lectures

300 Ocean Ave
Revere
Sweet Conference Room
1st Floor
January 18, 2001
6:00–8:30pm
All are welcome - admission is free

Topics will include:

"Hormone replacement therapy: what is it and should you be taking it?"
presented by
Dr. Kathryn Teng

"Type 2 diabetes"
presented by
Dr. Antonio Granfone

"Adult vaccines: what do you really need?"
presented by
Dr. Philip Daly

"How to manage your diabetes with carbohydrate-counting"
presented by
Melanie Pearsall, nutritionist

To make a reservation, please call: 781-485-6062

(In the event of inclement weather, lectures will be presented on January 25th.)

Exemplar

continued from page 6

share with them the circumstances of my trip to Jamaica. I told them I never had the chance to say good-bye to my father. My father didn't have time to prepare for his death. I tried to help them see that this was precious time—time when they could tell him they loved him, time for Mr. Brown to get his affairs in order, time for him to prepare his mind, body and soul. I wanted them to appreciate each wakeful moment. This exchange brought our relationship to a different level. They were better able to appreciate and cherish the days they had left with their father.

Mr. Brown became weaker and weaker but he remained comfortable. On August l0, Mr. Brown passed away peacefully with his daughters at his side. I was not at work when it happened. I think I was a little relieved that I was absent. I wasn't strong enough yet to cope with my emotions as well as theirs. We had grown close, but I knew that in my absence he was in good hands.

When I learned of his death, I was relieved for his family, but sad for their loss. I often recall Mr. Brown's frequent lament, "Oh shucks!"

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

Despite recent media efforts to educate people about the importance of candid, honest communication around death and dying, end-of-life discussions are still difficult. Deslin was able to support the Brown family as they prepared for the death of their father. At a time when Deslin was still dealing with the pain of her own loss, she shared the story of the sudden death of her father with Mr. Brown's daughters. Disclosure of personal information can be a powerful tool in building trust with patients and families. It is also comforting to know that others have gone through similar experiences.

Deslin helps Mr. Brown's daughters to see the 'big picture,' and use the time they have left with their father in a positive and meaningful way. Because of Deslin's intervention, they were able to be present for him and celebrate his life.

Thank-you, Deslin.

Clinical nurse specialist as consultant

Diane L. Carroll, RN, PhD,
clinical nurse specialist

Diane Carroll, RN, PhD
clinical nurse specialist

In June of last year, I was asked to serve as a consultant to the medical unit of ABC News. The network was interested in, and had received support to, develop a cardiac-focused educational offering on their website, abc.com. They knew they would need nurses to identify the many topics and questions that people might have about heart disease, and they knew they needed a clinical nurse specialist. A clinical nurse specialist is an advanced practice nurse who possesses considerable knowledge in a clinical specialty and who serves as a source of health information to patients and families. I was approached because of my clinical experience and expertise in the area of cardiovascular nursing.

The task of identifying common questions about heart disease became the work of Helene Hutchinson, RN, CS, a recent graduate of the masters program at the University of Massachusetts, and myself. Helene's practice is in home care and my experience is in the acute-care setting, so we worked together to identify questions about heart disease based on our experiences in these settings. We were also asked to identify experts across the country who we thought could provide answers to these questions.

Initially, we worked closely with Dr. Timothy Johnson and the producers at ABC to identify potential content for this cardiac-focused website. We began with a narrow outline, and expanded it by adding questions related to knowing what heart disease is; how different heart diseases are diagnosed and treated; and how people live with heart disease by maintaining a heart-healthy life-style.

The challenge was to create opportunities to reveal what we know about cardiovascular health and disease through questions we thought patients would ask. We also wanted to use this forum as an opportunity to present questions that some patients might find difficult to ask their own healthcare providers.

In collaboration with Dr. Johnson, we wrote an introduction to the website. Next, Helene and I tried to put ourselves inside the minds of our patients to come up with a list of questions we thought they would like to have answered; questions about heart disease, its diagnosis and treatment, and about what people with heart disease can do for themselves. The challenge was to create opportunities to reveal what we know about cardiovascular health and disease through questions we thought patients would ask. We also wanted to use this forum as an opportunity to present questions that some patients might find difficult to ask their own healthcare providers.

