May 3, 2001

Caring HEADLINES

Inside:

MGH Support Service Employee Grant Program:

creating opportunities for advancement

Under the heading of, "No Lost Opportunities," the MGH Support Service Employee Grant Program, under the auspices of the MGH Diversity Committee, is doing its part to expand job opportunities for eligible MGH support staff. The program, entering its third year, provides funding for training, education, or practical considerations that will help ensure a recipient's advancement in a healthcare-related field. Approximately 35 employees per year benefit from the program, and as past recipients will tell you, the benefits are more than just financial!

Eligible applicants are asked to articulate their career goals, identify what is needed in order to achieve those goals (e.g., tuition, child care, learning a second language, etc.) and submit an application to the selection committee. Once accepted, recipients have the option of working with a mentor to help ensure successful advancement in their chosen field.

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Grant recipients, Hector Ventura and Brenda Laing (front), with their respective mentors (l-r), Marie LeBlanc, RN, and Immacula (Kiki) Benjamin, RN

MGH Patient Care Services

Working together to shape the future

What's age got to do with it: a closer look at care for the elderly

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

Every competent clinician understands the importance of providing age-specific, age-appropriate care. But a good clinician also knows that age is not the *only* factor to consider when caring for patients and their families.

Age-appropriate care took on special relevance for me and my family about a year ago when my grandmother became ill and was hospitalized at the age of 95. I can remember one doctor saying, "She's ninety-five years old. It's time to let her go." My family and I felt she was responding to treatment, and even at 95 years old, my grandmother was a strong, vital, interested, aware woman who loved life and loved people. The doctor's words echoed in my mind: "She's ninety-five years old. It's time to let her go."

Every patient is an individual with individual needs; that belief is at the core of our professional practice. We must ask ourselves, Who is the person lying in this bed, and how do we care for her in a way that is meaningful and preserves her rights and dignity? We must assess the unique elements of each case, of each patient, and decide on a plan of care that is physically, emotionally, spiritually, and culturally in line with her values.

Delivering excellent care requires us to ask, among many other things:

- Who is this person?
- How does she define quality of life?
- Would she be satisfied with less than what she has?
- Does she want CPR in the event of an emergency?
- Will she thrive in a hospital setting?
- What are her life values?
- What are her end-of-life beliefs?
- Does she have a healthcare proxy who is fully informed of her wishes and desires?

In many instances when caring for older patients, mental competency and cognition are issues that must be considered. This is one reason why families need to be included in conversations about a plan of care. Sometimes, family members and patients may not agree on a particular course of treatment, or a decision to withhold treatment; all the more reason to include both patient and family members in all pertinent discussions about care and how best to meet the patient's needs.

To truly provide patient-focused care we need to consider the medical prognosis in tandem with the patient and family's wishes, and devise a plan of care that best achieves the goals set by the patient, family and caregivers. Informed by patient-specific information, our guiding principles, and our (new and revised) life-sustaining treatment policies (see article on page 7), clinicians at MGH are equipped to provide the highest quality care to patients regardless of their chronological age.

It is essential to remember that people do not lose their individuality as they grow older. Just as there are vast and limitless differences among middle-aged adults, so too are there significant differences among elderly individuals at every stage of their lives. Age is a factor in providing care; it is not *the defining* factor. The single most important issue driving decisions in our care of elderly patients is quality—quality of care and quality of life.

My grandmother, Rose, fell ill and died on April 1, 2001, a full year after her last hospitalization. We are very grateful to have had that time with her; she enjoyed a rich, full life right up to the end. She planted a wonderful flower and vegetable garden; she visited with her children; and she saw the birth of a number of grandchildren.

In this situation, just one year made a big difference in our expectations of her care and treatment options. But age was never the deciding factor. Love was. And this is what we need to keep in mind as we care for our patients ... no matter how young, or old, they may be.

EAP Work-Life Seminars

"Surviving Infertility"

Carol Frost Vercollone, LICSW, infertility counselor and author of *Helping the Stork*, will discuss strategies for coping with issues raised by impaired fertility, and offer advice on treatment options.

Thursday, May 10, 2001
12:00–1:00pm
Wellman Conference Room

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

Environment of Care Survey Question

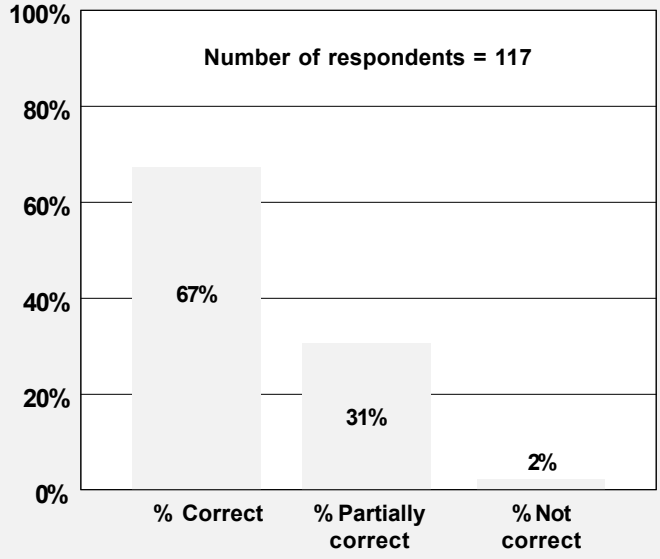
Function: Security

Question: What are some of the hospital systems that ensure a protected and secure environment for patients and visitors?

Answer:

- All hospital personnel must wear their MGH photo ID badges.
- In newborn units, there is a comprehensive security system that combines protection technology and multi-disciplinary staff involvement.
- Whenever necessary, call MGH Police & Security at 6-2121, or contact Security by pressing one of the emergency panic buttons on your unit.

Environment of Care
Monthly Staff Survey Results



Tips about general safety

1) Police & Security offers educational sessions for MGH employees that focus on personal safety, management of aggressive behavior, child safety and security, and more.

2) Contact Police & Security at 6-2121. If necessary, use the emergency code ("Page Dr. Johnson to" and give your name and location). Stay on the line and answer "yes-no" questions that will give Police & Security more information about the situation. Emergency 'panic' buttons send a silent alarm to Police & Security from all inpatient units.

3) In an emergency situation on newborn units, a special hospital alert will activate a multi-departmental response to deter infant abductions.

4) The recent poster campaign, "Excuse Me, Do You Work Here?" reminds staff to wear their ID badges.

MGH runners: raising hope, raising spirits, raising money!

What was once simply the longest, oldest, and most prestigious foot race in the history of athletics, is now also one of the most visible fund-raising/awareness-raising opportunities in the world! It is, of course, the time-honored Boston Marathon. Literally thousands of runners use the grueling 26.2-mile race to raise money for research and treatment for a vast array of illnesses and disabilities. Signs proclaiming, "I'm running for Bobby!" and "Every step a step closer to the cure!" provide powerful inspiration to the runners and draw national attention to these very personal campaigns for help.

