

October 4, 2001

Caring

HEADLINES

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Special Diversity Issue

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We
choose
unity

MGH Patient Care Services
Working together to shape the future

Testing our commitment to diversity

Several years ago, MGH and Patient Care Services made a decision to actively increase the diversity of our workforce. We turned our attention to educating ourselves about diversity issues and implementing meaningful diversity initiatives. As a result of those initiatives we are a different institution today than we were just five years ago. We are more aware, more inclusive, and more understanding. And we are a better, stronger community for our efforts!

It is fitting that this issue of *Caring Headlines*, long slated to be our annual Diversity issue, comes at a time when the events of September 11, 2001, are so fresh in our minds. I spoke with Deb Washington, our director of Diversity, just days after those unspeakable acts of terrorism, and her comments have stayed with me. Deb said, "These events have now become part of our national and personal histories. It is up to each of us to decide how we will respond. I hope we all understand that today... we are being tested in more ways than one."

Indeed, we are being tested. Personally, as an institution, and as a people, this is a test of our commitment to our values. This is when our actions speak louder than words. In situations of extreme adversity, we truly find out what we're made of.

Let me tell you what we're made of.

Within hours after the bombings, MGH was ready to accept 50 ICU-level patients from New York City. We were equipped to receive as many of the walking wounded as could be transported to us. We set up a working disaster headquarters in the Trustees Room on Bulfinch 2; we were prepared for anything.

Our nurses, physicians, therapists and pharmacists, who are trained as part of the International Medical Surgical Response Team (IMSuRT) and the Boston Disaster Medical Assistance Team (DMAT), were deployed to New York City at the request of the federal government. Marie LeBlanc, nurse manager and IMSuRT supervising nurse, said, "It was a privilege to be able to help. We were the lucky ones. We were able to go to New York, go to Ground Zero... and do what we are trained to do."

When members of the MGH community were pulled from their units to answer the call, others stepped up to

work in their absence. Pauline Albrecht, a staff nurse on the Ellison 7 General Surgery Unit, said, "I am so proud to be a nurse this week, knowing that my colleagues are giving their all to those who need them the most. I will gladly work their shifts to cover for them while they're gone."

Our Psychiatric and Pediatric nurses, along with chaplains and physicians quickly formulated guidelines to help parents and guardians talk to their children about these potentially traumatizing events.

Our Diversity Committee came together immediately in response to requests from managers and others to provide guidelines on how best to support staff.

On Friday, September 14th, three days after the bombings, the MGH community came

together for an interfaith vigil in O'Keefe Auditorium. Every seat was full. People stood in the aisles and sat on the floor. The crowd spilled over into the Haber Conference Room and out into the corridors: Christians, Jews, Muslims, Buddhists, grieving, crying, praying... together.

That's what we're made of.

My friend, Deb Washington, was right—we *are* being tested. But I'm happy to report we're passing that test with flying colors! Our diversity education has served us well. We need to continue to draw on the strength of our values, our relationships with each other, and our commitment... to always do the right thing.

Thank-you, in these very difficult times, for choosing unity.



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

PCS Diversity Value Statement

- We are staffed by people from many cultural heritages who care for our patients.
- We bring together a multi-cultural staff who respect, value, trust and appreciate one another.
- We value the beliefs and cultural heritage of each patient and family.
- We are a caring community that values cultural diversity.
- We have a strong commitment to staff diversity to reflect our stance on cultural competence.
- Our staff works together as a multicultural team.

Brotherhood... from sea to shining sea

All of us, I think, spent the week of September 11th talking with family and friends about what is still difficult to grasp in its enormity. During those initial moments, watching the news, stunned disbelief kept things from sinking in. Probably like you, of its own accord, my mind kept telling me that what I was seeing was something out of a movie. Emotionally, of course, I understood exactly what had happened. An incredible loss of life had just occurred. And the worst

horror of all—it was innocent life. It is difficult to think of ourselves as the focus of such malignant intent. It has taken days of sharing this experience with others to get connected with the reality of this national nightmare.

As a nation, our sense of self has had harm inflicted upon it. I believe it is this sense of who ‘we’ are that will be at the forefront of many conversations in the days to come. It is up to us to decide if that conversation will touch a tender spot... or a tinder spot.

We have a new situation before us with ramifications for old patterns of behavior to emerge; patterns that were so eloquently addressed by Dr. Martin Luther King when he lived. We have talked long and hard about creating a society of inclusion that respects diversity. And yet the local and national news carry reports of new acts of racism. Let us be clear that there is a pattern to racism.

Racism robs a person of individuality. A single human being is made, by others, to carry the weight of an entire people.

Racism demonizes whole peoples, whole cultures, because of wrongs committed by individuals of the same or similar ethnic heritage.

Racism labels a specific ethnic heritage as “non-American” by those who use themselves as the standard for what *is* American.

Racism gives rise to a distinct language that labels specific ethnic groups, and that language is used to dehumanize those groups. And once dehumanized, indi-



Deborah Washington, RN, MSN
director, PCS Diversity Program

viduals of that group are no longer accorded decency or justice by the society in which they live.

Racism is a particularly virulent disease. Let us not help spread that disease.

Because I continue to learn, I’ve realized something recently. I’ve realized that I want to change the way I express a personal ideal. Rightly, over the last few years, as a result of heightened awareness, our language has become more inclusive of all members of our society. We created hyphenated phrases to better describe our citizenry: African-American, Hispanic-American, Asian-American, European-American, Native American. In light of recent events, I would prefer to promote a different emphasis. From this moment, I choose to talk about *Americans*

who are black, *Americans* who speak English as a second language, *Americans* who are gay or lesbian, *Americans* who have a disability, *Americans* who are poor, or *Americans* who are Muslim. I need to do this because my view of the world has changed significantly.

This land of immigrants; this land of people brought here against their will; this land of sanctuary for people fleeing social and political injustice; and this land of indigenous people who initially welcomed foreign explorers to their shores; is unique in how it was established and, I believe, will be unique in its response to the call of destiny.

Though I am grieved by the significance of the loss of the World Trade Center, I am acutely aware that the Statue of Liberty still stands.

Negotiation Skills for Those Not Born to the Table

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

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

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

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

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

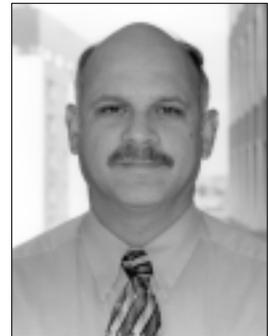
Staying connected in the aftermath of tragedy: say what's in your heart



Bonnie Zimmer, LICSW

E-mail has become a mainstay of communication in our society and in the MGH community. It gives us a way to keep in touch despite barriers of time, opportunity or geography. And sometimes, it allows us to connect with people in a profoundly meaningful way, if we are moved to do so.

Bonnie Zimmer, LICSW, and Firdosh Pathan, RPh, have agreed to allow Caring Headlines to print this very personal exchange they shared spurred by Pathan's participation in the MGH interfaith vigil following the events of September 11, 2001.



