

Caring

HEADLINES

May 2, 2002

MassGeneral Marathon Team: fighting kids' cancer... one step at a time

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Jennifer Roberts, RN, one of 58 MGH employees to run the Boston Marathon this year as part of the MassGeneral Marathon Team, passes the 20-mile mark on Heartbreak Hill.

The MassGeneral Marathon Team was started by Howard Weinstein, MD, chief of Pediatric Hematology/Oncology, and has helped raise more than \$1.5 million for pediatric cancer research since 1998.



MGH Patient Care Services
Working together to shape the future

Staff Perceptions of the Professional Practice Environment *a good-news story!*

I don't think I've been shy about telling you how much I look forward to the results of the Staff Perceptions of the Professional Practice Environment Survey each year. This year, I was especially pleased to see a response rate of 33%. That represents a steady increase in the overall response rate of Patient Care Services over the past two years, and a significant increase in the response rate of nurses. Thank-you for taking the time to participate in this survey that plays such an important part in shaping our future.

I'd like to share some of the results with you so

you can see the wonderful progress we've made and, according to your feedback, where we still need to do some work.

As you know, the survey seeks to measure your impressions of eight key organizational characteristics, including:

- Autonomy
- Control over practice
- Clinician-physician relationships
- Cultural sensitivity
- Communication
- Teamwork
- Conflict-management
- Internal work motivation

I can tell you that for every organizational characteristic, there was an upward trend in PCS staff perceptions this

year as compared with data from 2000 and 2001. And overall, clinicians report a significant increase in personal satisfaction with their work environment; more than 89% of employees who responded reported that they were satisfied or very satisfied with the current professional practice environment. This is very good news.

In addition to the upward trend in the data, some of the themes that emerged from responders' comments were very helpful. You told us that:

- Leadership makes a difference
- Good staffing and collegial support are important to a strong practice environment
- Clinician-physician relationships are integral to feeling like a partner in decision-making
- Effective communication enhances the work environment

- Positive reinforcement for a job well done is important
- Adequate support services are critical to a unit's ability to function effectively
- An informed staff is more responsive to changes within the unit and the organization as a whole
- Conflict-resolution is influenced by personal and professional maturity, honesty, and an ability to communicate effectively
- Interpreter services need to be expanded to support quality care for all patients

These are important issues to acknowledge and bring forward. I want to thank you again for participating in the Staff Perceptions of the Professional Practice Environment Survey. Your feedback will be invaluable as we craft new programs for the future, and continue to improve the systems we already have in place.

Updates

I am pleased to announce that Mary Ellen Heike, RN, has accepted the position of Women's Health staff specialist.

Kathy Hurley, RN, will be interim nurse manager for Bigelow 14 during the search for Debra Burke's permanent replacement.

Susan Kilroy, RN, has accepted the position of clinical nurse specialist for White 8 and White 10.

Catherine Grams, RN, has accepted the position of clinical nurse specialist for the Transplant Unit on Blake 6.

Welcome all.



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

Our Strategic Goals

Goal #1 Enhance communication to promote employees' understanding of organizational imperatives and their involvement in clinical decisions affecting their practice.

Goal #2 Promote and advance a professional practice model that is responsive to the essential requirements of patients, staff, and the organization.

Goal #3 Assure appropriate allocation of resources and equitable, competitive salaries.

Goal #4 Position nurses, therapists, social workers and chaplains to have a strong voice in issues affecting patient care outcomes.

Goal #5 Provide quality patient care within a cost-effective delivery system.

Goal #6 Lead initiatives that foster diversity of staff and create culturally-competent care strategies supporting the local and international patients we serve.

Purpose of Staff Perceptions Survey

- To offer clinicians an opportunity to participate in setting strategic direction of Patient Care Services and influencing the entire organization
- To provide an annual assessment of organizational characteristics influencing clinicians' satisfaction with their professional practice environment
- To enable us to compare patterns of change related to organizational characteristics
- To identify opportunities to improve the environment for clinical practice

Staff Perceptions of the Professional Practice Environment Survey

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 meetings and venues throughout the hospital.

Question: Why do we conduct an annual survey of staff perceptions of the professional practice environment?

Jeanette: The survey is one of the most reliable tools we have to hear directly from staff about how we're doing. It's a 'report card' that helps direct our attention to matters of concern identified by clinicians. From

this survey, as well as other sources of information, we develop goals for the coming year.

Question: How will I learn about the results?