See photo spread on next page

This year's 105th running of the Boston Marathon, with its 15,606 official entrants and countless other 'bandit' runners was a fund-raising gold mine as runners from all over the world took to the streets for their causes. The MGH Marathon Team, now more than 70 members strong, raised more than $400,000 to help in the fight against childhood cancers. Dr. Howard Weinstein, chief of Pediatric Hematology/Oncology at MassGeneral Hospital *for* Children, founded the team in 1998, and is one of the many dedicated employees who makes the trek from the flats of Hopkinton, up Heartbreak Hill, and into Boston every year.

And it's not just MGH employees who participate—in addition to nurses, therapists, doctors and support staff, many on the MGH Marathon Team are former patients, family members, and friends.

This year, in addition to the team supporting pediatric oncology, five MGH runners suited up and ran for cystic fibrosis. But regardless of the cause, all runners received the same heartfelt roar of appreciation as they passed the 20-mile mark where MGH friends and supporters had gathered to cheer for these very special athletes. Apparently… it's a lot easier to run halfway across the state when you're running for something as important as this is!

Running for a

Patients, families,

Cure

staff... heroes all!

April 16, 2001

105th running of the Boston Marathon

MGH runners at the 20-mile mark,
Heartbreak Hill,
sweaty,
tired,
sore...
...determined

Standardizing medication administration

—by Grace Good, RN, clinical nurse specialist
Amy Guillemin, RPh, pharmacist,
and Steven Haffa, RPh, pharmacist

In an effort to create an efficient and streamlined medication-administration distribution system, MGH inpatient care units will start using standard medication-administration times (SMATs), beginning June 4, 2001.

In January, 2000, the Medication Distribution Process Improvement Team began work to create a safe and efficient medication-distribution system throughout MGH. The committee looked at every aspect of distribution and administration from the time a physician enters a medication order to the time that administration of the medication is documented.

A major concern of nurses was that medications sometimes arrived on the unit later than nurses wanted to administer them. This created frustration and added work as nurses, operations associates, and pharmacists then had to go and retrieve the needed medication. The committee found that the majority of inpatient units utilized unit-specific medication-administration schedules, but Pharmacy had no knowledge of when medications were scheduled to be administered to the patient. There was no formal way for clinicians to determine what time to give a medication if the previous dose was given early or late, or missed entirely.

By looking at the times that the majority of units administered medication, a standard medication-administration schedule was developed. Pharmacists and nurses have developed a guideline called, the 50% Rule, to help clinicians determine when a medication should be given if the previous dose was given late or missed entirely.

SMATs and the 50% Rule will improve drug availability on the units, reduce opportunities for medication errors and improve nurses' and pharmacists' satisfaction by increasing the amount of time they can dedicate to value-added work.

See shaded box for SMATs to be used by all inpatient care units (Note: SMATs for the Psychiatry Unit are listed separately). SMATs will not apply to the GCRC, research protocols, chemotherapy protocols, coumadin, insulin, oral hypoglycemics, antiretroviral drugs, or medications administered around specific event, (e.g., meals).

The 50% Rule will apply to all SMATs. The 50% Rule will be used to determine when the next dose of a medication should be given, in the event the previous dose was given early, late, or missed entirely. If a dose of medication is given with less than 50% of the time remaining to the next standardized scheduled time, hold the dose and give it at the next scheduled time. If a dose of medication is given with more than 50% of the time remaining to the next scheduled time, give the next dose at the next scheduled time.

SMATs and the 50% Rule are not substitutes for good clinical judgement. There may be times when SMATs or the 50% Rule are not applicable.

Staff will be fully educated on the use of SMATs and the 50% Rule prior to the June 4, 2001 implementation date. For more information, call 4-3277.

Standard Medication Administration Times (SMATs)

Following are the SMATs that will be used by all inpatient units (except Psychiatry Unit):

QD	8am
BID	8am; 8pm
TID	8am; 2pm; 8pm
QID	8am; 12pm; 4pm; 8pm
Q2H	8am; 10am; 12pm; 2pm; 4pm; 6pm; 8pm; 10pm; 12am; 2am; 4am; 6am
Q4H	8am; 12pm; 4pm; 8pm; 12am; 4am
Q6H	6am; 12pm; 6pm; 12am
Q8H	8am; 4pm; 12am
Q12H	8am; 8pm
Q18H	Variable
Q24H	Even hour closest to time first dose is administered
QHS	10pm (all units except pediatrics) 8pm (pediatrics)

Following are the SMATs that will be used by the inpatient Psychiatry Unit only:

QD	10am
BID	10am; 10pm
TID	10am; 2pm; 10pm
QID	10am; 2pm; 6pm; 10pm
Q2H	10am; 12pm; 2pm; 4pm; 6pm; 8pm; 10pm; 12am; 2am; 4am; 6am; 8am
Q4H	10am; 2pm; 6pm; 10pm; 2am; 6am
Q8H	10am; 6pm; 2am
Q12H	10am; 10pm
Q18H	Variable
Q24H	Even hour closest to time first dose is administered
QHS	10pm

MGH implements new and revised life-sustaining treatment policies

—by Ellen Robinson RN, PhD
Regina Doherty OT, MS
Sharon Brackett RN, BS
Susan Warchal RN, BS
Theresa Cantanno RN, BS
Laurene Dynan RN,
Barbara Mahoney RN, MS
Eric Krakauer MD, PhD

Recently, the Bill Moyers four-part series, *On Our Own Terms: Moyers on Dying*, aired on national television drawing the attention of the American public to the issues surrounding end-of-life care in the United States. Clinical research and this highly acclaimed series suggest a need to re-examine our beliefs around death and dying and how we provide end-of-life care.

In 1993, Mildred Solomon and colleagues reported on a survey of clinicians (nurses, social workers, house officers and attending physicians) from five hospitals across the United States. The survey addressed clinicians' experiences in caring for patients at the end of life and their familiarity with common ethical guidelines around end-of-life care. Fifty-five percent of clinicians surveyed reported concerns about providing overly burdensome treatments to patients at the end of life, including such treatments as cardiopulmonary resuscitation, mechanical ventilation, hemodialysis and artificial nutrition and hydration. A significant number of clinicians were unclear about common ethical distinctions that have bearing on end-of-life-decision-making. For example, almost 66% believed that there is an ethical difference between withholding and withdrawing life-sustaining treatment, a distinction that is generally thought to be irrelevant by ethicists. Any treatment may be trialed if thought to offer benefit to a patient, and withdrawn if it is determined to offer no benefit, and in fact is burdensome to the patient. More importantly, both Solomon's study and the well known SUPPORT study of 1995 suggest that a significant percentage of patients continue to die in pain in hospitals, despite many professional guidelines that mandate the provision of comfort measures to patients at the end of life.

Public and clinician perceptions as well as empirical data have led to an increased focus on end-of-life care in the United States. At MGH the matter is being addressed on many fronts. The new and revised life-sustaining treatment policies at MGH, recently approved by the Medical Policy Committee, are examples of the organizational effort to provide practical guidance around end-of-life care. Three (two revised and one new) clinician-friendly policies are currently being implemented at MGH. The multi-disciplinary policy writing group, under the leadership of Eric Krakauer, MD, PhD, was comprised of nurses, chaplains, social workers, doctors, therapists, and lawyers. The policies represent a great deal of thought and expertise and aim to provide practical guidance to clinicians in the care of patients at the end of life. The polices can be found in the Clinical Policy and Procedure Manual, or on-line under MGH Clinical Policies and Procedures.

