

Caring

HEADLINES

September 5, 2002

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ECMO Reunion: a 'magical' event for patients, families, and staff

See story on page 4



Magician, Steve Charette,
and Zachary Sousa at ECMO picnic

(Photo by Abram Bekker)

MGH Patient Care Services
Working together to shape the future

Recruitment and Retention

*An interview with Megan Brown, HR representative;
Marianne Ditomassi, RN, executive director to the office
of senior vice president for Patient Care; and
Steve Taranto, HR manager for PCS*

Jeanette: Marianne, I know we're employing a wide range of strategies to market MGH Nursing; but I'm not sure staff are aware of all our efforts. Can you describe our recruitment initiatives?

Marianne: We really are taking a multi-faceted approach to marketing MGH Nursing; we're aggressively pursuing every opportunity to recruit new and experienced nurses. I think it's fair to say we're using some unique and creative approaches as well tapping into some of the more traditional advertising venues. We are definitely getting the word out.

Megan: Perhaps the most visible recruitment strategies we're currently using are the Nursing Image Campaign, the Employee Referral Program, and the Career Expo that's scheduled for September 15th.

Steve: The image campaign was a collaborative effort between nurses and Human Resources. We worked closely with the Staff Nurse Advisory Committee (SNA) to make sure we captured the essence of MGH nursing. Representatives from the SNA were asked a series of questions to help identify what aspects of MGH nursing we wanted to spotlight.

SNA representatives took those questions back to their units for even more feedback. So we were able to tap into a good cross-section of the department. Nurses identified attributes such as diversity, flexibility, strong leadership, and a supportive yet challenging environment as our most compelling recruitment incentives.

Megan: The result is an ad campaign that features MGH nurses, men and women, new and experienced, representing all role groups and diverse backgrounds, from within the department of Nursing and outside the department



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

as well. Ads show nurses, in groups or individually, holding a sign that says: "We chose MGH" or "I chose MGH."

Response to the ads has been very positive.

Marianne: The Employee Referral Program, which began on July 1, 2001, has proven to be one of our most successful recruitment tools. To date, almost one hundred

new employees within Patient Care Services have been hired as a result of the program. Approximately six new employees per month have been hired into the department of Nursing, and two per month into the health professions.

And the referring clinician receives \$1,000 (taxable) gross wages.

continued on next page



(Photos provided by HR)

Nursing Career Expo

Welcome: staff nurses (all specialties), new graduate nurses, clinical nurse specialists, nurse managers, and PCAs

Tours will be offered of the:

Neurology/Neuroscience Unit, Neuro ICU, Respiratory Acute Care Unit, Cardiac Arrhythmia Step-Down Unit, Coronary Care Unit, Cardiac SICU, Cardiac Surgical Step-Down Unit, Cardiac Access Unit

Free CEU Offerings:

- "Management of the Neuro-Compromised Head Trauma Patient," presented by Jean Fahey, RN, MSN (12:30-1:30; Haber Room)
- "New Care Strategies: Care of the Acute Stroke Patient," presented by Mary McKenna Guanci, MSN, RN, CNRN (2:00-3:00; Blake 12 Library)

**Sunday, September 15, 2002
12:00-4:00pm**

North and East Garden Dining Rooms

Parking provided in the Fruit Street
and Parkman Street garages
Refreshments will be served.

Jeanette Ives Erickson

continued from previous page

Steve: The Career Expo will be held September 15th here at MGH, and more expos are scheduled for November, January and April (See shaded box on previous page). We have an extensive advertising plan to publicize the event, so we're expecting a large turnout.

Megan: The expo will be advertised in:

- An insert in *Advance for Nurses Magazine*; 67,500 issues in New England (entire circulation); 8/19/02
- Direct-mail post card to 75,000 nurses in New Hampshire, Massachusetts, and Rhode Island; 8/26/02
- Taxi-top ads on 75 cabs in the Boston area; 9/1/02
- Mobile media on Cape Cod; 9/2/02
- Full-page ad on back cover of *On Call* in the issue featuring the Clinical Recognition Program; 9/5/02
- Half-page ad in *The Boston Globe's* Big Help section; 9/8/02
- Half-page ad in *The Worcester Telegram*; 9/8/02
- Third-of-a-page ad in *The Boston Metro*; 9/9/02
- A tab insert in *The Boston Metro* that reads: "Find your nursing career at Massachusetts General Hospital;" 9/9/02
- Mobile media at Gillette Stadium; 9/9/02 (and at all Patriots' home games)
- A special outer wrap advertising the Nursing Career Expo will

appear on 5,000 complimentary issues of *The Boston Globe* to be distributed at highly visible sites in Boston including MBTA stops and high-traffic intersections; 9/10/02