Firdosh Pathan, RPh

From: Zimmer, Bonnie
Sent: Monday, September 17, 2001, 9:50am
To: Pathan, Firdosh
Subject: Reaching out

Firdosh,

I am writing to extend a hand of compassion and unity to you in the wake of the disasters of the past week.

I was grieved to hear that your friend was one of the many who died on the plane out of Boston last Tuesday, and wanted to extend my sympathies to you.

On Friday, at the interfaith service in O'Keefe Auditorium, I heard human voices reading from the Koran for the first time in my life. As a Jewish woman, this experience was quite profound for me. The sounds and intonations seemed so close to the equally ancient sounds of prayer with which I grew up. I cried as I thought of all the hatred and fear preached to me and other children growing up in the 1960s in New York. In those moments in O'Keefe, I could feel the resonance between our separate histories, and imagined that our cultures, our families, and our human needs must in the end be more alike than they are different. Certainly in this past week, we have all felt similar grief, shock, fear and outrage.

But I am not naive, and I know that for you and your community there is also a level of personal fear and terror, that I do not share. I am grieved to see all the Muslim-owned businesses I frequent locked up tight (my favorite shoe store, the gas station in my neighborhood) and presume that it is out of fear that these shops have closed their doors.

I want you to know that the tears I am shedding this week are for us all.

Firdosh, I wish you comfort in your grief for your friend and your community, safety in your day-to-day life, and friendship in the days and weeks to come.

B'shalom (in peace),

Bonnie Zimmer

From: Pathan, Firdosh
Sent: Monday, September 17, 2001, 10:19am
To: Zimmer, Bonnie
Subject: RE: Reaching out

Hi Ms. Zimmer,

I thank you very much for your touching e-mail. I do not know how to express my gratitude for sharing the pain. Yesterday, in Arizona a gas station owner was shot and killed because he had a long beard and looked Muslim. Sadly, the deceased person was a Sikh (not a Muslim). There are more cases of attempted shootings and harassing telephone calls. A staff member at MGH who wears a traditional head scarf was called bad names while walking through the streets of Boston.

I left India where I was born and grew up in a Muslim minority. There, we have local riots every now and then. I lost 14 people from my immediate family (the youngest was 6 months old; the oldest was my grandmother's sister 88). They were all burned to death during the riots.

I immigrated to the United States in 1986 and was very happy to become an American citizen. I had hoped that my kids would never have to endure the same pain and suffering and hatred toward other human beings just because we belong to a different religion (after all, we all are children of Adam and Abraham). But now I am sad to explain to my kids why some people will hate them because they are Muslims, and that not all Muslims are terrorists.

I appreciate your prayers and hope we can live in a peaceful world without any violence.

Thanks once again.

Firdosh.

A plea for peace... at MGH and throughout the world

At an interfaith vigil on Friday, September 14, 2001, hundreds of MGH employees came together in O’Keeffe Auditorium (and at other locations via tele-conferencing) to grieve, to console one another, to offer support and friendship, and to try to begin to heal. The service, presented by members of the Chaplaincy and the MGH community, included readings from many sources, secular and non-secular.

From the Jewish faith:

*In the rising of the sun and
in its going down,
we remember them...*

*In the blowing of the wind and
in the chill of winter,
we remember them...*

*In the opening of buds and in the
rebirth of spring,
we remember them...*

*In the blueness of the sky and in the
warmth of summer,
we remember them...*

*In the rustling of leaves and in the
beauty of autumn,
we remember them...*

*When we are weary and in need
of strength,
we remember them...*

*When we are lost and sick at heart,
we remember them...*

*So long as we live, they too shall
live, for they are now a part of us, as
we remember them...*

By John Robbins, American author

*Help us to say connected to our hearts and
each other.*

*Help us to see the good in ourselves and
each other.*

*Help us to serve the spirit of goodness in
all we meet.*

*Help us, especially, to recognize our
connection to those who think themselves
our enemy.*

Help us to restore love upon this earth.

*M*ary Martha Thiel, director of the Chaplaincy, opened the service, saying, “Holy One, we come before you stunned by the events of this week. We come with many feelings and many fears. Let this time of prayer bind us together, with comfort and consolation, in our desire for reconciliation and peace.”

From the Muslim faith

*If My servants ask you about Me (God),
I am near. I answer the call of the caller
when he or she calls on Me. They should
therefore respond to Me and believe in Me
so that hopefully they will be rightly guided.
(Qur’an 2:186)*

*A prayer for those awaiting rescue, the
victims, and those trying to help:*

*O Creator of all creation! Bless those still
waiting to be rescued with patience and
endurance until they are found.*

A prayer for volunteers:

*Our Lord: Bless those officers
and volunteers with energies
who are doing their best to
rescue people entrapped. Give
speedy recovery, physically and
spiritually, to those who are
injured in this tragedy. O Lord of
the universe, give comforts to the
relatives and loved ones of the
victims.*

*A prayer for the terrorists and
oppressors of the world:*

*Our Creator and sustainer:
Guide them to the right path; help
them deal with their anger and
frustration in a positive way.
Save them and the world from
their evil.*

Prayer for Solidarity and Justice

*May our eyes remain open even in
the face of tragedy.*

May we not become disheartened.

*May we find in the dissolution
of our apathy and denial, the cup
of the broken heart.*

*May we discover the gift of the fire
burning in the inner chamber
of our being—burning great and
bright enough to transform
any person.*

*May we offer the power of our
sorrow to the service of something
greater than ourselves.*

*May the suffering purify and not
paralyze us.*

*May clarity be our ally and
wisdom our support.*

*May we be forgiven for what we
have forgotten and blessed
with the remembrance of who
we really are.*

Prayer of Lament

*Lord, plunge me deep into a sense
of sadness at the pain of my sisters
and brothers
inflicted by war,
prejudice,
injustice,
indifference,*

*that I may learn again to cry as a child
until my tears baptize me
into a person who touches with care,
those I now touch in prayer:
the victims of violence
and hatred.*

Acute stress reaction and post traumatic stress disorder

—by Christina Gulliver, RN, MS, CS
psychiatric clinical nurse specialist



Christina Gulliver, RN, MS, CS
psychiatric clinical nurse specialist
Blake 11

In the wake of our nation's tragedy we are beginning to realize the 'collateral' damage and effects the attacks of September 11, 2001, are having on our country. One of those effects is already being felt by firemen, rescue workers, and direct and indirect witnesses to the events. It is the impact on their mental health.

It is important to understand the distinction between a normal psychological response to a tragedy such as this and a response that would be considered out of the ordinary by a trained mental health professional.

What is a 'critical incident'?

A critical incident is an out-of-the-ordinary traumatic event that is overwhelming, powerful and generally disruptive to individuals or groups. Examples of critical incidents are: acts of violence, shootings, the unexpected death of a co-worker in the workplace, the serious injury or death of a child, and certainly, the terrorist attacks in New York and Washington, DC. The witnessing of such events can have an impact on a person's ability to process informa-

tion and function. When we assess a person's response to these events, we ask if they are experiencing flashbacks, nightmares or recurring, disturbing visual images they can't stop. We define the phases of a stress reaction based on the time that has elapsed between witnessing the event and the person's response to the event.