The new and revised life-sustaining treatment policies at MGH are examples of the organizational effort to provide practical guidance around end-of-life care.

The revised policy entitled, "End-of-Life Care" (Clinical Policy and Procedure Manual, V-E-1), provides a philosophical overview consistent with the mission statement of patient-centered care at MGH, specific to end-of-life care. This policy emphasizes that end-of-life care be sensitive to the individual needs of patients and families, across all relevant dimensions such as cultural background, preferred place of death, and previously stated wishes. Pain- and symptom-management are named and considered a priority for all patients.

The revised "Life-Sustaining Treatment Policy" (Clinical Policy and Procedure Manual, III-E-1) provides the nuts and bolts that actually guide clinicians in their practice around end-of-life care. Incorporated into this policy are the role responsibilities of clinicians, and the directives supporting practice-related interventions including currently accepted ethical guidelines.

Some significant changes in this policy are worth noting. One change is the elimination of the non-specific 'Do Not Resuscitate' order (DNR), replaced by the 'Limitation in Life-Sustaining Treatment' (LLST) order (see POE/Physician Order example). In some instances, the DNR was not a clear enough directive, left open to interpretation by clinicians, patients and families. The change to 'Limitation in Life-Sustaining Treatment' will guide the healthcare team toward goal-based end-of-life care. Limitations, when indicated, will be more consistent with the goals of the patient's care plan. This policy allows specifications for patients who have an LLST order and require an invasive palliative procedure. For these patients, a sound plan consistent with their individual goals and condition is in place to guide care should an emergency occur while surgery or

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Taking the lead on conscious sedation

—by Kathryn A. Beauchamp, RN clinical nurse specialist

My name is Kathryn Beauchamp and I am the clinical nurse specialist on the Ellison 3 Pediatric Intensive Care Unit (PICU). The PICU is an eight-bed, multi-disciplinary unit that serves pediatric patients ranging in age from neonate to 19 years old.

Mindful of the ever-changing services provided to pediatric patients, Dr. Natan Noviski, chief of Pediatric Critical Care Medicine, Brenda Miller, nurse manager of the PICU, and I worked together to develop the PICU Conscious Sedation and Procedural Service. Procedures covered by this service include lumbar punctures and intrathecal chemotherapy or bone marrow biopsies, outpatient liver biopsies, cardiac echocardiograms, some infusion therapy, and placement of vascular access devices. The program gives children a place where families are welcome to stay throughout the entire procedure and recovery. All staff who care for these children specialize in both pediatric and intensive care, and strive to make the experience as positive and comforting for children and their families as possible.

Following renovations to the PICU during the fall of 1999, a treatment room was redesigned to accommodate patients undergoing procedures with conscious sedation. (Conscious sedation is a type of sedation that reduces a patient's sensation of pain while retaining his/her ability to maintain an airway and respond to physical and verbal commands. It can be administered during therapeutic, diagnostic, or surgical procedures.) The new Conscious Sedation Room was ideal for pediatric patients of all ages; it contained all the monitoring and emergency equipment necessary to monitor patients receiving conscious sedation. The room was large enough to comfortably fit a regular hospital bed, a rocking chair, a television and VCR, the physician performing the procedure, the physician administering conscious sedation, the nurse monitoring the patient, and family members. Some might wonder why the size of the room is important, but delivering family-centered care is at the core of our practice, and having a room where parents could be present was a high priority.

As a clinical nurse specialist my practice is constantly changing to meet the diverse needs of patients, families, staff, and the hospital. I am committed to furthering excellence in clinical practice. Prior to implementation of the new program I equipped the Conscious Sedation Room and ensured that all PICU nurses became credentialed practitioners of conscious sedation. To provide consistency for nurses assigned to the Conscious Sedation Room, I developed a conscious sedation binder that contains a checklist of all the supplies, emergency equipment and medications needed for each procedure; a checklist for restocking supplies; examples of required documentation forms; a copy of the Conscious Sedation for Non-Anesthesiologists Policy, and medication information sheets. Two new competencies were added to the PICU orientation: caring for pediatric patients receiving conscious sedation, and caring for pediatric patients receiving infusions requiring continuous monitoring.

Nurses in the PICU were familiar with using conscious sedation during procedures at the bedside, but new JCAHO regulations require credentialing for monitoring patients receiving conscious sedation. Once nurses in the PICU attended the two-hour conscious sedation class or completed the self-directed learning program, they were ready to monitor patients receiving conscious sedation. To achieve a state of conscious sedation in pediatric patients, Fentanyl and Propofol are administered. Dr. Daniel Kohane, pediatric intensivist and anesthesiologist, provided educational inservices to the PICU fellows on the administration of Propofol to non-intubated patients, and each PICU fellow attended the two-hour conscious sedation class.

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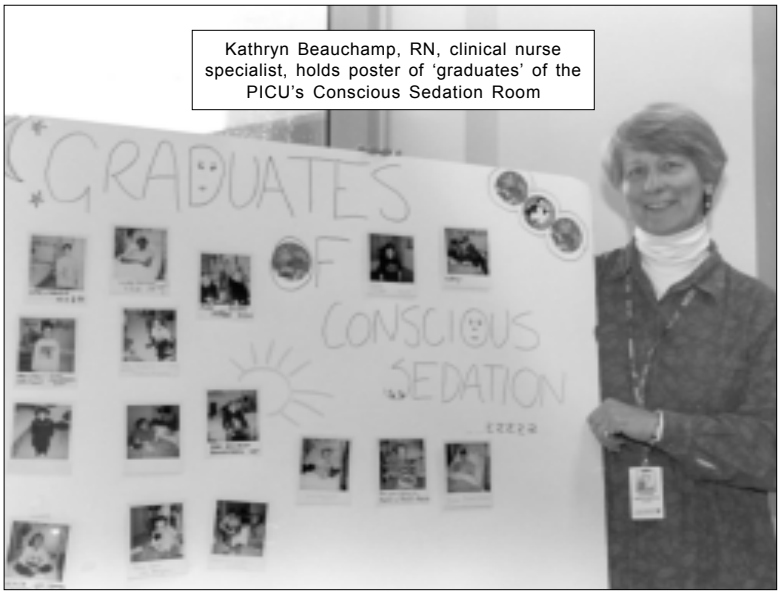

Kathryn Beauchamp, RN, clinical nurse specialist, holds poster of 'graduates' of the PICU's Conscious Sedation Room

Creating opportunities for advancement

continued from front cover

Hector Ventura, unit service associate on Ellison 7, is currently enrolled in the grant program. Says Marie LeBlanc, RN, nurse manager, "Hector has worked on our unit for almost thirteen years. We've always felt that he's over-qualified for his job. But he supports his family back in El Salvador; he holds down two full-time jobs, so he hasn't had time to advance his own education.