- Half-page ad in *The Boston Globe*; 9/15/02
- *MGH Hotline*
- *Caring Headlines*

The expo will be advertised on a number of career-search Internet sites, and an item will be distributed via the MGH All User e-mail system.

Jeanette: That's very impressive. You mentioned, 'mobile media.' Can you tell us more about that?

Steve: The mobile media campaign is actually very exciting, and a first-time undertaking for us. Mobile media is a large, portable billboard that's mounted on the back of a truck so it can be moved

from location to location. We've been displaying it at the Sagamore Bridge on summer weekends to take advantage of that high-visibility location. And we plan to display it at Gillette Stadium for all of the Patriots' home games and at the Head of the Charles Regatta in October.

Jeanette: What a great idea. What else are we doing to market MGH Nursing?

Marianne: We've been holding interview sessions, called 'Walk-In Wednesdays' since January of this year. Anyone interested in applying for, or learning more about, nursing positions at MGH can go to the Human Resources Office on White 14 and have a guaranteed interview with an HR representative between the hours of nine and five.

Megan: Having a designated time for walk-in interviews makes the application process more

accessible and convenient for many prospective candidates. And sometimes we're able to arrange an interview with a nurse manager the same day.

Jeanette: What are we doing to attract high-school and college students?

Steve: We have a number of school outreach programs, some, where we go into schools and speak or attend job fairs, and some, where students come to MGH for tours and hands-on experiences.

Megan: I've learned that whenever I go to a job fair at a school to bring a nurse with me. I've found that students have questions only nurses can answer, and it sparks a more meaningful dialogue when students can talk one-on-one to a professional nurse.

Jeanette: What are some of the more creative venues we've used?

Steve: As reported in *Caring Headlines*, we displayed our "Simply the Best" banner near the Charles Street/MGH T station over the July 4th weekend. We used it again in Charlestown during the Bunker Hill Day celebration. And just recently, as part of Boston's annual "Chalk One Up for the Arts" Festival, Megan drew a chalk rendering of our logo on the sidewalk at City Hall Plaza.

Jeanette: So. Are all our efforts working?

Marianne: Our vacancy rate is significantly lower than it has been in past years, and we've hired more than 275 nurses in fiscal year 2002.

Jeanette: Excellent. Thank-you, all. That was very informative. If staff have ideas or suggestions about marketing MGH Nursing, whom can they call?

Megan: They can call me at 726-5593.



Mobile media



ECMO reunion a day and relief from the

More than 250 people enjoyed a reunion picnic on Saturday, August 10, 2002, at Curry College in Milton, Massachusetts, including 50 patients who have undergone ECMO therapy at MGH over the years.

The event marked the 11th ECMO reunion where family members and survivors of ECMO therapy have had an opportunity to gather again with the MGH caregivers who provided their life-saving care.