Acute stress reaction vs. post traumatic stress disorder

The *short-term* effect of witnessing a critical incident is often referred to as the acute stress reaction phase. This refers to the person's immediate response to the incident. Symptoms can include recurrent thoughts, dreams, images, and/or flashbacks to the event. The firemen and rescue workers currently working at the World Trade Center and Pentagon have been asking mental health professionals, "How can I stop these images?" This is an example of how the mind continues to 'replay' traumatic images that have been witnessed.

People may also display an avoidance of the incident, or a numb-

ing or detachment from the event. There can be a significant impact on a person's social or work life, as many of us experienced watching events unfold before us on television and computer screens.

People may also experience memory or concentration impairment. It's important to understand that these responses are normal, and they are probably temporary. Most people experience symptoms within the first two days of witnessing a critical incident, and symptoms can last from two days to four weeks.

The *long-term* effect and residual symptoms are often referred to as post traumatic stress disorder (PTSD). This diagnosis is one we became familiar with after the Vietnam War when many veterans returned from battle but continued to experience psychological distress as a result of the traumatic events they witnessed at war.

The difference between acute stress reaction and post traumatic stress disorder is the duration of symptoms and the level of disturbance in a person's ability to function. Post

traumatic stress disorder lasts longer than one month, and the classification is broken down further into acute and chronic phases. The acute phase of PTSD lasts up to, but less than, three months; and the chronic phase lasts three months or more. A person suffering from PTSD requires professional help for symptom-management and treatment, as it can lead to a serious disruption in his/her life and ability to function.

What help is available for the management of short- and long-term responses to stress?

How many times over the past few weeks have we wanted to talk about the incidents we've witnessed? It's human nature to want to process an event of traumatic proportions. For some, it is difficult and sometimes impossible to talk about traumatic events. There is a program known as Crit-

ical Incident Stress Debriefing (CISD), specifically designed to provide support to victims and witnesses of traumatic events. A number of members of the Red Cross, mental health professionals, and Human Resources personnel are trained in CISD. The technique is used to help victims and witnesses process what they experienced (or saw) in a safe environment. The process helps to mitigate their symptoms allowing them to return to normal daily activities.

During the first few days or weeks after an incident, it's important to allow people to talk about what they witnessed and experienced. It is believed that if people are allowed to talk about the trauma and their feelings surrounding the traumatic event, it can prevent long-term acute symptoms associated with post traumatic stress

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Let our daily routine of caring extend to one another

—by Barbara Guire, RN, MS, CS,
psychiatric case manager

Here's a button on my desk I received some years ago that reads, "Nursing, the gentle art of caring." In light of recent events, many of us in the caring professions have been confronted with images, thoughts, and feelings that are anything but gentle.

Many nurses, doctors, respiratory therapists and pharmacists from MGH traveled to New York City to provide care for those who were injured and for the rescue workers. They are on the front lines providing the kind of care most of us have only seen on television shows like *M*A*S*H* and in the movies. But this is not a movie. This is more real than any of us could have imagined. They will return changed. We have all changed.

As we move past the shock, disbelief and horror of what happened, we will continue to provide high quality care. We will provide clarity in the midst of chaos. We will provide stability in the face of fear. Our daily routines—meeting with families, talking to patients, assessing pain, educating and supporting those in need, will continue. We will be comforted by the very rou-

tines that have always defined our daily lives. We will continue to provide care because... that is what we do.

Now more than ever, we need to remember why we became caregivers. We are professionals who provide the same high quality of care to all patients regardless of what language they speak, their ability to pay for care, or their religious, political or cultural differences. I was moved by a physician from one of the burn units who said, "We fight by caring for one patient at a time."

But we must also care for each other and ourselves with the same unfailing spirit as we care for our patients. In times of difficulty, it is important to pull together, share a joke, offer a shoulder, bring lunch for a colleague who can't get off the unit. Increased stress can result in irritability. Give each other the benefit of the doubt, a hand at the bedside, a pen at the nursing station. Remember our routine: caring and support!

As you watch out for your patients and each other be alert and aware that we are all affected; we are all going through a process of

shock, denial, grief and anger. It's important to maintain a normal routine, to be surrounded by family, friends and colleagues, and to find a time and place to talk about the events in order to make some sense of the tragedy. Let us share in the commonality of purpose and belief.

Here are some steps you can take:

- Maintain good sleep habits. Be aware that you could have nightmares, may wake up early, or may have difficulty falling asleep. Try not to watch the news or read the paper prior to going to bed. Limit the number of times you watch the news footage of the September 11th bombings. Watching it over and over will continue to re-traumatize you. Limit the amount of time you will watch and discuss the events. Remember to be respectful of each other's needs. Some may want to discuss it at length; others may not want to discuss it at work; still others, not at all.
- Try to relax in whatever ways you normally would; a hot shower, yoga, a cup



Barbara Guire, RN, MS, CS
psychiatric case manager
Blake 11

of tea, reading, watching a comedy, talking to friends. Exercise is also important, and now more than ever. Take a walk, go to the gym, jog. Do something you find comforting, pleasurable and a source of stress-relief. Many find the fellowship of shared prayer supportive.

- Eat three nutritious meals a day. There may be a tendency to snack more, but don't overdo it. Some current literature supports the consumption of chocolate. M&Ms can go a long way at an afternoon staff meetings. There's a saying on our unit that you can leave money around for weeks and no one will touch it, but when food is left unattended it's: 'every man for himself!'
- Alcohol should only be consumed in limited amounts. It's better to talk things

out than use alcohol to numb your feelings.

- If you do notice increased alcohol consumption, persistent inability to sleep, irritability, frequent crying spells, a short temper, increased anger, self-imposed isolation from co-workers and family, anger toward patients, feelings of guilt, increased anxiety; it is very important to seek help.
- Make an appointment to speak with professionals in the Employee Assistance Program. Call your pastor. Make an appointment to see a mental health provider. The earlier you seek help, the sooner you will get relief from your symptoms.

Remember, there are people to support *you* as you get on with your routine of supporting and caring for others.

Talking with children about the events of September 11, 2001

The MGH departments of Pediatrics and Psychiatry offer the following suggestions to parents on how to talk with children about the recent troubling events in our country. These guidelines are offered in the hope that open, age-appropriate communication will help foster a sense of security and diminish feelings of fear and anxiety triggered by this tragedy.