Based on our knowledge of cardiovascular literature and the national cardiovascular community, Helene and I were able to select experts from around the country to provide answers to our questions. Film crews went to five major cardiovascular centers across the country and our experts randomly answered a number of questions on camera. The experts we named included nurses, physicians, nutritionists, physical therapists, and patients. The clinicians were able to answer questions about heart disease, its diagnosis and treatment, while patients were able to bring to life their experiences by sharing what it's like to live with heart disease and undergo treatment.

During the summer, Helene and I wrote more than 600 questions related to coronary heart disease, heart failure, and heart rhythm disturbances. We reviewed more than 125 tapes of experts answering our questions in one- or two-minute sound bites, and rated each of the answers. We utilized the services of Bill Harfield, from the Mended Heart Club in Albany, NY. Bill spent a few days viewing the tapes and gave us his thoughts from the perspective of a person with heart disease.

Helene and I, as a nurse practitioner and clinical nurse specialist, were able to provide ABC with consultants who possess great expertise in heart disease and all its components. In addition, we were able to provide a voice for patients and families who are the true experts when it comes to asking questions about living with and preventing heart disease.

The website is scheduled to be up and running this winter.

Nursing Grand Rounds: Acute-care nurse practitioner models

The focus of discussion at the January 4, 2001, Nursing Grand Rounds, was, "Acute Care Nurse Practitioner Models." Guest speakers were Julie Sebastian, RN, PhD, CS, associate professor and assistant dean for advanced practice nursing, University of Kentucky College of Nursing; Mary Knudtson, RN, MSN, FNP, PNP, CS, director of post master's FNP program and co-medical director of free-standing primary care faculty practice clinic, University of California, Irvine, and Lynn A. Kelso, MSN, ARNP-BC.

Sebastian, Knudtson and Kelso each made brief presentations. Sebastian spoke about the unique challenges of the nurse practitioner in an academic medical setting, saying, "Academic health centers are critically important in the ongoing development of a competent workforce. They are the training grounds for nurses of the future."

The session was well-attended by MGH advanced practice nurses, nurse practitioners, and staff. Discussion ranged from reimbursement and billing issues to reporting models, cost vs. quality of care, patient outcomes, staff satisfaction, skill mix, nursing trends, and the integration of the CNS and nurse practitioner roles.

Senior vice president for Patient Care Services, Jeanette Ives Erickson, RN, had met Sebastian and Knudtson through the Robert Wood Johnson Executive Nurse Fellows Program. Their visit was coordinated by Jan Duffy, PCS staff specialist.

Visiting advanced practice nurses (l-r): Mary Knudtson, RN, MSN, FNP, PNP, CS, director, post master's FNP program and co-medical director of free-standing primary care faculty practice clinic, University of California, Irvine; Lynn A. Kelso, MSN, ARNP-BC; and Julie Sebastian, RN, PhD, CS, associate professor and assistant dean for advanced practice nursing, University of Kentucky College of Nursing

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

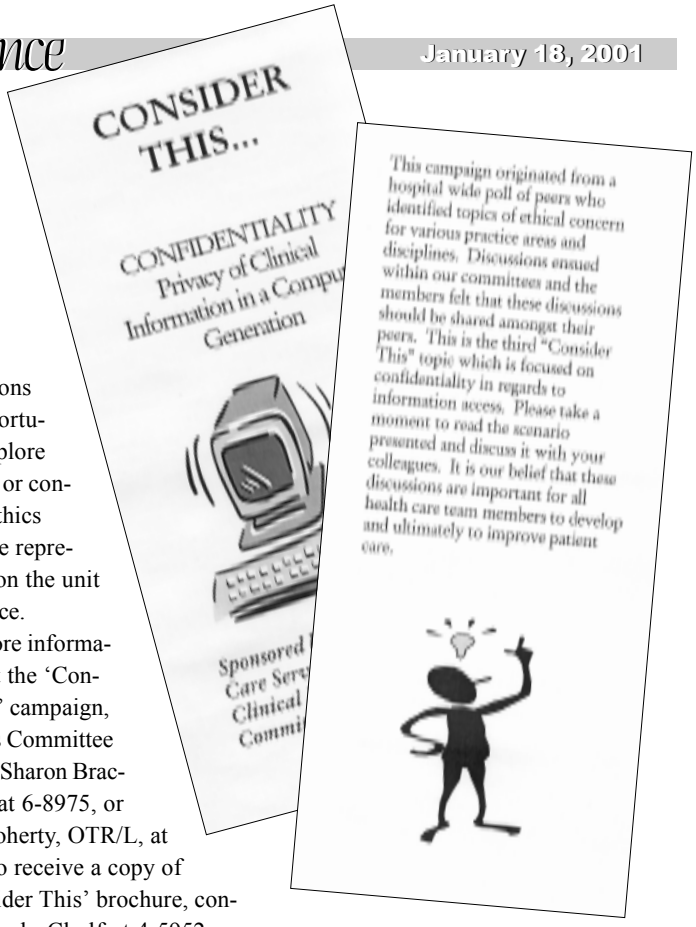
Articles/ideas may be submitted by telephone: 617.724.1746 by fax: 617.726.4133 or by e-mail: ssabia @partners.org