Jeanette: There are several ways for you to hear about the results. Managers will review the results at staff meetings and provide opportunities for discussion. From these discussions you

may identify areas in your own practice setting that need improvement and initiate action steps. I will present the results of the survey at Grand Rounds. This gives me a chance to engage staff and talk openly about issues affecting the practice environment.

Question: What exactly does the survey measure?

Jeanette: The survey measures eight characteristics documented in the literature as influential in determining clinician satisfaction with the professional practice environment. These characteristics are: autonomy; control over practice; relationships with physicians; teamwork; communication; conflict-management; internal work motivation; and cultural sensitivity.

Question: How did we do this year?

Jeanette: First, I want to thank you for taking the time to complete the survey. This year, more than 33% of staff within

Patient Care Services returned surveys. That's a little better than 1 out of every 3 clinicians. I always hope for 100%, of course, but 33% represents a good cross-section, and gives us good insight into the perceptions of staff. And the discussions generated by the survey at staff meetings gives us another avenue by which to hear the opinions of staff on important issues. The Staff Perceptions of the Professional Practice Environment Survey continues to be one of the most useful tools we have for ensuring that MGH remains an excellent place to practice and a world-class provider of patient care.

Nurse Recognition Week 2002 Schedule of Events

Sunday, May 5, 2002
Staff Nurse Reception
7:30-9:30am
Trustees Room, Bulfinch 2

Research posters on display in first-floor corridor throughout Nurse Week

Monday, May 6, 2002
Panel Discussion: "Using Adverse Events to Enhance Practice and Improve Systems"
1:30-3:00pm
Shriners Auditorium, Shriners Hospital

Tuesday, May 7, 2002
"The Power of Nurses"
Howard Koh, MD, MPH, Massachusetts Commissioner of Public Health
2:00-3:00pm
O'Keefe Auditorium (Reception to follow)

Wednesday, May 8, 2002
Research Day: Scientific Sessions
"Collaborating to Improve Pain Assessment: a Multi-Disciplinary Thoracic Oncology Team Implements JCAHO Pain Standards in the Ambulatory Setting"
Barbara Cashavelly, RN, MSN, and Jennifer Tenhover MSN, RN,CS, AOCN
"The Use of Respite Care Services by Parents of Children with Chronic Illness and Disability"
Nancy Terres, RN, PhD
10:00-11:30am
O'Keefe Auditorium

Wednesday, May 8, 2002
Research Presentation
"Nursing Research: Improving Patient Care Through Clinical Inquiry"
Barbara Wolfe, RN, PhD
1:30-2:30pm
O'Keefe Auditorium
Reception to follow

Wednesday, May 8, 2002
Advanced Practice Nurse Millennium Series:
"The Role of Reflective Practice in Advanced Practice Nursing"
Hollie Noveletsky, RN, PhD
5:30-7:00pm
O'Keefe Auditorium

Thursday, May 9, 2002
MGH Nursing: the Journey of a Lifetime
Jeanette Ives Erickson, RN, MS
1:30-2:30pm
O'Keefe Auditorium

Thursday, May 9, 2002
Staff Nurse Reception
2:30-4:30am
Trustees Room, Bulfinch 2

The Employee Assistance Program

presents

"Meditation for Stress-Reduction"

Presented by
Bruce Shackelton, EdD

Incorporating meditation into our daily lives can help reduce the level of stress we feel.

This seminar will outline the basics of meditation and provide an explanation of the cumulative and short-term benefits associated with meditation.

Participants will have the opportunity to experience a meditation exercise with instruction from the presenter.