"Staff on Ellison 7 heard about the Employee Grant Program, and there was a very strong consensus that we wanted to recommend Hector. He had graduated high school in El Salvador, he's such a hard worker, we just knew this would be a great opportunity for him." So the Ellison 7 nursing staff wrote a letter of recommendation and submitted it to the committee.

Ventura was accepted to the program and is currently enrolled in courses to prepare him to enter the Nursing Program at Bunker Hill Community College. Says Ventura, "I couldn't believe it! I was so happy! I want to become a nurse and come back and work with everyone on Ellison 7."

LeBlanc's participation didn't end with the letter of recommendation. She is Ventura's mentor in the program. Says LeBlanc, "English is Hector's second language, so he's taking classes in English usage and writing. We've gotten into a routine where we have lunch together and I review his workbooks, make suggestions, help him with his comprehension skills.

"Even though I'm 'officially' Hector's mentor, the whole staff takes an interest in his progress—he's part of our family! And he's come a long way. He is doing so well!"

Patient care associate, Brenda Laing, is another MGH employee who is benefiting from the Support Service Employee Grant Program. Back when Laing was a PCA on the Pediatrics unit, nurse manager, Judy Newell, RN, recognized her potential and recommended her for the program. Laing was accepted, and at Newell's suggestion, she was paired with Ellison 18 staff nurse, Immacula (Kiki) Benjamin, RN, as her mentor.

Says Laing, "Kiki was born to be a nurse. She is so good at what she does… and that's what *I* want to do. I feel so lucky to have her as my mentor. She's my hero!"

Laing is using her grant money to pay her tuition to the Open Doors Wide in Nursing (ODWIN) program, where she is currently in her second semester. (Coincidentally, Benjamin participated in the ODWIN program 25 years earlier.) ODWIN prepares prospective candidates for nursing school by providing independent, personalized education in nursing-related subjects such as chemistry, biology, anatomy and physiology. The program allows students to advance at their own pace while working one-on-one with an instructor. Not only does ODWIN provide a strong academic foundation, it helps students gain placement in nursing school upon completion of the curriculum.

Laing and Benjamin meet monthly to review Laing's classwork and talk about nursing practice. They talk on the phone frequently, which Laing finds very comforting. "It's so nice to be able to pick up the phone and ask those questions to someone you know and trust."

Says Benjamin, "It's important for everyone to have a mentor; not just for clinical guidance, but to inspire confidence and help convey the importance of having a positive attitude. Part of being a nurse is being able to deal with whatever comes your way!"

The Support Service Employee Grant Program is indeed providing opportunities for MGH employees to move into more skilled positions within the hospital. But, says LeBlanc, "The program provides so much more than financial assistance. Something happens to people when they know that someone is taking a personal interest in them; they feel supported, empowered, confident. It's really a wonderful thing to be part of."

Says Laing, "This program is letting me get an education without the financial stress I surely would have felt without their help. But I just can't say enough about how important it is to have a mentor, a role model. I think MGH is very lucky to have this program."

The Support Service Employee Grant Program is now accepting applications. The deadline for submission is June 22, 2001. Application forms are available in the Human Resources Office on White 14, or in Bulfinch 240A. For more information about the Support Service Employee Grant Program, please call Nancy Martilla at 724-3055.

"Family Violence: Who Protects the Child?"

A discussion series for the MGH/IHP Community

The MGH Ethics Task Force presents a special forum, which will include a panel discussion with members of the MGH Child Protection Team and the HAVEN Program

No pre-registration is necessary

Refreshments will be served

Wednesday, May 9, 2001
4:30–6:00pm
Walcott Conference Rooms in the WACC

For more information, call 724-4136

Intimate encounters forever etched on heart of Blake 2 nurse

Suzanne Roullier, RN
staff nurse, Blake 2 Infusion Unit

My name is Suzanne Roullier. At the time this story took place I had been a nurse for six years, but I had only been practicing on the Infusion Unit for one year.

Sam was quiet and reserved the first day that I met him. His wife asked most of the questions with a notebook in hand feverishly scribbling down the answers I provided. Sam was scared. His wife was petrified. I was nervous. I was nervous because this disease and its treatment were completely foreign to them, but also very new to me. Sam was the first Hodgkin's Lymphoma patient I had ever cared for. Their 'unknowns' were equally my 'unknowns.' With this particular disease, the prognosis is generally favorable, with a 95% cure rate. That optimistic concept tends to be the focus of conversation more often than not when I encounter this kind of scenario. The first thing Sam and his wife said after our introduction was a very hopeful, "If you have to get cancer, this is the one to get." Because of this commonly stated phrase, I looked at the whole treatment plan as simply a 'small chapter' in Sam's book on this journey we call life. It wouldn't take up too many pages. Or so I thought...

Our relationship remained very cordial and professional over the next four months as his treatments were simply a small inconvenience in his day. We shook hands good-bye after his final treatment that day in November. The conversation was light. We discussed radiation, his next step in treatment and its completion right after Christmas. He spoke of starting the new year fresh, cured, closing this chapter of his life without a glance back. Six weeks later, upon return from my Christmas vacation, I was somewhat shocked and rather confused at seeing Sam's name on my schedule for chemotherapy. I called his doctor, thinking it must be a mistake. No. In fact, Sam was returning for more chemotherapy. His scans prior to radiation showed that his disease had not responded to standard therapy as expected. A new plan was devised. My relationship with Sam abruptly changed.

This chapter presented Sam with new fears, new challenges, surely new obstacles, and began to forge for us, a new relationship. Sam, his wife, and I walked hand-in-hand through each new phase of his treatment together over the next 14 months, boldly facing the enemy that had turned Sam's life upside down. As Sam began to share more of himself with me, I learned about his fears, his dreams, his anger, his peace, his joy, his passions, his frustrations. I realized that simply being there to listen was the greatest gift I could give him. I didn't have answers for him, and he knew I didn't have answers for him. I had an empathetic heart, and that was enough.

Over the next 14 months Sam endured so much more suffering than anyone ever imagined. Sam's battle with the enemy ended one beautiful sunny day in October, a day he would have embraced with a smile that was always contagious. Another chapter came to a close. But the story does not end there. The next chapter is my own. I have learned that the story truly never ends.

Sam 'physically' left the world just over two years ago. I think of him so often and I marvel at what that relationship taught me professionally and personally. I never really recognized the true importance of my life to his or what role my life actually played in his journey until his wife called me upon his death. During a lucid moment on his deathbed Sam had said to his wife, "Please ask Suzanne to speak at my funeral." I was flattered. I felt honored. But more importantly, two years later, I know now that it was a privilege.

In looking back on the experience, I remember being extremely nervous. I felt awkward as I stood in a room full of people I didn't know. The place was crowded with family, friends, peers, colleagues, and I knew but a handful. In my mind I kept saying, "What I have to say is so different from what these people have already said." As I stood at the podium I remember my heart beating rapidly, my hands shaking. My little speech written on a piece of paper, crumpled up in my palm, damp from sweat. My thoughts were racing... 'My Sam' is so different from 'their Sam.' They spoke of his love for knowledge, reading four or five different newspapers a day. They kidded about the fine wine connoisseur he was and

continued on next page

Clinical nurse specialists

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Helping to develop The Conscious Sedation and Procedural Service in the PICU has been an exciting undertaking and has brought a whole new dimension to the role of the pediatric intensive care nurse. Nurses are able to utilize all of their critical-care assessment and critical-thinking skills to ensure the safe recovery of patients of all ages, whether undergoing a procedure with the administration of conscious sedation or an infusion that could result in an anaphylactic reaction.