Next Publication Date:
February 15, 2001

When/Where	Description	Contact Hours
January 25 8:00am–4:30pm Training Department Charles River Plaza	**Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other** Program will provide a forum for staff to learn about the impact of culture in our lives and interactions with patients, families and co-workers. Topics include understanding and defining the importance of culture; the principles of cultural competency; understanding the dynamics of difference; the culture of Western bio-medicine; and the appropriate use of language services. A variety of interactive exercises will help to illustrate the concepts presented. For more information, call The Center for Clinical & Professional Development at 726-3111.	7.2
February 1 7:45am, 1:00pm, 4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Registration is required by 12:00 noon of the day *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
February 1 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 presentation will focus on, "Special Issuees in Health Care for Jehovah's Witnesses and Christian Scientists," presented by Reverend Mary Martha Thiel, director, Chaplaincy. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
February 2 8:00am–4:00pm O'Keeffe Auditorium	**Strategies to Maximize Organization and Time-Management at Work for OAs and PCAs** This program will provide participants with tools to learn effective time-management and strategies to approach complex work responsibilities. This workshop will review brain functions related to attention, memory, and executive skills such as planning, organization, and self-regulation. Target audience: OAs and PCAs, but all are welcome to attend. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	---
February 5 8:00am–4:30pm O'Keeffe Auditorium	**Nurses and the Law: Knowing the Vital Signs of the Legal System** This program is designed for clinicians employed in the hospital or community setting. The day will provide a forum for discussion of specific legal topics and the impact they may have on health-care delivery. Topics include: legal terminology and claims overview, the nurse's role in evidence-collection, Security's role in risk-management, medication errors, confidentiality and patients' rights. The day will conclude with a mock trial involving a medication error. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	7.8
February 6 7:30–11:30am and February 8 3:30–7:30pm VBK607	**Congenital Heart Disease: a Review of Defects, Repairs and Management** This program is designed for nurses who work with neonatal and pediatric patients diagnosed with CHD and nurses interested in learning more about heart disease in children. Topics will include anatomy and physiology of the heart; cyanotic and acyanotic heart defects, open and closed heart surgical repairs; temporary pacing; and post-operative management. For more information, call The Center for Clinical & Professional Development at 726-3111.	TBA
February 13 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
February 13 7:45am, 1:00pm, 4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Registration is required by 12:00 noon of the day *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
February 14 8:00am–4:30pm Training Department Charles River Plaza	**Preceptor Development Program: Level II** Program is geared toward experienced nurses who have functioned as clinical preceptors. This workshop provides participants with an opportunity to further advance their knowledge and skills in developing effective strategies to meet the challenges of precepting, managing conflict, thinking creatively, and coaching for success. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	7.8
Feb. 14, 8:00am–12:30pm February 16 (Exam) 8:00–10:00am Bigelow 4 Amphitheatre	**Transfusion Therapy Course (Lecture & Exam)** For ICU nurses only. Pre-registration is required. For information, call Sue Pauley at 6-3632; to register, call The Center for Clinical & Professional Development at 726-3111.	- - -