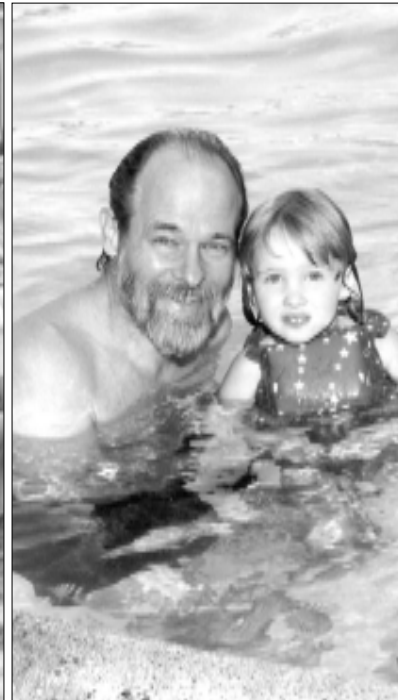
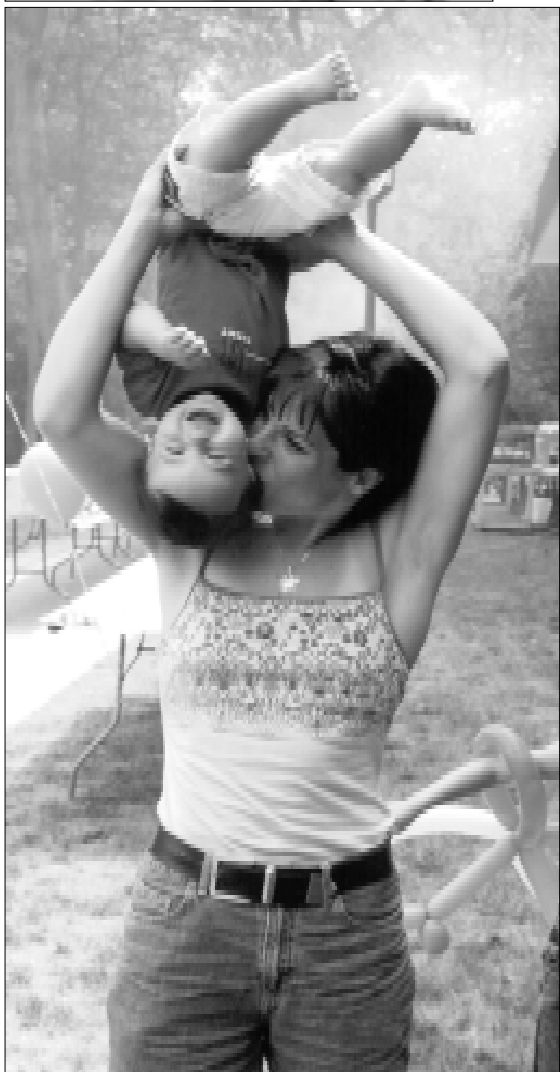
ECMO—Extra-Corporeal Membrane Oxygenation—is a form of treatment that

ECMO supplies oxygen to the body's tissues, often giving the patient that extra time needed for the underlying disease to heal. ECMO also helps prevent new problems from occurring as a result of the high ventilator settings, which can themselves cause lung injury.

The use of the artificial lung to help support patients is not new. The technique was first studied in the 70s when it was found to be unhelpful in adult patients. But later, high rates of success were reported in treating newborns with acute respiratory failure.

ECMO was re-introduced at MGH in 1988 for new-

uses an artificial lung and pump to support patients with acute respiratory and cardio-respiratory failure.



of renewal, refreshment, summer heat wave

borns. After much success, ECMO was tried in some older pediatric patients and even occasionally, in adult patients. Our ECMO program currently treats 15–20 patients per year at many sites throughout the hospital.

At this year's reunion, families of children who received ECMO therapy had a chance to come together with caregivers who have provided ECMO therapy for the past 14 years.

Maureen Campbell underwent ECMO therapy when she was 14 months old. Today, she is a happy, healthy, 13-year-old girl. Says Maureen's father, Tom Campbell, "We love coming

to this reunion every year to see staff and all the other kids who've benefitted from ECMO therapy."

Respiratory therapists who specialize in ECMO therapy, NICU and PICU nurses, support staff, social workers, and physicians had an opportunity to renew acquaintances with past patients.

Children of all ages were mesmerized by magician, Steve Charrette, and his amazing sleight of hand. Picnickers enjoyed playing at the craft table and watching the ever-popular Jubilee Puppet Show, present-

ed by puppeteer, Ron Comeau, a regular performer at ECMO picnics for the last ten years.

And with this summer's relentless heat, the swimming pool and snow-cone machine were a welcome treat.



**Parents, children, MGH staff, and
special friends enjoy welcome
respite from summer heat at
the 2002 ECMO family reunion**



(Photos by Abram Bekker)

Ellison 14 nurse sees dignity in the 'drudgery'

My name is Liz Johnson, and I am a nurse on the Ellison 14 Oncology Unit. For the umpteenth time that day, it seemed, I was cleaning excrement up off the floor. If people only knew what I do for a living, I thought.