At MGH on June 13, 2002
12:00-1:00pm
VBK 401

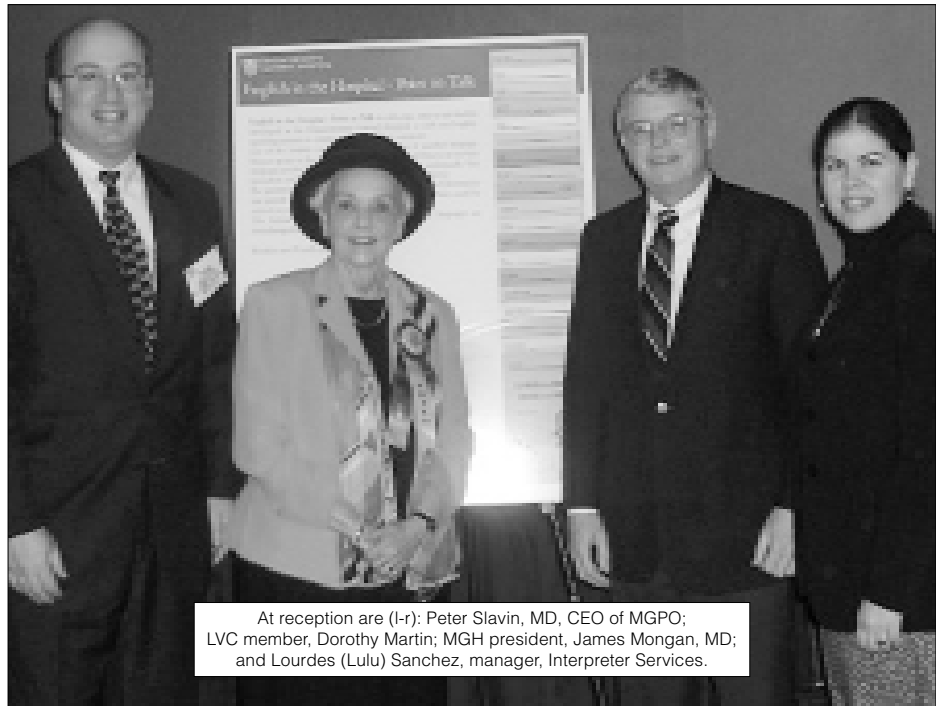
At BWH on June 26, 2002
12:00-1:00pm
Thorn Conference Room

For more information, call 726-6976.

“Point to Talk” Program nationally recognized

On April 8, 2002, in Washington, DC, at the annual meeting of the American Hospital Association, the MGH Volunteer Department was honored with the distinguished Hospital Award for Volunteer Excellence (HAVE), which recognizes outstanding contributions of volunteer programs across the country.

The award recognizes The Language Bridge Project, and specifically the “Point to Talk” booklets created by Jean Swaim and Dorothy Martin of the Ladies’ Visiting Committee, and staff of MGH Interpreters Services. The booklets, available in 19 languages, were designed to help improve communication between clinical staff and non-English-speaking patients.



At reception are (l-r): Peter Slavin, MD, CEO of MGPO; LVC member, Dorothy Martin; MGH president, James Mongan, MD; and Lourdes (Lulu) Sanchez, manager, Interpreter Services.

2nd Annual Orren Carrere Fox Award



Award recipient, Dorothy Iosua-Gonzales, RN (holding plaque), and NICU nurse manager, Peggy Settles, RN (left), with family members (r-l): Henry Fox, Elizabeth DeLana, DeLana’s mom, and Orren (5) and Willy (7) Fox.

On April 12, 2002, in the NICU Conference Room, Dorothy Iosua-Gonzales, RN, received the 2nd Annual Orren Carrere Fox Award. The Award was established by Elizabeth DeLana and Henry Fox to recognize caregivers in the NICU whose practice is deemed by colleagues to best represent the principles of family-centered care. The award is named for Fox and DeLana’s son who was a patient in the NICU for the first few weeks of his life. Fox recalled the kind and compassionate care provided to their whole family in those difficult times. Happily, today Orren is a happy, healthy, typically active 5-year-old.

New educational series for unit service associates

On Wednesday, April 17, 2002, The Center for Clinical & Professional Development (CCPD) presented its first program in a new, ongoing series of educational programs specifically designed for unit service associates (USAs).

Deborah Washington, RN, director of Diversity for Patient Care Services, kicked off the series with an interactive program on, "Teamwork." Washington opened with a lively discussion in which participants offered observations on the importance of teamwork and respect. Small-group exercises gave participants a chance to think about and prioritize the aspects of their work that are most rewarding and fulfilling. Because of overwhelming enthusiasm, a follow-up session has been added for Wednesday, May 15, 2002, to pick up where this session left off.

Trish Gibbons, RN, associate chief for The Center for Clinical & Professional Development, observed, "What a wonderful beginning, and how powerful the messages we heard. Our challenge now is to continuously improve our ability to create and sustain a culture of mutual respect."

Two more programs are scheduled. The first

—by Nancy DeCoste, training & development specialist, and Ruth Dempsey, RN, professional development coordinator

one, to be held Wednesday, July 17, 2002, will engage participants in a discussion on: "Why your job is so important." This session will be a new approach to the topic of infection control.

The following session will be held Wednesday, October 16, 2002, and focus on communication.