Another positive outcome of working with the PICU conscious sedation program was the opportunity to work with other clinical nurse specialists to develop a new conscious sedation monitoring form that can be used for both adult and pediatric patients. I jumped at the chance to replace five separate documentation sheets with one form. The new form combines all the required information and includes a discharge criteria checklist.

The success of this program is overwhelmingly evident in the comfort level of the children coming to the PICU for procedures, and in the high level of satisfaction expressed by parents and guardians. Even after undergoing countless procedures, children leave the Conscious Sedation Room with no anxiety or discomfort at the thought of having to return. And the array of pictures on the 'Conscious Sedation Poster' is a good indication that the program is achieving its goal of providing a positive and comforting experience for children in the PICU.

EAP Work-Life Seminars

"Proactive Parenting"

Lynn Reeves Griffin, RN, will present her model for parenting children in a complex society. Presentation will focus on discipline, conflict-resolution, and instilling values and responsibility.

Thursday, May 24, 2001
12:00–1:00pm
Larry Martin Conference Room (CNY)

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

Exemplar

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how you'd better have the right kind of wine with a meal when he was your guest. This was a man I did not know. *This* was the reason I was standing there at that moment. Because Sam knew that my story would be different from the other stories told that day. He wanted his friends, his family, his peers, and his colleagues to know my story, to know *my Sam*.

My Sam lay on a hospital bed in a darkened room in a fetal position exhausted. Exhausted from desperately trying to rid his body of the suffering symptoms produced by the disease consuming his body. Exhausted because he continued to work to busy his mind and give his life some semblance of normalcy. It was during these times that I would divide my other patients between my colleagues, and without time constraints or distractions, spend time alone with Sam. I would sit at the end of his bed, take off his shoes and socks, and simply, gently, scratch his feet. This little act relieved the ferocious pruritis ravaging his body. This allowed his body and mind to relax. He was then able to share what was in his heart. His words, today, two years later, echo in my mind as clearly as if it was yesterday, "I can't believe you are doing this. I can't believe you are scratching my feet! There is a special place in heaven just for you, Suzanne." There wasn't a thing we could do medically to ease the fierce itching. This simple gesture truly did *so* much. He shared with me during these times his love of roses. He and his wife loved walking through the Arboretum in Jamaica Plain inhaling the scents in bloom. He spoke of their favorite vacation spot on the Cape where they had gone every summer for so many years. He shared with me how he met his wife and how the hardest part of dying was leaving her alone; his love for nature, how he gathered strength from it. Sam's simple pleasures. These intimate encounters with Sam were beautiful and will forever be etched on my heart. These were the things Sam wanted me to share with his friends, his family, his colleagues, and his peers. These intimate moments were the reason Sam wanted others to embrace life.

It truly was an honor to share my story of Sam. Another beautiful chapter in the unending book of life.

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

Clinicians know patients in ways that no one else does. When a nurse enters a patient's life, she becomes a safe haven for the truth, no matter what that truth might be. Even with Suzanne's relative inexperience as an oncology nurse, Sam found in her a friend, a confidant, and a source of comfort. What struck me most about this narrative was the image of Suzanne scratching Sam's feet. This simple intervention brought immense physical relief to Sam, but it was also an act of kindness and compassion that strengthened the bond between them. Suzanne's memories of Sam will stay with her forever, and they will shape her practice in the years to come. These are the fragile, timeless lessons we learn from our patients.

Thank-you, Suzanne.

Committee membership opportunities for 2001-2002

As Patient Care Services' collaborative governance structure enters its fourth year, committees are currently in the process of reviewing their accomplishments and developing recommendations to guide next year's work (2001-2002). Term limits have been established, and each committee will stagger its membership turnover to best support its work.

Becoming a member of a collaborative governance committee allows staff to have a voice in influencing the development of our professional practice environment. Members who have participated in committee work report an increased sense of personal empowerment and a feeling of having influenced organizational decision-making. Staff from all Patient Care Services departments are encouraged to consider applying for membership.

The following is a list of committees and the respective membership opportunities available for the coming year:

The Diversity Steering Committee

Dedicated to developing strategies that support diversification of the workforce within Patient Care Services to meet the needs of the diverse patient population we serve. The work of this committee includes professional development, student outreach, programs centered around culturally competent care, and input into the development of patient-education materials for use by clinicians who work with diverse patient populations.

Recruitment needs:
- Staff nurses
- Physical therapists
- Occupational therapists
- Respiratory therapists
- Speech-Language Pathologists

Meets on the first and third Tuesday of every month from 12:00–1:00pm.

The Nursing Practice Committee

Reviews, revises, and communicates standards of practice for professional nursing at MGH. Work includes reviewing and approving new products and new practice recommendations, and communicating outcomes and revisions to staff throughout Patient Care Services.

Call for new members!

Apply before June 4, 2001

Recruitment needs:
- Staff nurses from Neurology/Neurosurgery, Medicine, Surgery, Operating Room, Pediatrics (ICU and general)
- Four CNSs from Critical Care, Medicine, Surgery
- Two nurse managers from medical and surgical areas
- One nurse from the CCPD
- One supervisor from any area

Meets on the second and fourth Tuesdays of every month from 1:00–2:30pm.

The Ethics in Clinical Practice Steering Committee

Develops and implements activities and programs to help further clinicians' understanding of the ethical aspects of patient care. The work of this committee involves identifying strategies to integrate ethical judgment into professional practice.

Recruitment needs:
- Staff nurses from Pediatrics, Neurology/Neurosurgery, the SICU, the SDSU or Operating Room, and General Medicine
- A speech-language pathologist
- A social worker
- Operations coordinator or operations assistant from any area

Meets on the first Wednesday of every month from 1:00–3:00pm.

The Patient Education Committee

Develops processes for patient and family education; recommends systems and technology to support improved patient education and ensures that all materials and activities reflect the diversity of the populations we serve.

Recruitment needs:
- Staff nurses from Cardiac, Pediatrics (Ellison 17 or Ellison 18), GYN, Emergency Department, Surgery, Medicine, Oncology, Dialysis/Transplant, Orthopaedics/Neurology
- A physical therapist
- An occupational therapist
- A pharmacist

Meets on the second and fourth Wednesdays of every month from 1:30-3:00pm.

The Nursing Research Committee

Fosters the spirit of inquiry around clinical practice. The committee supports nurses in the research process, and in the utilization of research findings.

Recruitment needs:
- Five staff nurses from any clinical area
- One CNS from any clinical area

Meets on the first Friday of every month from 1:00–2:30pm.

The Quality Committee

Reviews and acts on clinical and systems issues that impact the ability of staff to provide quality patient care. The committee considers organizational initiatives as well as concerns of staff in actively identifying and pursuing opportunities to improve care.