The MGH departments of Pediatrics and Psychiatry recommend that you:

- Ask your child what he knows about the events. This way, you can clarify any distortions, and help him get clear information. Encourage and eagerly invite questions. This allows you to discover the degree of distress, distortion or worry your child may be experiencing. You may try asking your child, "What is the hardest thing about hearing this news for you?" and, "Is there anything you haven't told me yet?"
- Encourage your child not to worry alone. Concerns for personal safety may be paramount in your child's mind. Younger children have not yet developed a clear sense of physical distance. It may be helpful to assist your child in understanding how far away New York and Washington are from Boston.
- The complicated and unanswerable questions need not be answered today. Your child will understand that a thoughtful response may take time and require you to consult with others for an answer.
- Some children may not want to go to school. Understanding the level of distress your child is experiencing is vital. You might ask your child how she is feeling. You may want to ask if she is afraid because of what happened. Some children may complain of a tummy ache or sore throat. While some may actually be physically ill, it's not unusual for children to react emotionally with physical complaints. If your child seems very distressed, school is not in order. You may choose to keep your child home for part of the day. You might consider driving her to school. For some adolescents, it may

be helpful for them to be in school with their peers. It may be helpful for parents to call other parents to see how they are handling it.

- Children who are old enough should be allowed to watch coverage on television *with parental guidance* if they express an interest in doing so. Infants and toddlers, especially, should be protected from violent and graphic images. If any child does not want to see the events, he should not be coaxed to do.

Following are some age-specific suggestions for talking with your children. You should take into consideration your child's age, developmental stage, personality, and previous history. The most important thing is to be physically and emotionally present for your child.

Infants:

- Be aware that infants pick up on the anxieties of those around them. Try to remain calm when interacting with your infant; keep routines consistent.
- Infants may be fussy in reaction to anxieties around them.

Toddlers:

- Keep routines consistent.
- Watching television and listening to the radio news should be in the presence of an adult.
- Offer toddlers videos to watch, read to them, or actively play with your child.
- If your toddler asks about what is going on, answer in simple terms. Tell them you are there to keep them safe.

Pre-schoolers:

- Watching television and listening to the radio news should be in the presence of an adult.
- If your pre-schooler asks about what is going on, answer in simple terms. Tell them you are there to keep them safe.

Women's Wellness Fair

A forum to provide women with information on ways to become advocates for their own health and wellness. Information will be available on various health topics, including menopause, osteoporosis, physical therapy, and more.

**Friday, October 5, 2001
10:00am–2:00pm**

Under the Bulfinch Tent

For more information, call Beth Kitzis at 724-0317

- Play with your pre-schooler, or get a play group going with friends.
- Engage in some type of special activity with your pre-schooler: watch a movie, play a game, bake cookies.

School-aged children:

- Watching television and listening to the radio news should be in the presence of an adult.
- It is very important *to be with school-aged children*—they are more interested than younger children and may be less capable than older children of coping and communicating.
- Reassure your child that there are people working to keep them safe and that together as a family you will be safe.
- Arrange activities: do a puzzle, play a game, bake cookies.

Adolescents:

- Be present. Listen, listen, listen.
- Watch the news with them.
- Engage you adolescent in healthy conversation: "How did you hear about this?" "How did you feel when you heard it?" "Do any of your friends have family who have been hurt or killed?"
- Share your feelings with them honestly.
- Encourage them to express their feelings of anger and discuss ideas about how they can deal with those feelings.
- Let them know that they are safe; that together as a family you will be safe.
- Adolescents should let you know where they are going, who they will be with, and how you can reach them if you need to.

Managing cross-cultural conflict

In response to requests from managers and others in the MGH community, the PCS Diversity Steering Committee came together in the days following September 11th and drafted the following guidelines to help staff cope with their feelings and manage any conflicts that may arise during this period of heightened emotional stress.

- *It might be helpful to remind staff why MGH exists.* The foundation of this institution lies deep in the principles of service to any and all in need as this statement from our original charter, granted by the Massachusetts state legislature of 1811 demonstrates: "The Hospital, thus established, is intended to be a receptacle for... citizens of every part of the Commonwealth, as well as strangers, from other states and countries... it cannot be doubted that the plan of a general hospital is the offspring of a liberal and expansive benevolence, ranging far beyond the confines of a single town, and seeking for objects of solace and comfort among the whole family of man."
- When challenged about differing political points of view, acknowledge that not everyone in the world agrees completely on any country's foreign policies, but everyone can agree that *valuing*

human life is not a political issue. Then calmly change the subject to the task at hand.

- If you overhear a conversation in a public place related to the current social situation, suggest to those involved that a more private environment might be a better place to talk about the situation. *The desire to process information is natural.* However, conversations can be overheard, taken out of context, and misunderstood. Try to keep opportunities for misunderstandings to a minimum.
- Encourage staff to make an extra effort to be courteous and considerate of one another. A simple, "Good morning" or "thank-you" can go a long way. *Some staff members may feel especially awkward or self-conscious as world events unfold.* They may not feel comfortable initiating a conversation but would be eager to be

included. Make sure no one is feeling left out, overlooked, or ignored.

- *Recognize a person's right to be angry.* Feel free to remind people

"The Hospital, thus established, is intended to be a receptacle for... citizens of every part of the Commonwealth, as well as strangers, from other states and countries... it cannot be doubted that the plan of a general hospital is the offspring of a liberal and expansive benevolence, ranging far beyond the confines of a single town, and seeking for objects of solace and comfort among the whole family of man."

of the difference between a 'just' anger and the kind of anger that leads to acts of prejudice. Make sure the individual has the right focus for her anger.

- If you are in a situation where you witness an expression of anger, engage that person in a conversation; help him under-

stand what he's really angry about and suggest other ways to channel that anger (for example, take a break, go for a walk, maybe find a tranquil spot to sit and reflect, perhaps a visit to the Chapel).

- *Sometimes it is necessary to confront the negative behavior of those who use humor inappropriately.* In a situation like this, it's best to simply say, "I'm sure your inten-

—You are the key source of information about events and staff's primary connection to the institution's response to those events.

—You are a reference point for what kind of behavior is appropriate as well as what won't be tolerated.

—You are the "go-to person" for guidance about individual concerns and needs.

—You are a role-model. It is more important than ever that your actions project our values and our belief system.

- *As a person in a leadership position, your own health and well-being are a priority.* It is important that you take time for your own reflection and rejuvenation. You know what it takes to sustain your personal strength. Please do not hesitate to ask for support and guidance to get what you need.

- Remember that in all things *you are a representative of the institution.*

- What you say and how you feel may be attributed to how MGH feels and sees things. Be wise and prudent in your comments and leadership activities.

The Road to MGH

Do you know my name?

English is my second language, and when my identity was stolen recently, MGH Police & Security helped me to take the steps to stop all the credit applications that were made in my name. This was a long and tedious process, and I worried that my language skills were not sufficient to assure that I would be understood. I was frightened that everything my husband and I have worked for would be lost because of the bad credit this incident would bring us.

The Special Investigations Unit was very supportive and helpful when the local police seemed uninterested in my situation.

I am happy they were there for me.



Omar Merino

I left my four children behind to come to America to make a better life for them. In my country, I survived an earthquake and had to live with my family in a tent near the ruins of our home for many months.

When I first came here, a friend taught me a few English phrases so that I could get work as a waitress. I always hoped that customers would not ask more questions than I had the words to answer. This year, my 8-year-old nephew, who lives in my country, was kidnapped for ransom. My family in this country pooled all of our money to send to his mother so that he would be freed. It was a terrible scare, many children are never seen again but he was released, unharmed.