Members of the USA Educational Series committee are:

- Ruth Dempsey, RN, (co-chair)
- Nancy DeCoste, CCPD, (co-chair)
- Deborah Washington, RN, director of PCS Diversity
- Cristina Charles, USA, Ellison 10
- Aura Colon, USA, White 9
- Eileen Degraan Flaherty, RN, nurse manager, Bigelow 11 and White 11
- Keith Perleberg, RN, nurse manager, Phillips House 20
- Beverly Cunningham, operations coordinator, Phillips House 20 and 22
- Katrina Toland, operations coordinator, Blake 8 and Ellison 8

For more information about the USA Educational Series, please call The Center for Clinical & Professional Development at 6-3111.



(At left): Washington facilitates discussion on teamwork; (at right): participants engage in a friendly game of catch to help break the ice and get acquainted.

The next issue of *Caring Headlines* will be distributed on May 23, 2002, one week later than scheduled, to allow for full coverage of Nurse Recognition Week events.

Do you know all you need to know about advance directives?

The Ethics in Clinical Practice Committee and the Patient and Family Learning Center are co-sponsoring an information table to help educate the MGH community about advance directives. Come learn more about your options and the importance of having an advance directive.

Thursday, May 16, 2002
7:00am–4:00pm
Main Corridor

For more information, contact Ellen Robinson at pager #3-0513

Warming up the crowd!

'Never say never' approach results in positive breastfeeding experience for mother and baby

My name is Germaine Lamberg, and I am a lactation consultant for the Labor & Delivery and Newborn Family units. Years ago, when women wanted to breast-feed their babies they were pretty much on their own. When I was becoming a nurse, breastfeeding techniques were not taught in nursing or medical schools, and the spin from advertising and 'pop culture' was (and in many cases continues to be) that bottle formula is just as good as breast milk. There was widespread belief that only poor people and women in third-world countries breastfed their babies. Women who were unable to breast-feed felt that it was their 'fault'; their breasts were too small or they didn't have maternal instincts.

I have always believed that knowledge is power and empowering. When I first met and worked with a lactation consultant, I knew I had found my mission and my passion. As a lactation consultant myself, I have been able to help women as they learn to breastfeed and at the same time, I've been able to 'mother them' as they learn to mother their children. I say mother

them because in our fast-paced society, women are often forced to return to an active life long before they are physically and psychologically ready. Taking the time to talk to, and teach, mothers about their bodies and how to care for themselves as they care for their newborns is critical. I spend time with babies' fathers showing them how to place pillows and supports to help their partners breast-feed successfully.

I was recently consulted on a case that I think illustrates my commitment to my patients and their well-being. A clinical nurse specialist approached me with a request from one of the obstetricians regarding a newly pregnant mother. Mrs. C's dreams and hopes for a 'perfect' child had been shattered with news that her child was going to be born with a severe bi-lateral cleft lip and palate (a congenital fissure in the roof of the mouth). Mrs. C had looked forward to nursing her baby and was devastated that this would not be able to happen. The clinical nurse specialist asked if I would call Mrs. C.

Cleft lip and palate can be a devastating diagnosis for parents. Their

dreams of the perfect child are dashed by the fear of disfigurement. I knew Mrs. C would need a great deal of support in accepting the diagnosis and coming to grips with the loss of her dream, but I also knew that her dream of breastfeeding might not be over. It wasn't clear from the ultrasound that the baby was totally missing the lip (and therefore the ability to suck) or if the lip was present, which would allow Mrs. C, with special care and positioning, to be able to breastfeed.

I called Mrs. C that day and introduced myself. She voiced her sadness over the diagnosis and her deep desire to breastfeed. She told me she feared that the nursing staff wouldn't be able to help her feed her baby given the deformity. I promised her that would not be the case. She immediately relaxed and we began to talk about the baby's diagnosis. I asked her to tell me what she knew. From there, I explained what a cleft lip and palate are and how we would deal with the unknowns—the presence or absence of a lip.

If the baby didn't have enough of a lip to be able to suck, Mrs. C would have to pump and



Germaine Lamberg, RN,
lactation consultant

then bottle-feed her baby. The idea of using a pump for many women is the antithesis of what the breastfeeding experience should be. They feel that the intimacy between mother and child is replaced by a piece of equipment. I spoke to Mrs. C about how she could have a positive experience even with the use of technology.