Recruitment needs:
- staff nurses from the Operating Room or SDSU, Neurology/

continued on next page

The Masjid at MGH

—submitted by Suzelle Saint Eloi, RN clinical educator

Individuals of the Muslim faith pray five times a day. Here at MGH a prayer room, called the Masjid, is located in Founders 109; it is a room where Muslim staff and patients can go to pray. Several copies of the Qur'an, the Islamic Holy Book, are kept in the Masjid. They are available for use in the prayer room, or may be borrowed for use in patients' hospital rooms. The floor of the Masjid is covered with an array of rugs for kneeling and praying. The rugs face east, toward Mecca, in keeping with the Muslim tradition.

Weekly prayers are held on Friday afternoons at 1:00pm, but the Masjid is always open for staff, visitors, patients, and family members. All are welcome.

For more information about the Masjid or caring for Muslim patients, contact Imam Talal Eid, Muslim chaplain at 6-2220, or the Islamic Society of Cambridge at (617) 876-3546.

Healthy Heart Day

sponsored by the MGH Charlestown HealthCare Center

In addition to free screenings for cholesterol, glucose, high blood pressure, body fat, and osteoporosis, look for displays on breast and cervical health, nutrition, smoking-cessation, stress-management and relaxation, healthy food demonstrations and taste-testing!

New this year: face-painting for children and the Lion's Club 'Eyemobile'

Thursday, May 3, 2001
12:00–5:00pm
Bunker Hill Mall (Johnnie's Foodmaster)
Charlestown

For more information, call 724-2074

Collaborative governance

continued from previous page

Neurosurgery, OB, Pediatrics, Surgery (2-3), Medicine (2-3)
- One occupational therapist
- One respiratory therapist
- One speech-language pathologist

Meets on the first and third Tuesdays of every month from 1:00–3:00pm.

The Staff Nurse Advisory Committee

Provides a forum for communication between nursing leadership and clinical nurses at MGH. Committee members representing all patient care units dialogue with nursing leaders about matters of patient care and professional development.

Recruitment needs:
- Membership positions on this committee are filled during the year as the need arises

Meets on the first Tuesday of every month from 11:30am–12:30pm.

If you are interested in becoming a member of a committee, you can obtain an application from The Center for Clinical and Professional Development at 726-3111, or send an e-mail to Kim Chelf at kchelf@partners.org. Return completed application to Trish Gibbons, RN, (CCPD) in Founders 645 by June 4, 2001.

Life-Sustaining Treatment Policy

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an invasive procedure is being performed. The policy makes note of the Comfort I Legislation, an important provision that allows comfort care to continue for patients discharged to long-term care, or into the community. These three significant changes allow physicians, in collaboration with other members of the healthcare team, patients, and families to personalize end-of-life care in a way that is consistent with patients' and families' goals.

The final policy, entitled, "Resolving Conflict Over Possibly Inappropriate or Harmful Life-Sustaining Treatment," is brand new. This policy provides guidance to clinicians, patients and families when agreement on a treatment plan cannot be reached. It is anticipated that clinicians, informed by the first two policies, will enact 'a preventative ethic' to limit conflict in such cases. However, this policy, enacted with the leadership of the Optimum Care Committee, is available to assist clinicians and families as needed.

Over the next month, the Ethics in Clinical Practice Committee, in collaboration with The Center for Clinical & Professional Development, Nursing Administration and Support Services, members of the Palliative Care Service, and several other interested professionals will lead implementation of these polices within Patient Care Services. It is our hope that they will be 'living policies in the practice of clinicians caring for patients.' We believe that a concerted effort by all clinicians to utilize these policies is a major step toward providing meaningful end-of-life care for patients at MGH.

Pazola speaks at Children's Hospital

Ellison 18 staff nurse, Kathie Pazola, RN, MSN, CPON, spoke recently at Boston's Children's Hospital about pediatric end-of-life issues.
Her presentation was entitled, "Lessons Learned from Kids at the End of Life."

MGH nurses present at National Association of Clinical Nurse Specialists Conference

Five MGH clinical nurse specialists presented at the National Association of Clinical Nurse Specialists Conference in Indianapolis, Indiana, March 8–10, 2001. Katie Brush, RN, and Donna Jenkins, RN, presented, "Decreasing Medication Errors: Improving Safe Administration of Insulin."
Lisa Sohl, RN, presented, "Documentation: Making Nursing Practice Visible."
Leanne Espindle, RN, presented her poster, "The Boston Collaboration Model: an Innovative Partnership."
And Sohl and Ruth Bryan, RN, presented their poster, "CNS Leadership: an Opportunity to Explicate the Role of the Advanced Practice Nurse."

Research nurses publish in *Progress in Cardiovascular Nursing*

"The Effects of Music on Cardiac Patients on Bedrest," by authors and nurse researchers, Mary (May) Cadigan, RN; Nancy Caruso, RN; Sioban M. Haldeman, RN, MS; Maryellen McNamara, RN; Dorothy A. Noyes, RN, CS; M. Ann Spadafora, RN; and Diane Carroll, RN, PhD, was published in the Winter, 2001, *Progress in Cardiovascular Nursing*.

Carroll, Robinson, co-author article for *Clinical Nurse Specialist*

Along with three other nurses, clinical nurse specialists, Diane Carroll, RN, PhD, and Ellen Robinson, RN, PhD, co-wrote, "Activities of the APN to Enhance Unpartnered Elders' Self-Efficacy After Myocardial Infarction," which appeared in the March, 2001 issue of *Clinical Nurse Specialist*.

Millar speaks at Massachusetts Health Data Consortium conference

Director of Patient Care Services' Clinical Support Services, Sally Millar, RN, MBA, co-led discussion on, "Operations Issues" at Massachusetts Health Data Consortium's annual conference, "Privacy, Security & Access to Information," on April 27, 2001, at the Seaport Hotel in Boston.

MGH nurses present at AORN Congress in Dallas

Five MGH nurses made presentations at the Association of Operating Room Nurses' annual conference in Dallas, Texas, March 12–15, 2001.
Jane Flanagan, RN, PhD(c), team leader of the Pre-Admission Testing Area, and Dorothy Jones, RN, EdD, FAAN, nurse scientist, presented, "Patient Responses to the Ambulatory Surgical Experience."
Leanne Espindle, RN, MSN, clinical nurse specialist, presented, "Growing Your Own: Preparing Students and RNs for Perioperative Nursing."
And Virginia Capasso, RN, PhD, CS-ANP, clinical nurse specialist, presented her poster, "Arterial and Diabetic Wound Healing: the Cost and Efficacy of Two Wound Treatments."

Coakley presents at 12th annual Scientific Sessions

Staff specialist, Amanda Coakley, RN, PhD, presented a poster at the 12th Annual Scientific Sessions of the Eastern Nursing Research Society, held in Atlantic City, New Jersey, April 1–3, 2001.
Coakley's poster focused on the energy expenditure between providers and recipients of therapeutic touch (TT) during treatment, and the response of therapeutic touch on healthy individuals.