I had placed a commode by the patient's bed because she had a hard time getting to the bathroom without experiencing incontinence. But once again, excrement found its way to the floor. I checked to be sure the pot had been returned to the commode. It was there, correctly placed. Why, I wondered, did management of elimination continue to be a problem for this patient?

I swallowed my annoyance—I truly don't enjoy cleaning excrement up off the floor—I made sure my facial expression was friendly, and got some towels to clean up.

"I'm sorry," Ms. L said. "It's so disgusting. I

don't know what I'm doing wrong."

"Don't worry about it," I replied, very conscious of my tone. "It happens."

I looked at her, brow furrowed, and my annoyance turned to sadness as I thought again that it really wasn't her fault. No one wants to lose control of their bodily functions.

"For some reason," I said, attempting to look at the problem objectively, "you seem to be leaning to the right on the commode. Do you notice a difference between how you feel on your left and right side?"

"No, not really," she said.

Ms. L had neuropathies in her left hand and arm from leukemia in her spinal cord.

"Given the problems you've had with your left hand, I wonder if you might be experiencing differences between left and right up and down your body?"

Her mishap was, after all, a perfect cue for good

nursing assessment. I deliberately kept my tone low key, intent on getting information without alarming her.

"I don't really feel any difference," she said.

I nodded and assisted her back to bed. "Maybe the equipment just feels strange to you," I said, knowing in my heart of hearts that I would have a hard time using a commode in lieu of standard plumbing. "It's not like using the bathroom."

A line from a play I had recently read came to mind: "Why is it that the idea of mopping the floor just doesn't have the same appeal as dancing, but what's the difference, really? It all involves energy and doing something and affecting people."

Why indeed? What is the difference? Why is one associated with drudgery and the other with freedom? In a sense, there's more dignity in the drudgery.

These reflections led me to other thoughts about the nature of work; my work. Why shouldn't I mop the floor? There are people who engage in this kind of activity for a living, and when you get to know them, you discover they're complex, philosophical people, each in their own way, who derive dignity from the work they do, which gives them self-worth



Liz Johnson, RN
staff nurse, Ellison 14

and builds their spirits.

A short time later, I was called to help another patient who needed assistance using the commode. I gave him a steady hand as he painfully struggled to make the transfer. A split second later, urine sprayed all over the floor.

"What's wrong with me?" he growled testily. "I'm always doing that."

I was struck by how readily patients blame themselves for things beyond their control. I couldn't help chuckling to myself. Here we go again, I thought.

"Don't worry about it," I said, touching his shoulder. "These contraptions are cumbersome at best. I'll clean it up in no time."

"Thank-you for not getting mad," he said.

I felt bad, thinking that someone else may inadvertently have conveyed frustration to this patient.

"Oh," I said, "you've felt as if people have been impatient with you?"

He nodded, his lips pressed together.

"I'm sorry you've had that experience."

Cleaning up around him as he sat there trying to evacuate in this unnatural place, in this unnatural position, I thought how demeaning it must feel sometimes to be a patient. I thought what it must be like to have to struggle to meet one of life's most basic needs on a contraption next to a big picture window, while someone privileged to be fully clothed and able to walk out of the building at any time pattered about nearby.

"Mr. N," I said, giving the floor a final swipe and placing a dry towel under his feet, "I bet you'd like to be alone for a few minutes. I'll be standing by the door. Just call when you need me."

"Thank you," he said simply, his tone confirming my hunch about his need for some privacy. I

continued on next page

Educational Offerings and Event Calendar Now Available On-Line

The Center for Clinical & Professional Development now lists educational offerings on-line at

<http://pcs.mgh.harvard.edu>

To access the calendar, click on the link to CCPD Educational Offerings.

For more information or to register for any program, call the Center at 6-3111.

Exemplar

continued from page 6

waited outside the door and indulged in a few moments of reflection. What I had been doing was not glamorous and certainly didn't involve the sophisticated reasoning and psycho-motor skills I like to think make up the essence of my work. However, my education enabled me to think about the significance of my engagement in these so-called menial tasks and the opportunity to provide quality care inherent in them.

I thought about what a uniquely privileged position we nurses occupy. Patients allow us to be a part of some of their most intimate moments, moments that many of them would not even share with a spouse, parent, or child. The manner in which I manage those moments determines how patients feel about themselves and how receptive they are to receive care from me and my colleagues.