When I work with a mother who will be using a pump, I spend a great deal of time talking about the physiology of lactation and also the psychology involved. Mothers need to relax and focus on their child. I'll often have a mother take a baby blanket or article of her baby's clothing and keep it close to her. I'll ask her to close her eyes and breathe in that wonderful smell of newborn baby. This relaxes her, but also the mental and sensory images trigger hormones that allow the milk to flow. It might be hard to relate to a cold, sterile

breast pump, but the sweet smell of your baby—that's easy. When a mother feeds her baby with a bottle, I have them hold the child close to them, skin-to-skin. The sense of smell is very strong for a child, and they quickly come to know mom by her scent.

Mrs. C and I talked on the phone for a long time. I offered to send her a sample of the bottles we use to feed babies with this diagnosis and additional information on the topic. She was so grateful as we said goodbye and promised to call if she had any questions or concerns. I told her I looked forward to meeting her when her baby was born, and again I promised that our nursing staff would be ready for her. I immediately went to work to keep that promise.

One of the greatest things about MGH is the talented people who work here. I contacted the director of the Feeding

continued on next page

Exemplar

continued from page 6

Team and apprised her of the situation. We developed a plan to conduct inservice training for nurses on feeding a child with a cleft lip and palate. I videotaped the session so that staff who worked off-shift and weekends could have access to this valuable information and be comfortable caring for Mrs. C and her baby. I met with the nursing staff to review ways of feeding an infant with a cleft lip. I looked forward to finally meeting Mrs. C and her family when she delivered.

As it happened, I was away when Mrs. C gave birth, but when I returned she was the first person staff told me about. Mrs. C's obstetrician, the nursing staff, and feeding team all told me how smoothly everything went. Happily, the baby was born with enough of a lip to breastfeed. Mrs. C was ecstatic. Staff relayed Mrs. C's disappointment at not being able to meet me and thank me personally.

I subsequently learned that the baby was scheduled to have corrective surgery.

I love my work.

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

For most women the decision to breastfeed is

made long before their baby is born, and that was the case for Mrs. C. When it was discovered that Mrs. C's baby would be born with a cleft lip and palate, she turned to Germaine for guidance and support. What she got was the full benefit of Germaine's years of experience, expertise, and compassion. In a single phone call, Germaine was able to calm, reassure, and empower Mrs. C as she prepared for the birth of her baby. But Germaine didn't

stop there. She took the initiative to educate all members of the nursing team to ensure continuity of knowledge and skill. Her preparation was so thorough that despite Germaine's absence when Mrs. C delivered, she was able to successfully breastfeed her baby. So much of the practice of nursing takes place behind the scenes; sometimes we don't even get to witness the happy outcomes we help to achieve.

Thank-you, Germaine.

Come take a DIP at the Treadwell Library!

Treadwell Library, the Cancer Resource Room, and The Friends of the MGH Cancer Center are introducing a new digital collection of information for cancer patients (DIP).

Dip provides access to more than 400 full-text articles, chapters, pamphlets and fact sheets.

Monday, May 6, 2002

12:00–4:00pm

Treadwell Library

Tuesday, May 7, 2002

Bulfinch patio

Ice cream will be served.

For more information, call 6-8600

The Employee Assistance Program

presents

“Working and Breastfeeding”

Presented by Germaine Lambergs, RN, lactation consultant

This seminar will provide expectant and nursing parents with the basics on how to use breast pumps and how to maintain a milk supply while working. Assistance and guidance will be provided around potential problem situations.

Time will be allotted for a tour of the Mother's Corner Lactation Room.

May 21, 2002

12:00–1:00pm

VBK 401

For more information, call 726-6976.

The Employee Assistance Program

presents

“Effective Communication”

Many issues related to interpersonal relationships and teamwork can be attributed to a lack of communication skills and/or different styles of communicating. This seminar will highlight some components of effective communication and offer suggestions for dealing with individuals whose communication style may be different from our own.

May 9, 2002

12:00–1:00pm

Wellman Conference Room

For more information, call 726-6976.

Infectious Disease Update:

Nursing Implications and Perspectives

Topics to include:

- Current issues in the management of HIV/AIDS
- Hepatitis B and C
- Sexually transmitted diseases
- TB and parasitic infections
- Bioterrorism

Wednesday, May 22, 2002

8:00am–4:30pm

Starr Conference Center

Charles River Plaza

Registration fee: \$35

For more information, call 617-726-0984

Call for Research Proposals!

Yvonne L. Munn Nursing Research Program

The Yvonne L. Munn Nursing Research Program supports research initiated by MGH nurses for the purpose of improving the care of patients and families.

Research proposals are now being accepted by The Center for Clinical & Professional Development, Founders House 636.