I've been at MGH for four years now and take ESL classes to improve my language skills.

My husband and I have worked two jobs so that we are finally able to buy a home for our family.

*We will be together some day;
I just have to be patient.*

I was born in Alabama. My mother had 16 children, and I never saw a doctor until I was 18 years old. I love my mother; she was always there for us. She would go to work early in the morning, come home, and then go back to work later in the day so she could be home for us.

I remember her sitting on the floor with us kids all around her, teaching us right from wrong.

She taught us the importance of honesty, respect and hard work. This was her gift to us. These are values that I have passed on to my children, and I hope my grandchildren will live by them, too. Because of my mother's lessons, I have pride in my work and understand the important contribution I make to helping our patients get well.



Veronique Laurette

Do you know my name?

Maria Emilia

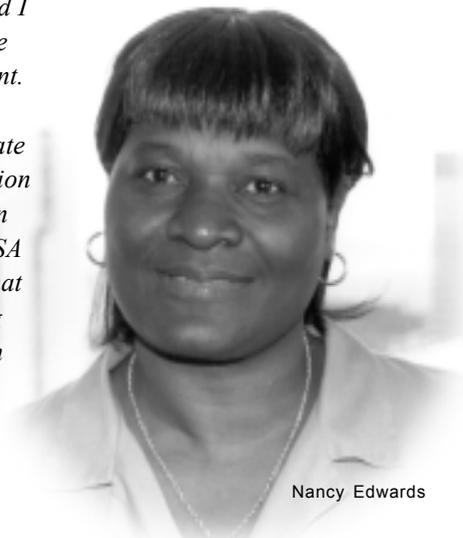


Dina Flores

My children are behind in my country, and I cannot return to get them because of the violence and corruption of the government.

I cannot even visit them because of the troubles there. I am a unit service associate at MGH and I take the Workplace Education classes to improve my skills so that I can be a citizen. I also attend the OA/PCA/USA Connections offered by the hospital so that I can learn more about being a nursing assistant. I am a nursing assistant in an extended-care facility on weekends.

I hope that my children will be with me soon.



Nancy Edwards

Do you know my name?

My family is from Angola, and when I traveled there last year, I could not visit my home because of the guerrilla warfare along the borders. When I first came to America, watching TV was like seeing a picture with strange sounds that made no sense. Until I went to school to learn English, the best words I could say were, "Do you understand me?" I have worked at MGH for many years, first in the patient elevator and now as a USA. I work as much overtime as I can because I am saving money to buy a home in Portugal where my father lives and it is safe. I have taken the Workplace Education classes and studied hard. In August, I became an American citizen. I was nervous about passing the test, but my friends at MGH coached me and told me that I would succeed. And I have dreams—some day I will return to Angola where I will go into business with my brother and sister.

We will have a restaurant and a boutique.

I've worked at MGH for 28 years. I came from Haiti with my husband and worked to bring 14 members of my family to America. Now, I own my own home, but I have to work hard to care for it and for my husband who is now in a nursing home. Many days I must go to the nursing home to care for him after I have worked a full day here at the hospital. I am tired, but family is the most important thing to us.

I work beside you every day, keeping the environment of care clean and safe so that our patients can be returned to health.

Sometimes my days are long and tiring because I go to another job after I finish my shift at Mass General. I want my family to have a good life and be respected for our culture and values.



Inacio Goncalves

Do you know my name?



Ange Marie Joseph

MGH: a tapestry of people and stories

It's 10:00pm on Saturday night. Yves Salomon has been looking forward to this day all week. He dials the phone, and his wife, Victoria, says hello. He is so happy to hear her voice. It amazes them both that Haiti and Boston seem so close on the telephone. They rapidly start sharing the events of the past week. When he hangs up, he sighs. Another week until he talks to her again. He hopes to speak to his son next time. Andy is only seven, so he is often asleep when Yves is able to call. Yves speaks to Andy about once a month.

Yves works in the Enteral Feeding Unit preparing tube feedings and infant formulas. He also works on patient care units as a nutrition

service coordinator. In that role he is responsible for diet changes, menu selection and tray preparation. Both jobs require the ability to read and write English. Yves remembers back to 1996, when he immigrated to Brooklyn, New York, from Haiti. He could not speak one word of English. The feeling of isolation was overwhelming. He couldn't read a newspaper, watch television, ask a question of a stranger, or communicate in any of the usual ways. He desperately wanted to return to Haiti, but his sister convinced him to stay. He took one semester of English in a community college but had to quit to go to work. He found a job in a warehouse, packing merchandise for retail stores.

New York was not the place for Yves; too noisy, too busy, too many people. Yves' sister suggested he come to Boston. He could stay with her and her husband. The move led Yves to MGH. His brother-in-law worked here, so it seemed natural for Yves to look for a job here, too.

Not only has Yves excelled at his work, he's earned 24 credits toward an associate's degree in Imaging Radiography at Bunker Hill Community College. Tuition reimbursement and a scholarship from the department of Radiology are covering his school expenses. He hopes to complete his degree in June, 2003.

Yves will be eligible for American citizenship soon, which will pave the way for him to bring his wife and son to Boston. His degree will lead to a higher paying job so he can support his family when they arrive. There are still years of sacrifice ahead, but Yves has kept his sights on his version of the American Dream.



Glendalee (left) and Dorothy Welcome

On March 2, 2001, Glendalee and Dorothy Welcome, along with their brother and nephew, were going to fly for the first time in their lives. They weren't going on vacation, they were about to start a new life in America. Their mother had traveled from their home in Puerto Cortes, Honduras, to Boston ten years earlier and had only returned home twice during that time.

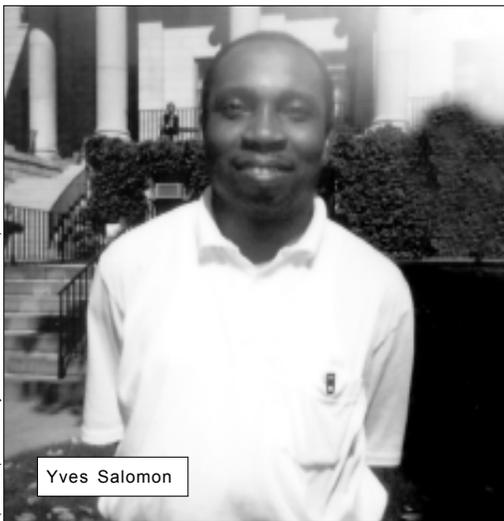
Having their mother here and having spoken some English in Honduras gave Glendalee and Dorothy a sense of safety and stability. But their daily activities, such as grocery shopping, were very difficult in this new country.

Glendalee and Dorothy were introduced to the MGH Nutrition and Food Service Department by their aunt, Emelina Fredrick, who had

worked in the department for 26 years. They eagerly accepted positions as nutrition service coordinators, responsible for the preparation and service of patient meals.

Dorothy and Glendalee enjoy providing meals to patients. Their employment at MGH has helped them overcome their fears and the obstacles they have faced and continue to encounter in America. One of their major goals is to ensure that their nephew gets a quality education.