Hess honored as Harvard Pulmonary Fellow's Teacher of the Year

On March 7, 2001, at the Harvard Pulmonary Professor's annual dinner, the second-ever Teacher of the Year Award was presented to Dean Hess, RRT, PhD, assistant director of MGH Respiratory Care Services.
The award is given to an individual in the field who has a keen acumen, is able to enrich students' understanding of complex concepts, and has a tireless desire to give of his/her time and expertise.
The award was presented by Hess' friend and colleague, Dr. Michael Gillette, who said of Hess, "He teaches with passion and energy, but also with patience. He discovers threads of comprehension in even some of the most inane questions and weaves them into something like understanding. He is enthusiastically available at any hour to teach, to reason through a problem, or to aid in diagnostic and therapeutic efforts at the bedside. He is charitable, kindly, and perhaps the most indefatigably cheerful person I know."

continued on next page

Interpreter Services

—submitted by Suzelle Saint Eloi, RN clinical educator

Diversity in our patient population brings with it a great diversity of languages. MGH is one of the first hospitals in the country to offer medical interpreter services to patients. Currently, MGH is able to provide interpreter services in approximately 30 languages. As more patients come to MGH from the global community, our enhanced interpreter services allow us to provide the highest quality of care to all patients and families.

Manager of Interpreter Services, Lulu Sanchez, fields questions at Nursing Grand Rounds

At the April 19, 2001, Nursing Grand Rounds, Lourdes (Lulu) Sanchez, manager of Interpreter Services, presented, *The Role of Interpreter Services: What Everyone Needs to Know*. Sanchez began by describing the organizational structure of Interpreter Services and outlining the role of medical interpreters. She explained the intensive hiring process, which includes extensive training, past experience in the healthcare setting, proficiency in medical terminology, and a day of shadowing an interpreter on the job. A number of competencies must also be met, including accuracy, retention and comprehension, note-taking, and sight and written translation skills.

Sanchez noted that language barriers can have a significant impact on patient care and patient outcomes, and she acknowledged the many challenges clinicians face when working with patients who do not speak, read, or understand English. She cautions clinicians to be fully aware of all circumstances before beginning any session to avoid liability. Sanchez recommends that you:

- *Do not* ask patients to provide their own interpreters
- *Do not* ask patients to interpret for other patients
- *Do not* ask children to interpret
- *Do not* ask clinical and/or support staff to interpret
- *Do* notify the Interpreter's Office ahead of time
- *Do* coordinate discharge time with the Interpreter's Office
- *Do* use telephone interpretations to keep patients updated and give simple instructions
- *Do* establish a time when the entire care team can meet to interpret and outline the plan of care

Sanchez stressed the importance of following these guidelines as a way to achieve better patient outcomes and maximize the services of medical interpreters. In closing, she reminded clinicians to document patients' preferred language(s) and the utilization of Interpreters Services in patients' medical records. For more information about Interpreter Services, or to obtain printed guidelines for working with medical interpreters, call (617) 726-6966.

Professional Achievements

continued from previous page

Ives Erickson publishes in *Online Journal of Issues in Nursing*

Senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, MS, co-authored the article, "The Nursing Shortage: Solutions for the Short and Long Term," with associate clinical professor at Duke University School of Nursing, Brenda Nevidjon, RN, MSN. The article appeared in the January 31, 2001, issue of *Online Journal of Issues in Nursing*.

Capasso, Martin and Pittman present prize-winning posters

Vascular clinical nurse specialist, Virginia Capasso, RN, PhD, presented her poster, "Arterial and Diabetic Wound Healing: the Cost and Efficacy of Two Wound Treatments," at the 25th anniversary conference of the Gamma Epsilon chapter of Sigma Theta Tau International, and at the National Symposium of the Society for Vascular Nursing in Minneapolis, MN, where it won best poster honors.

Also presenting at the Sigma Theta Tau International conference were clinical nurse specialist, Ann Martin, RN, and patient education specialist, Taryn Pittman, RN, whose poster, "Health Literacy and Patient Education: the Role and Responsibility of Nursing," also earned best poster honors.

Schedule of Events

MGH's two-week celebration of Nurse Recognition Week

Sunday, May 6, 2001 — **Staff Nurse Reception**
7:30–9:00am
Trustees Room, Bulfinch 2

Monday, May 7, 2001 — **"Healing Meditation"** presented by Colin Matthews, violinist
Three sessions:
8:00–8:50am
1:30–2:30pm
6:00–6:50pm*
in the MGH Chapel

Tuesday, May 8, 2001 — **Panel Discussion: "Promoting Nursing to a New Generation through the Media and on the Hill"**
2:00–3:30pm
O'Keeffe Auditorium
moderated by Jeanette Ives Erickson

Wednesday, May 9, 2001 — **Research Day**

10:00–11:30am — **"The Effects of Back Massage"** presented by Maryellen McNamara, RN
O'Keeffe Auditorium

"Associate Degree Graduate Nurses' Pursuit of Further Education" presented by Christina Graf, RN

1:30–2:30pm — **"Research: From the Ivory Tower to the Bedside"** presented by Joellen W. Hawkins, RN
O'Keeffe Auditorium

On display throughout the hospital during Nurse Recognition Week celebration** — **Poster Presentations**

Thursday, May 10, 2001 — **"Defining the Future of Nursing: it's Up to Us"** presented by Jeanette Ives Erickson, RN, chief nurse
1:30–2:30pm
O'Keeffe Auditorium

2:30–4:30pm — **Staff Nurse Reception**
Trustees Room, Bulfinch 2

Monday, May 14, 2001 — **"Coronary Syndromes"** sponsored by The Center for Clinical & Professional Development
8:00am–4:30pm
O'Keeffe Auditorium

Tuesday, May 15, 2001 — **Panel Discussion: "Ask the Associate Chiefs"**
1:30–2:30pm
O'Keeffe Auditorium
Panel will include all associate chief nurses: moderated by Marianne Ditomassi, RN

Wednesday, May 16, 2001 — **"Culturally Competent Care Curriculum"** sponsored by The Center for Clinical & Professional Development
8:00am–4:30pm
Charles River Plaza

8:00–9:30am — **Health Centers' Unit Nurse Leaders Breakfast**
Wyndham Hotel
Chelsea

Thursday, May 17, 2001 — **"How Jane Won"** presented by Dr. Sylvia Rimm
1:30–2:30pm
O'Keeffe Auditorium

Friday, May 18, 2001 — **"Songs that have a Story: Celebrating African-American Heritage** presented by Janice Allen, song-teller
1:30–2:30pm
O'Keeffe Auditorium

** Parking in Front Garage available beginning at 5:30pm, May 7th*

*** Maps of poster locations available at MGH information desks*

Nurse Day at the Museum of Science
Friday, May 11, 2001

- Admission to museum exhibits (starting at 2:00pm)
- Refreshments (2:00–6:00pm)
- Buffet dinner (6:30–9:30pm)
- Omni Theater presentation: *Africa: the Serengeti*
- Boat rides on the Charles
- Tickets limited to nurses and one guest
- Tickets must be reserved in advance
- Deadline for reservations is May 4, 2001
- Parking at museum hosted by MGH
- Shuttle service to museum starting at 1:45pm

Cheevers raises the bar on raising money for cystic fibrosis

(Photo provided by Anita St. John)

Kimberly Cheevers, RN (second from left), at the Fleet Center with record-breaking Fifty-fifty fund-raising team!