Applicants must be MGH clinical nurses.

Deadline for submissions is August 24, 2002

Proposals should be submitted to Brian French, Founders 636

For more information, call 724-7843

Social Services enjoys ambulatory patient processing with no encounter forms

The Ambulatory Health Professions Billing (AHPB) Project reached another milestone on Monday, April 12, 2002, when Social Services went 'live' on the Ambulatory Health Professions Workload Management System. What this means is the complete elimination of manually completed, paper encounter forms as Social Services converts to the new computerized system. This installation marks the most recent electronic conversion for this project, which includes Physical Therapy, Occupational Therapy, and Speech-Language Pathology, on the main campus and at health center locations including Charlestown, Revere,

Chelsea, and MGH West in Waltham.

The Ambulatory Health Professions Billing Project began in March of 1999, and has received two Partners in Excellence Awards for the core product and a Medicare management module that was added later. The computerized program automates the patient's entire encounter process from the point of first contact to completion of care.

In the past, keeping track of referral and visit-authorization information had been a difficult and sometimes overwhelming task. The electronic system enables clinicians to spend more time delivering patient care by eliminating redundant business pro-

cesses, providing continuity of information, managing insurance compliance, and enhancing revenue-collection capabilities.

David Romagnoli, MS, RRT, NHA, senior project specialist for Patient Care Services, reports, "The benefits of this product continue to impress us and often go far beyond our original expectations. We have been able to make system enhancements to buffer providers from the demands of complex and frequently changing insurance and regulatory requirements. Clinicians can remain focussed on patient care while we adjust the system to meet changing rules."

Paper encounter-form processing for the more

than 50,000 visits per year in the health professions is officially non-existent. Support staff manage referral information while providers manage clinical information. Charge reports contain 100% of the information required before moving forward to Revenue Control. The longest delay in processing is seven days. Occasionally re-work is necessary to manage difficult insurance authorizations, but this is rare. The electronic validation system reduces the amount of rejected charges sent to Revenue Control to almost non-existent.

Each site manages its encounter and authorization process separately. In the event assistance is needed from staff on the main campus, centralized support is available. Bill Fair, LICSW, clinical systems coordinator, says, "Conversion to the Ambulatory Health Professions Billing System

has been extremely helpful for the ambulatory practice of the Social Service Department. We now have a system of checks and balances not previously available. We can verify that every patient seen for psychotherapy is billed appropriately. We are better able to confirm patients' insurance coverage prior to their visits, and have data readily accessible if problems do arise. The Ambulatory Health Professions Billing Project has improved the efficiency of the entire billing process, resulting in fewer problems and improved patient care."

Continued advancements will enable us to look at historical trends using data we've been collecting for more than two years. Preparation is under way for changes the Patient Administrative Cycle Enhancement Project will bring, which will be rolled out over the next two years.

New patient-education video promotes discharge planning

—by Rosalia Chow, project specialist
Decision Support & Quality Management Unit

The surgical Clinical Performance Management (CPM) team is a group comprised of leaders from General, Vascular and Thoracic Surgery, that focuses on clinical improvements that will impact patient care throughout the surgical service. The CPM team has been exploring ways to improve

patient-education around post-operative care and the discharge process.

Ellison 19 nurse manager, Colleen Snyderman, RN, suggested creating an educational video as a means to inform patients and families about the discharge process and as a tool to teach patients how to care for themselves at home after sur-

gery. With funding from The Making a Difference Grant Program, staff from the three surgical areas collaborated to produce a video entitled, *Post-Operative Discharge Planning*.

Patients and families will be able to view *Post-Operative Discharge Planning* on the hospital's closed circuit television station free of

charge. Clinicians can then tailor their teaching to the unique concerns of each patient. Procedure-specific information will also be available on-line at the MGH website.

Dr. William Abbott, physician leader for the surgical CPM group, says, "The making of this video has been a truly collaborative effort. Nurses, surgeons, case managers, administrative directors, and project specialists from the Decision Support Unit all contributed."

Snyderman encourages all clinicians caring for surgical patients to view the video and urge their patients to watch it, too, so they can be actively involved in the discharge process. Says Snyderman, "The information presented in the video is applicable to most surgical patients. It provides basic guidelines to patients on how best to care for themselves at home."

For information about the video, contact Rosalia Chow at 6-5214.