Surprisingly, Glendalee and Dorothy enjoy Boston winters, but they miss their home and friends dearly. They plan to return to Honduras at some point, but they will always treasure the experiences they had in America, and at MGH.



(Photos provided by Nutrition & Food Services)

Multi-cultural mentoring: rewarding in every way!

Mentoring can be one of the most gratifying relationships you can share with a fellow human being. It is especially rewarding when a mentoring relationship contributes to the success of a nurse who is confronting numerous obstacles to resume an interrupted career.

As a teaching hospital, MGH attracts individuals from all over the world. Sometimes, it's necessary for health-care professionals from other countries to work in assistive roles here in the United States while they pursue the necessary licensure to enable them to work in a professional capacity here.

The following two stories highlight the drive, hope and love of nursing that motivate these dynamic women to do what's necessary to once again work in the profession they practiced in their homelands.

Elena Yashaev, patient care associate on Ellison 7, was born in Russia and educated as a nurse there. When Elena decided to leave Russia because of the unstable political situation at the time, she moved to Israel. She wanted to give her children a better future.

Elena immigrated to Boston two years ago to join members of her and her husband's families. For Elena, though moving from country to country can bring positive experiences, Elena acknowledges that language barriers can be difficult to overcome.

Says Elena, "With differences in language, it is like being deaf and mute." Elena speaks Russian, Hebrew, Farsi and English, but she is hesitant to accept compliments on her mastery of English. "No, no," she says, "The way I say words sometimes makes me hard to understand."

One of the many things Elena likes about working on Ellison 7 is how comfortable she feels as a member of the unit. "It's always good when you have nice people around you." She is especially grateful for the help and interest shown by her nurse manager, Marie LeBlanc, RN. Says Elena, "I like to learn from her."

Elena became a nurse because her mother is a nurse. Elena used to accompany her mother to work, and she recalls, "I used to give shots to my dolls." Having worked in other countries, Elena believes that all nurses share the same priority—providing

good care and helping others. "That's why I came to MGH. When I arrived in Boston, I was told that MGH was the best hospital in the United States. All my friends encouraged me to apply here."

Currently Elena is studying to take the test administered by the Commission on Graduates of Foreign Nursing Schools (CGFNS). This is one of the tests required before she can sit for the NCLEX. "I am a simple person like everyone else," she says. "It is my dream to practice as a nurse again. The future is wide open. Anything is possible."

Caren Liu was born in Sweden. She studied to be a nurse there because, says Caren, "I wanted to do a job that felt meaningful to me." Caren chose her profession when she was 15 years old. After securing the necessary academic preparation, Caren graduated and practiced nursing for about four years before leaving Sweden to come to the United States. "When I decided to leave Sweden," says Caren, "the United States was the only country for me." That was about ten



Elena Yashaev,
patient care associate
Ellison 7



Caren Liu
patient care associate
Phillips 21

years ago. Currently, Caren works as a patient care associate on Phillips House 21, where she has worked for the past seven years.

Caren sees the patient care associate role as a step toward gaining licensure to practice nursing in America. She wanted a position where she could witness nursing as it is practiced in this country, and at the same time gain fluency in the English language. Caren's basic philosophy of nursing is that nurses should be patient advocates. Nurses are responsible for taking care of patients who can't take care of themselves. She observes that, in the United States, nurses and patients 'connect' in a whole different way.

Caren studied for many months to prepare for the CGSNF exam. She signed up for a study course and mentoring sessions that included long hours at the computer reviewing test questions. She developed a great relationship

with her nurse manager, Kathie Myers. Says Caren, "She was someone I could go to to talk about personal as well as professional issues. She was a great help."

Caren had an opportunity to shadow a nurse in another specialty as she thought about what area of nursing she would like to enter when she gets her American credentials. Nurse managers and clinical nurse specialists arranged for her to visit the pediatric and burn units. "The staff were very welcoming and provided a good learning experience for me."

Caren passed her CGSNF exam. Her next step is the Toffel exam for English to test her level of fluency. Then, she will be ready to take the NCLEX. Says Caren, "It is a long process to earn the right to practice nursing in the United States when you received your education in another country. It is long... but it will be worth it to me."

Reflections on India, tolerance, and the aftermath

I just came back from India as part of a Partners International cardiac surgical team visit. The director of nursing there, Sister Thankam Gomez, has a three-year-old son named, Akash, who kept asking her why she had to work so late that week. She told him that some 'special aunties' had come from America. Akash wanted to meet these special aunties, so she brought him to work with her on the last day.

—by Donna Perry, RN,
professional development coordinator

Despite Akash's eagerness to meet us, he was frightened when he first saw us; he buried himself in his mother's lap. As it turned out, it was our light skin color that frightened him! Thankam sent me an e-mail after I returned in which she told me that Akash had been asking, "Where are the very white aunties?" and, "Why are the aunties so white?" Thankam told

him that God made all kinds of people and that we must love one another.

In the aftermath of our recent tragedies, I can't help but wonder why everyone isn't taught this simple truth as a child. If only the concept of loving one another were deeply ingrained in all of us. Sadly, some children are taught just the opposite, and unfortunately hatred is also a legacy that is passed from one generation to the next.

Most of us are brought up to love, not hate. And yet, when confronted with the reality of the recent terrorist attacks, an unfamiliar anger begins to grow within us. Some, have turned this anger outward toward innocent people who 'look like' the terrorists. We have now seen many instances of our fellow citizens being afraid to leave their homes simply because they are Muslim.

Throughout history, certain groups of people have committed horrific crimes against

other groups because of their race or religion. All of these crimes stemmed from one decision, which became the foundation for these acts of hatred. The decision was to assign a negative value to people based

solely on their race or religion. There was no effort to see the individual... only the label. We have seen this too often in the world, from slavery in America, to the Holocaust in Europe.

continued on next page



Donna Perry, RN
professional development coordinator,
The Center for Clinical & Professional
Development



Sikh in the Cardiac Surgery
ICU at Fortis Heart Institute
in Mohali, Punjab



Sikh praying
in Gurdwara

Reflections, tolerance

continued from previous page

ope, to the genocide that still goes on in some nations today.

When we look at all Muslims, or all Arabs, as terrorists; when we persecute innocent people for the crimes of others, we start down a dangerous path. When we let our anger eclipse our humanity, we not only devalue others, we devalue ourselves.

During my visit to India, there was an article in the financial section of *The Sunday Times of India*, which

discussed why the United States is so economically successful.

The author, Swaminathan Anlkesaria Aiyar, believes it is because we have been so successful in incorporating cultural diversity into our workforce. He wrote, "Pluralism has grown sufficiently for the country to move without conflict toward a non-white majority. This reflects cultural confidence and openness of an amazing magnitude, and is a major reason for America's

current economic success." He noted that no other country even comes close to the United States in this immense achievement.

We are often critical of ourselves as a community when we look at issues of cultural diversity. Sometimes, we focus so much on where we're going, we forget how far we have come. It should make us proud to see how we, as a nation, are viewed from the outside.