When/Where	Description	Contact Hours
February 14 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, "Spiritual Care of the Patient." Pre-registration is not required. For more information, call The Center for Clinical & Professional Development at 726-3111.	- - -
February 14 5:30–7:00pm O'Keeffe Auditorium	**Advanced Practice Nurse Millennium Series** This new series provides an opportunity for advanced practice nurses from throughout MGH to network and attend clinical, management and professional development presentations for continuing education. This session will focus on, "APNs and the Law." For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
February 15 8:00am–4:30pm Training Department Charles River Plaza	**Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other** Program will provide a forum for staff to learn about the impact of culture in our lives and interactions with patients, families and co-workers. Topics include understanding and defining the importance of culture; the principles of cultural competency; understanding the dynamics of difference; the culture of Western bio-medicine; and the appropriate use of language services. A variety of interactive exercises will help to illustrate the concepts presented. For more information, call The Center for Clinical & Professional Development at 726-3111.	7.2
February 15 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 presentation will focus on, "Gay and Lesbian Clients: the Concept of Family in Relation to Health Care," presented by Sandra McLaughlin, LICSW, and Charles McCorkle, LICSW. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
February 15 10:00–11:30am O'Keeffe Auditorium	**Social Services Grand Rounds** "Organizational Ethics in Health Care and the Role of Social Work," presented by Stephen F. O'Neill, LICSW, JD, practice director for Clinical Social Work, Healthcare Associates, BIDMC, assistant director, Ethics Support Services, BIDMC. All staff are welcome. For more information, call 724-9115.	CEUs for social workers only
February 15 8:00am–4:00pm Wellman Conference Room	**Advanced Cardiac Life Support—Instructor Training Course** Current ACLS certification required. Fee: $130 for MGH/HMS-affiliated employees; $170 for all others. For more information, call Barbara Wagner at 726-3905.	- - -
February 27 8:00–11:15am Haber Conference Room	**Intermediate Arrhythmias** This 4-hour program is designed for the nurse who wants to expand his/her knowledge of arrhythmias. The program focuses on atrial arrhythmias junctional arrhythmias and heart blocks, and prepares staff to take the level B arrhythmia exam. For more information, call The Center for Clinical & Professional Development at 726-3111.	3.9
February 27 12:00–4:30pm Haber Conference Room	**Pacing and Beyond** This exciting workshop will discuss indications for initiating therapy, fundamentals of the pacemaker system, pacer implantation, international codes/modes of pacing and nursing care. Rhythm-strip analysis will focus on normal functioning and basic trouble-shooting. The session will conclude with a discussion of current and future technology. For more information, call The Center for Clinical & Professional Development at 726-3111.	5.1
February 28 8:30am–5:30pm and March 1 7:30am–4:00pm Shriners Burn Hospital	**Advances in the Management of the Poly-Traumatized Patient** This two-day program will focus on current management strategies of the poly-traumatized patient. The curriculum reflects the continuum of care from resuscitation through critical-illness phases of recovery. Expected outcomes for the participant include: clinical judgement and caring practices, an enhanced knowledge base to be more effective in a collaborative model as patient advocate, and acquisition of an index of suspicion to be utilized throughout the entire continuum of care to support systems thinking for the trauma patient population. For more information, call The Center for Clinical & Professional Development at 726-3111.s	TBA
March 1 7:45am, 1:00pm, 4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Registration is required by 12:00 noon of the day *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -

'Consider This' campaign focuses on confidentiality



The third installment of the 'Consider This' campaign, sponsored by the PCS Ethics in Clinical Practice Committee, focuses on, "Confidentiality: the Privacy of Clinical Information in a Computer Generation." The brochure is intended to raise awareness and spur discussion around various ethical issues. The current 'Consider This' brochure addresses questions such as: "What would you do if a colleague who receives care at MGH asked you to check his lab results in the computer?" "How do you ensure the confidentiality of clinical information you transmit via fax?" "Do you keep your daily work-sheets confidential?"

Brochures contain recommended responses to these questions compiled by the Ethics Committee, but staff are encouraged to use the questions as an opportunity to explore new ideas or consult the Ethics Committee representative on the unit for guidance.

For more information about the 'Consider This' campaign, call Ethics Committee co-chairs, Sharon Brackett, RN, at 6-8975, or Regina Doherty, OTR/L, at 6-8537. To receive a copy of the 'Consider This' brochure, contact Kimberly Chelf at 4-5952.

Caring HEADLINES
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