MGH Family Care Program recipient of memorial donation

—by Alice Maron Rotfort, MSW, LICSW

On April 2, 2002, at a small, informal reception in the Walcott Conference Rooms, family, friends, and caregivers of Billy Kirrane gathered to acknowledge a generous donation made by the Kirrane family to the MGH Family Care Program, a service offered by the department of Social Services since 1978. The donation, in memory of William J. Kirrane, directly benefits families in the program by helping to provide services that enable patients to maintain an independent life style.

Billy Kirrane and his partner, Stephen Drenga, participated in the program for almost five years up until Billy's death on June 7,

2000. The program offers an interdisciplinary care-management approach with a registered nurse and clinical social worker enhancing the care provided by the patient's designated caregiver.

Joan Monahan, RN, and Alice Rotfort, LICSW, of the Family Care Program, made many visits to Billy and Stephen's home during the course of Billy's illness. These visits allowed Monahan and Rotfort to assess Billy's personal care needs and explore the most effective and nurturing ways to address those needs. Says Rotfort, "Quite often, home visits were filled with stories, family

lore, and conversations about the realization of living with a progressive chronic illness. Those special moments infuse the program with its unique character and create opportunities to discover creative solutions to problems."

At the reception on April 2, Billy's parents, Mr. and Mrs. Edward Kirrane, and other family members shared stories and fond memories of the visits, support, and kindness given to Billy and Stephen in the last few years of Billy's life.

For more information about the MGH Family Care Program please contact Eileen White at 617-724-0759.



Caregivers, Alice Rotfort, LICSW (wearing ID badge), and Joan Monahan, RN (in light suit directly to the right of Alice), surrounded by members of Billy Kirrane's family. Mrs. Kirrane and Stephen hold framed mementos of the occasion presented to them at the reception.

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Submission of Articles

Written contributions should be submitted directly to Susan Sabia **as far in advance as possible.**

Caring Headlines cannot guarantee the inclusion of any article.

Articles/ideas may be submitted by telephone: 617.724.1746 by fax: 617.726.8594

or by e-mail: ssabia@partners.org

Next Publication Date:

May 23, 2002



Working effectively with medical interpreters

—by Andrea Beloff, administrative fellow

One of the many reasons health-care professionals enter the field is because they derive pleasure and satisfaction from caring for patients, answering questions, and educating people. It can be frustrating for everyone involved when communication becomes an issue between caretakers and patients.

Medical interpreters, when used effectively, improve interactions with non-English speaking patients. Rather than thinking of interpreters as a ‘third party,’ medical interpreters should be considered part of the healthcare team, professionals working in collaboration with clinicians to help overcome communication barriers.

Because most providers don’t work with medical interpreters on a regular basis, it’s understandable that there will be questions about the best way to work with an interpreter to help the patient and the provider get the most out of the interaction.

If you are a clinician preparing to interact with a non-English-speaking patient, before entering the patient’s room, spend a minute giving the medical interpreter some background about the patient and his or her history. This will help

the interpreter better understand the situation and your objectives for the encounter.

When you enter the room, introduce yourself and the medical interpreter to the patient. As you speak to the patient, continue to address him or her with direct statements such as, “Can you tell me where it hurts?” Do not ask the interpreter to, “Ask her where it hurts.”

Make eye contact with your patient while asking questions and listening to responses. It’s important to match your body language with the words you’re saying. Non-English-speaking patients pick up on visual cues as well as verbal communication.

Patients from other cultural backgrounds may tend to integrate their treatment regimen with their own particular health model and traditions. They are more likely to comply if they feel you are trustworthy and care about their best interest. Focusing on the patient instead of the interpreter, and providing thorough explanations of diagnoses, tests, and treatments can help build a sense of trust.

Pause periodically to allow the medical interpreter to interpret what you have said. Feel free to ask the interpreter to repeat what you’ve said if you are concerned about accuracy. Be certain the patient under-

stands you by repeating previous statements if necessary. Do not interrupt a patient’s response; gently steer them back on track if they start to provide irrelevant or extraneous information.

The medical interpreter will enter and leave the patient’s room when the provider does. This prevents patients from discussing issues with the medical interpreter in the absence of a clinician. The interpreter will interpret *everything that is said*, so be careful not to think out loud in front of patients.

After the encounter, spend a moment with the medical interpreter to confirm that the patient understood the discussion. The interpreter can translate short written instructions if necessary. Conclude by documenting the presence of the medical interpreter in the patient’s record. Legally,

it is your responsibility to document a patient’s refusal to use a medical interpreter and/or when a medical interpreter is unavailable for an encounter.