The World Trade Center bombings killed and injured people of all backgrounds, all cultures. An attack on Am-

Social Services Grand Rounds

"Dynamics of Domestic Violence and Referral of GLBT Domestic Violence Victims"

Thursday, October 18, 2001

10:00–11:30am

O'Keeffe Auditorium

For more information, call Social Services at 726-2643

erica truly is an attack on the world. How sad it would be to let the horrific acts of a handful of terrorists take that legacy away from us. If we let these events turn us against each other, we will have lost much more than thousands of lives. We

will have lost the heart and soul of America. Now is the time to come together as a truly *United States of America* and show the world the essence of our national spirit—the unbreakable bond that joins us together.

The Golden Temple in Amritsar, Punjab

The Sikh religion was founded in 1499 by Guru Nanak, in an effort to end violence between Muslims and Hindus in India.

Sikhs believe in worshipping one God, and in equality among all people, male and female alike.

The Sikh place of worship is called a *Gurdwara*, and the most holy gurdwara is the Golden Temple, in the city of Amritsar in the state of Punjab.

Most gurdwaras have a communal kitchen called a *langar* where pilgrims can go for free meals. In the langar, people eat side by side, with no one at the head of the table, to symbolize equality.

The name *Sikh* means disciple. Sikhs have five symbols of faith:

Kes, or unshorn hair (which is covered with a turban); *Kangha*, a comb; *Kach*, breeches; *Kara*, a steel bracelet; and *Kirpan*, a sword. Some Sikhs no longer wear a turban, but most still continue the tradition.



When the road leads to community

—by Loretta Godfrey, RN
staff nurse, Bigelow 10

I am a Native American from the Passamaquoddy Tribe in Maine. I was separated from my family at the age of 5 and grew up in an orphanage in Lowell. My brother, sister and I lived there because my mother was too ill and to take care of us. One of the positive things that came from this disconnection from my mother and my people was the access it gave me to a better education. It was a privilege many of my cousins did not have.

Unfortunately, it took me a long time to put the emotional pieces together that started with that separation. I developed a pain in my stomach when I was separated from my mother. As I grew older and learned about the history of my people, the pain in my stomach grew into anger. At one point, I joined the New Hampshire Indian Council and served as Secretary. But even though I was with my people, it did not lessen my anger.

As I grew up and talked through my feelings with others, I realized I had to move beyond my anger, to use

that energy to contribute to my community. I wanted to be a role model for young people and for my family. You could say I used that time to get healthier emotionally in order to do the work that was crying to be done. My community is awash in the effects of chronic diseases like diabetes, substance abuse and suicide.

I had wanted to be a nurse since I was five years old. One of my earliest memories is of my brother and I playing a game we called "Marines." He was a soldier carrying a wooden gun, and I was a nurse waiting under a tree to care for the wounded. I remember seeing nurse nuns at the orphanage; they were always the ones in white taking care of the children. And I remember thinking, "I'd like to do that!"

My first job was in New Hampshire working in the Emergency Room and intensive-care environment. I was always looking to expand my knowledge in as many areas of nursing as possible. My first interview at MGH was more than 20 years

ago when I answered an ad for a weekend position. Back then, some nurses would take a bus from New Hampshire to work here on weekends, stay with family in the area, and then go back to be with their children the rest of the week.

By that time, I was the head of a household. It was a long interview process. It took more than three months. The flexibility of the hours and good pay enabled me, as a single parent, to live with my daughters and have all week

with them. During those long weekends, MGH even provided me with a place to sleep (in the Ruth Sleeper Hall).

The commute back and forth was a long one, and the intensity of weekend nursing eventually took its toll. So I went back to New Hampshire. But, after a while, I found myself looking at ads again. This time MGH was advertising flexible per-diem positions in acute dialysis. I interviewed and about three months later was offered a position. I've found what I need at MGH. I see patients from all over the world, and I never stop learning.

I've had a chance to care for Native American patients here. Even

one of the elders from my own tribe who arrived with his entire family, which is our way. Working with Social Services, we were able to meet not only the needs of my patient while he was here, but also those of his family.

I take great pride in the fact that people of my generation are taking steps to reclaim the traditional life that was taken from us when some of these activities were made illegal. At one point it was illegal for my grandmother and mother to do traditional dance or wear Indian dress. Many children were removed from their families and placed in orphanages. They were made to 'fit in'

continued on next page



On Bigelow 10 Dialysis Unit, staff nurse, Loretta Godfrey, RN, cares for patient, Regina Burns

The road to community

continued from previous page

with the expectations of the larger society. It saddens me to say that these expectations did nothing to help me develop pride in myself as a Native American.

Today things are different. My generation is reclaiming our heritage. There is a rejuvenation of our language; our elders teach us and help us recall our traditions. I have always sought out my tribal roots, and when I became a nurse, I used my newly acquired skills to contribute to my community.

When I look back, I realize that I made a basic mistake. I had wanted to create a youth program on the reservation. I brought a couple of colleagues with me who wanted to help. Since they were people I had worked and studied with during my college years, I had stopped thinking about the fact that we weren't from the same culture. They were white. The three of us got very little participation from the tribe for the youth program. They were

leery of "strangers." And at that time, I was as much a stranger to them as my white colleagues.

I let some time pass. And when I went back, I took on the role of visitor. I visited several times, and eventually someone asked me the defining question. "What family are you from?" I answered with the names of my relatives. And soon I was being introduced to people and referred to other people. This renewing of my tribal connection led to a request for my help with the reservation clinic. They were having difficulty staffing it, so they asked if I would run it.

Family responsibilities made it difficult for me to take a permanent position, but I asked how else I could help. And that's where my nurse manager, Jean Nardini, came in. With the support of my colleagues in the Dialysis Unit, Jean arranged a flexible work schedule for me. I would go to Maine and work on the reservation Monday through Wed-

nesday and come back and finish the week at MGH. It took about four months, but the reservation eventually found someone to lead the clinic. It's hard for them to find qualified caregivers as the reservation is isolated and the pay is not good.

About a year and a half later, they ran into trouble again. I went back to Jean and once again, my unit offered me their support. This time the situation worked itself out with the hire of three reservation-connected nurses. That was a couple of years ago. I haven't heard from them, but I trust things are going well. I have never... and will never... forget the generosity of my manager, friends and colleagues who made it possible for me to make this contribution to my people.

It is important to me to use who I am and what I do to benefit those with whom I share an ancestry and a heritage. The fact that I work in a hospital that makes it possible for me to do just that is something I cherish. It makes me proud of my institution and of my place in it.

Post traumatic stress disorder

continued from page 6

disorder. People are encouraged to talk about what they saw, how they felt at the time of the incident, and how it is impacting their ability to function. It is particularly important for victims and first-hand witnesses (primary victims) of an event to have an opportunity to process what they experi-

enced. Primary victims are at highest risk for developing long-term post-traumatic symptoms if their original symptoms are not recognized.