Pediatric Intensive Care Unit (PICU) staff nurse, Kim Cheevers, RN, learned first-hand that when you lead with your heart, there's no limit to what you can accomplish! Cheevers was the driving force behind a recent fund-raising effort that, in addition to breaking records, netted a whopping $12,000 for the Pediatric Cystic Fibrosis Clinic at MassGeneral Hospital *for* Children. Cheevers approached this endeavor with what nurse manager, Brenda Miller, RN, calls "fierce determination."

Boston sports fans may be familiar with the "Fifty-fifty" fund-raising program sponsored by the Boston Bruins organization. The program, built around the sale of raffle tickets, supports local fund-raising efforts by, in effect, splitting the proceeds between the charitable organization and the person holding the winning raffle ticket.

Cheevers recruited a team of ticket-sellers from among her friends, family and coworkers. She performed all the necessary prerequisites to secure permits from the Boston police and fire departments. She booked three separate dates at the Fleet Center to sell raffle tickets at Bruins games. And then she worked her marketing magic to systematically sell more tickets than had ever been sold for any Fifty-fifty fund-raising event!

After the first Bruins game, Cheevers expanded her team of volunteers to increase ticket sales. Then she observed that people who were purchasing raffle tickets were buying one ticket of each color, so she added more colors to the array of tickets available. As a result, by the second game, she had significantly increased the amount of money raised, and broken the Fleet Center's record for Fifty-fifty ticket sales. By the end of the third game, Cheevers and her team of ticket-sellers had broken the record they themselves had set the week before.

When 'fierce determination' meets unconditional commitment, magical things can happen!

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Please contact Ursula Hoehl at 726-9057 for all issues related to distribution

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

Next Publication Date:
May 31, 2001

When/Where	Description	Contact Hours
May 14 8:00am–4:30pm O'Keeffe Auditorium	**Coronary Syndromes** This program will focus on the patho-physiology of myocardial infarction, non-invasive and interventional therapies. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	TBA
May 15 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
May 15 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.	- - -
May 16 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
May 17 8:00am–4:30pm Training Department Charles River Plaza	**Psychological Type & Personal Style: Maximizing Your Effectiveness** In this dynamic workshop, participants will engage in a journey of self-discovery using the Myers-Briggs Type Indicator (MBTI). Participants will learn about their: psychological type and leadership style; preferred methods of communication; preferred work environment; effectiveness as a team member. Following, participants will learn about: the impact of 'psychological type' in problem-solving and decision-making; how to work with opposite types; the implications of type in managing conflict. Registered nurses at all levels of experience are welcome. For more information or to register, call The Center for Clinical & Professional Development at 726-3111.	8.1
May 17 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, "Gender Roles in the Muslim Culture," presented by Imam Talal Eid, Muslim chaplain. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
May 17 10:00–11:30am O'Keeffe Auditorium	**Social Services Grand Rounds** "Raising Relational Boys," presented by Kate Dooley, MS, faculty at Jean Baker Miller Training Institute, Stone Center, Wellesley College; co-director of the Mother-Son Project, JBMTI, Wellesley College. All staff are welcome. For more information, call 724-9115.	CEUs for social workers only
May 21 8:00am–3:30pm Bigelow 13 Conference Room	**Management of the Burn Patient** This conference will assist nurses and therapist with the development of their practice related to the care of thermally injured patients. Topics will include the epidemiology and patho-physiology of burn injury; wound management; surgical treatment strategies; rehabilitation; psycho-social issues; and burn prevention. Registration is limited to 15. For more information, call The Center for Clinical & Professional Development at 726-3111.	6.9
May 22 8:00am–4:30pm Haber Conference Room	**Advanced Arrhythmia Interpretation Program** This program is designed for nurses who are competent in all aspects of arrhythmia interpretation, but wish to expand their knowledge in the areas of bundle branch blocks, and wide complex tachycardias among other topics. Pick up pre-reading packets from The Center for Clinical & Professional Development, FND645. Registration is required; call 726-3111.	7.8
May 23, 8:00am–12:0pm May 25 (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
May 23 and 24 8:00am–4:30pm VBK601	**BLS Instructor Program** A 2-day training program that prepares participants to teach CPR courses. Pre-requisite: current health-care provider card and commitment to teach at least 2 CPR courses per year. Pre-registration is required, and participants must pick up instructor textbooks and teaching assignment in the Center for Clinical & Professional Development (Founders 6) two weeks prior to course. For more information, or to register, call Roberta Raskin at 726-7572	13.2 for completing both days
May 25 8:00–11:00am 12:00–3:00pm O'Keeffe Auditorium	**A Death of One's Own** Part of a four-part program sponsored by the Ethics in Clinical Practice Committee, the Palliative Care Department, and The Center for Clinical & Professional Development. This session explores the control uissues around how Americans choose to die and the implications for families, institutions and communities Program will include both lecture and discussion, as well as a video of the highly acclaimed Bill Moyers PBS series. For more information, call The Center for Clinical & Professional Development at 726-3111.	3.6
June 1 8:00am–4:30pm O'Keeffe Auditorium	**Post-Operative Care: the Challenge of the First 24 Hours** This workshop will provide a general review of post-operative care of the adult surgical patient. Lectures will discuss pre-operative assessment, post-anesthesia care, and potential patient problems that may occur within the first 24 hours after surgery. Patient assessment factors, patient care problems and post-operative nursing plans of care will be identified and reviewed to emphasize optimal patient outcomes. Case studies will be used to illustrate the continuum of care from pre-operative to post-operative for specific patients. This workshop is intended for any nurse who cares for post-operative patients in a variety of settings. For more information, call The Center for Clinical & Professional Development at 726-3111.	8.7
June 5 8:00am–5:00pm NEMC	**Chemotherapy Consortium** Pick up pre-reading packet, and pre- and post-tests at The Center for Clinical & Professional Development on Founders 6. 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.	10
June 6 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
June 7 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.	- - -
June 7 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, "Cultural Competency in Phlebotomy," presented by Phil Waithe, RN, clinical educator. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
June 11 8:00am–4:00pm 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
June 12 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
June 12 8:00–11:15am Haber Conference Room	**Intermediate Arrhythmias** This 4-hour program is designed for nurses who wants to expand their knowledge of arrhythmias. The program prepares staff to take the level B arrhythmia exam. For more information, call The Center for Clinical & Professional Development at 726-3111.	3.9

The next issue of *Caring Headlines* will be distributed on Thursday, May 31, 2001, to allow for complete coverage of Nurse Recognition Week activities

EAP Work-Life Seminars

"Financial Planning"

Life transitions, such as expanding your family, sending a child to college, career changes, or retirement can feel overwhelming. Advance financial planning can help reduce stress and ensure a smooth transition into new life situations. This presentation will provide practical fiscal advice with a humanistic approach.

Thursday, June 14, 2001
12:00–1:00pm
Wellman Conference Room

Friday, June 22, 2001
12:00–1:00pm
BWH

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

Caring HEADLINES

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