The Office of Interpreter Services is open weekdays from 7:00am–midnight, and weekends from 10:00am–10:00pm. Not all interpreters are present when the office is open, so requesting an interpreter in advance is strongly recommended.

During office hours, call 726-6966 to request an interpreter. After hours, call 724-5700 and enter:

- 3-0001 for a Spanish interpreter
- 3-0003 for a Portuguese interpreter
- 3-0005 for an Arabic interpreter
- 3-0009 for all other languages and authorization to use the telephone services.



Contrado bids farewell to MGH

Kathleen Contrado, team leader ambassador, who has been a fixture at the White Information Desk, bids a fond farewell to MGH after 26 years. Contrado worked the early-morning shift, arriving at the hospital as early as 5:15am each morning.

Says Contrado, “I’ll miss seeing everyone as they come into the hospital. I’ve met so many wonderful people over the years. It’s going to be hard to say good-bye.”

April 30, 2002, was Contrado’s last day. On May 1st, Contrado was off to Atlantic City for a well-deserved vacation. Bon voyage, Kathy. Thanks for the memories!

Educational Offerings

May 2, 2002

When/Where	Description	Contact Hours
May 13 8:00am–3:30pm	Continuous Renal Replacement Therapy (an offering of the ICU Consortium), St. Elizabeth's Medical Center	TBA
May 14 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
May 14 8:00–12:00am	Pediatric Advanced Life Support (PALS) Re-Certification Program VBK601	TBA
May 16 1:00–2:30pm	Conflict Management for OAs and PCAs VBK601	---
May 16 1:30–2:30pm	Nursing Grand Rounds O'Keeffe Auditorium	1.2
May 16 10:00–11:30am	Social Services Grand Rounds "Basic Human Needs in Mediation and Negotiation." For more information, call 724-9115.	CEUs for social workers only
May 20 8:00am–4:30pm	Post-Operative Care: the Challenge of the First 24 Hours Wellman Conference Room	8.7
May 20 7:30–11:30am	Pediatric Cardiac Series—Part III VBK 601	--- This program has been cancelled
May 22 and 23 8:00am–4:30pm	BLS Instructor Program VBK601	13.2 for completing both days
May 22 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (contact hours for mentors only)
May 22 8:00am–4:30pm	Psychological Type & Personal Style: Maximizing Your Effectiveness Training Department, Charles River Plaza	8.1
May 28, 29 and June 3, 4, 10, 11 7:30am–4:00pm	ICU Consortium Critical Care in the New Millennium: Core Program SEMC	45.1 for completing all six days
May 28 1:00–3:00pm	Basic Cardiac Pacing VBK601	---
May 30 8:00am–4:30pm	Advanced Arrhythmia Interpretation Program Haber Conference Room	7.8
May 30 TBA	Wound and Skin Care: Common Problems, Common Products Training Department, Charles River Plaza	---
June 4 8:00am–4:30pm	Chemotherapy Consortium Core Program Wolff Auditorium, NEMC	TBA
June 6 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
June 6 1:30–2:30pm	Nursing Grand Rounds O'Keeffe Auditorium	1.2
June 12 1:30–2:30pm	OA/PCA/USA Connections "Working Together with Chaplaincy to Assist our Patients." Bigelow 4 Amphitheater	---
June 12 8:00am–2:30pm	Mentor/New Graduate RN Development Seminar I Training Department, Charles River Plaza	6.0 (mentors only)

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

Occupational Therapy Month at MGH!

The MGH community had an opportunity to learn first-hand about the important work of occupational therapists on Wednesday, April 11, 2002, as MGH celebrated National Occupational Therapy Month. OTs representing inpatient, outpatient, and psychiatric services staffed educational tables in the Main Lobby providing information about joint-protection, ergonomics, proper backpack fit, splints, stress, low vision, and other important factors for maximizing function in activities of daily living.

As part of the event, the department raffled off a backpack.



Above: Dyna Schmeltz, OTR/L, staff occupational therapist, helps visitor perform exercise to test her hand-eye coordination. At right: Schmeltz and staff occupational therapist, Lori Loughlin, OTR/L (right), accept raffle entry from Trish Gibbons, RN, (who, coincidentally, went on to win the backpack!)



Above (l-r): Yvette Kershaw, occupational therapy assistant; Amy Orroth, OTR/L, senior occupational therapist; and Kate Russo, OTR/L, staff occupational therapist, talk to MGH visitors and passers-by about services provided by the MGH Occupational Therapy Department.



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