Most of us will be able to process these shocking events, and with time will be able to return to our normal activities. The nation will be forever

changed by these events, but as healthcare professionals we can help people to recognize maladaptive stress responses and refer them for appropriate treatment.

The MGH Employee Assistance Program (EAP) retains individuals trained in Critical Incident Stress Debriefing (CISD).

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Welcome to MGH, 2001

—by Kathleen Myers, RN, nurse manager

There are many ways to say hello, welcome: Bienvenidos, benvenuti, bonjour, and still others that would require a special typesetter! Like many units in the hospital, if you come to White 6, Ellison 6, or Phillips House 21, you will hear a symphony of different languages. Our patient care teams are diverse with staff members from Jamaica, Haiti, Costa Rica, Iran, Canada, Cape Verde, Japan, Vietnam, Germany, Ireland, Trinidad, Italy, Puerto Rico, Barbados and Montserrat. I'm very proud of our cultural, ethnic, religious and lingual diversity.

When I look around, I am amazed at the different cultures we represent. How did it happen? We have put a lot of work into our diversity initiatives, but it wasn't always a conscious effort. I have been a member of the PCS Diversity Steering Committee since its inception. I joined the committee because, along with my colleague, Judy Newell, I wanted to represent nurse managers in our effort to make a

difference in the way we are perceived as an institution. As our patient population becomes more diverse, our workforce should as well. Or, maybe it should be the other way around.

As my experience with diversity expanded, I did some personal reflecting. When I looked back just ten years, I saw a much different MGH. Joining the Diversity Committee gave me a forum to begin the work of planning and implementing changes for the future. And that remains my commitment.

Today, we are so much richer in the cultures, races and heritages represented at MGH. As an institution, we are better able to fulfill our goal of caring for patients in a truly meaningful way.

It was our common vision that started us on this journey: "Patients are our primary focus. We will create a practice environment with no barriers, that reflects a culturally competent workforce supportive of the patient-focused values of this institution."



Kathleen Myers, RN,
nurse manager, White 6, Ellison 6,
and Ellison 21

When I interview staff, I don't purposely look for candidates of diverse backgrounds. It has become a value ingrained in my philosophy of caring for patients. I have come to look at the world through a different looking glass, one that supports our values and principles as we continue to embrace diversity on our patient care units.

It is projected that in the year 2010, persons of multi-cultural backgrounds will represent one third of the total population of the United States. By 2050, multi-cultural persons will comprise the numerical majority.

We are well on our way to providing a more holistic approach to care in this institution. The vision statement of the Diversity Steering Committee summarizes it nicely: "We are dedicated to the development of strategies that support diversification in the workforce within Patient Care Services in order to meet the diverse needs of the patients we serve."

As an institution, our work and dedication are beginning to show. The next time you walk down the main corridor of the White lobby, look around... let me know what you think.



Members of the Diversity Steering Committee (l-r; front row): Marianne Williams, Georgia Peirce; Kimberly Chelf; Kathleen Myers; Ellen Forman; Beverley Cunningham; (back row): Deborah Washington; Firdosh Pathan; Donna Perry; David Krebs; and Reverend Felix Ojimba

Educational Offerings

October 4, 2001

Due to space constraints necessitated by this special issue of Caring Headlines, below is an abbreviated version of Educational Offerings. For information about any of these listings, please call 726-3111.

When/Where	Description	Contact Hours
October 17 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
October 18 10:00–11:30am	Social Services Grand Rounds O’Keeffe Auditorium	for social workers only
October 18 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
October 19 8:00am–4:30pm	Preceptor Development Program: Level II Training Department, Charles River Plaza	7.8
Oct. 22: 7:30am–4:00pm Oct. 23: 7:30am–4:00pm	Intra-Aortic Balloon Pump Workshop Day 1 at NE Baptist Hospital; day 2 at MGH (VBK6)	14.4 for both days
Oct. 24, 8:00am–12:00pm October 26 (Exam) 8:00–10:00am	Transfusion Therapy Course (Lecture & Exam) Bigelow 4 Amphitheatre	---
October 24 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
October 26 8:00am–4:30pm	Cancer Nursing: Anchoring our Practice with Knowledge O’Keeffe Auditorium	6.3
November 1 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
November 1 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
November 1 and 2 7:30am–4:30pm	Pediatric Advanced Life Support (PALS) Provider Course Shriners Hospital Auditorium	TBA
November 2-3 8:30am–5:00pm	Negotiation Skills for Those not Born to the Table O’Keeffe Auditorium	TBA
November 5 8:00am–3:30pm	Management of the Burn Patient Bigelow 13 Conference Room	6.9
November 5 8:00am–4:30pm	Managing Patients with Psychiatric Illness in the General Care Setting O’Keeffe Auditorium	7.8
November 6 7:30–8:30am	Internet Basics: Using the World Wide Web to Enhance Your Practice Patient Family Learning Center	1.2
November 7 8:00am–4:30pm	Advanced Arrhythmia Interpretation Program VBK601	7.8
November 8 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other (Training Department, Charles River Plaza)	7.2

Diversity initiatives

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

Question: With diversity as an organizational priority, are there any strategies or initiatives being considered to increase diversity among students who have their clinical placements here? This is a great opportunity for recruitment.

Jeanette: MGH and the U-Mass (Boston) College of Nursing and Health Sciences are piloting a Multicultural Student Mentoring Program, beginning in January, 2002. The goal of the program is to increase the number of multicultural nursing students and, by extension, the number of multi-cultural nurses available to fill future positions at MGH.

Students would start as PCAs while they're in school, and begin practicing as nurses after graduation. Once placed at MGH for clinical rotations, students in the program will be paired with a multi-cultural nurse mentor. Together, students and mentors will have an opportunity to dialogue with Deborah Washington, RN, PCS director of Diversity. More details of this new program will be shared in a future issue of *Caring Headlines*.

Question: Once employed at MGH, are there strategies in place to help retain these graduates of the Multicultural Student Mentoring Program?

Jeanette: We have identified issues that are of particular concern to nurses of diverse backgrounds. Some of these issues include:

- maintaining positive collegial relationships
- understanding organizational culture
- measuring the quality of feedback
- developing negotiation skills

These themes will be included in discussions with students and mentors in informational sessions during the pilot program.

An important strategy for all staff is to attend the educational offering: Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves

Domestic Violence Awareness Month

Honoring the Strength of Survivors and the Unsung Heroes Among Us

All programs begin promptly at noon in the Wellman Conference Room; (lunch is served at 11:45am)

"Inspirations for Healing"
Thursday, October 4, 2001

"Shelter from the Storm: Clinical Interventions with Children Affected by Domestic Violence"
Thursday, October 11, 2001

"Transforming Grief into Action"
Thursday, October 18, 2001

"Domestic Violence in Lesbian, Bisexual Women and Transgendered Communities"
Thursday, October 25, 2001

For more information, call Social Services at 726-2643

and Each Other. For information on this program see the Educational Offerings on page 19, or call The Center for Clinical & Professional Development at 6-3111.

Our principles of cultural competence apply to all patients, families, visitors and co-workers.

Caring

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