My professional education guided me to perform the most mundane activity in such a way as to set a tone that would have ripple effects between the patient and other caregivers.

I heard echoes from my very first course in nursing fundamentals, which seemed like ancient history. My classmates and I learned that the essence of nursing is assisting the patient with

his immediate needs and doing so in a way that preserved his dignity, fostered a sense of autonomy, and promoted a sense of self-worth. Once high-sounding words of a value system my professors no doubt hoped they would instill in us, these concepts floated about the hallway reminding me of how I continue to find joy in my profession, even in the unpleasant tasks, and how these concepts, learned so long ago, have endured in spite of all the sophisticated advancements in knowledge and technology.

Hildegard, Martha, and Ida O. Dorothy, Ida T, and, oh, Florence, too. Hello, wherever you are. Know that you have become my old friends. Thank-you for many years of pleasure and for the principles that continue to give me meaning.

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

Who among us cannot relate to this narrative? You don't have to be a patient or a clinician to appreciate the indignity of having your most personal human needs become the center of attention in unfamiliar surroundings at a time when you're already feeling helpless and vulnerable. Liz shows us with grace and compassion, the exquisite privilege of performing these 'mundane' tasks.

When you hear Liz tell it, there is indeed, "dignity in the drudgery."

This is a simple narrative but it delivers a powerful message. I join Ms. L and Mr. N in saying, thank-you, Liz.

MGH Institute of Health Professions Graduate Programs Information Session

Stop by any time between 3:00 and 5:00pm. Meet representatives from the MGH Institute of Health Professions, and learn about graduate programs in Nursing, Physical Therapy, Clinical Investigation, and Speech Pathology, offered through the Charlestown Navy Yard campus.

Nurses: meet faculty of the Nursing program and hear about the MSN tracks, including a new master's degree track for nurses with an associate's degree or diploma.

**Thursday, September 19, 2002
3:00-5:00pm
Walcott Conference Room**

For more information, call the Office of Student Affairs at 617-726-3140 or visit admissions@mghihp.edu

Call for Nominations

Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

Nominations are now being accepted for The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award. The award was created to recognize clinicians within Patient Care Services whose practice exemplifies the expert application of values reflected in our vision. Nurses, occupational therapists, physical therapists, respiratory therapists, speech and language pathologists, social workers and chaplains are eligible.

The nomination process is as follows:

- Direct-care providers can nominate one another. Nurse managers, directors, clinical leaders, health professionals, patients and families can nominate direct-care provider.
- Those nominating can do so by completing a brief form, which will be available in each patient care area, in department offices, and at the Gray information desk.
- Nominations are due by October 4, 2002.
- Nominees will receive a letter informing them of their nomination and requesting they submit a professional portfolio. Written materials on resume-writing, writing a clinical narrative, and endorsement letters will be enclosed.
- A review board including previous award recipients, administrators, and MGH volunteers will review the portfolios and select award recipients. The board will be chaired by Trish Gibbons, RN, director of The Center for Clinical & Professional Development.

Award and award-related activities

Award recipients will receive tuition and travel expenses to a professional conference or course of their choosing. They will be acknowledged at a reception of their peers and family members, and their names will be added to the plaque honoring Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award recipients. Recipients will receive a crystal award from Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse.

For further information or assistance with the nomination process, please contact Mary Ellin Smith, RN, professional development coordinator, at 4-5801.

Remembering Our Patients

—submitted by the MGH Chaplaincy

An increasingly frequent practice at MGH, one that calls attention to the importance of supporting one another in times of sadness and crisis, is the growing number of memorial services being held on patient-care units at MGH. Unit-based memorial services are a comfort for families and friends of patients who have died, and also for staff who are deeply affected by the loss.

The Thoracic Oncology Unit held a memorial service on Wednesday, April 3, 2002, in the MGH Chapel for family members of patients who had died on their unit.

Karen Sommer, RN, nurse practitioner, and the thoracic team designed and participated in the service. Says Sommer, "I think staff and patients both appreciated the reconnect. It brought a sense of relief to staff to see that family members had been able to move on. It was also important for staff to be able to communicate with families in a setting apart from the treatment area. It allowed for more intimate conversation."

The first pediatric memorial service was held in 1991, organized by NICU nurses, Bernadette Smorawski-Riley, RN, and Anne Arm-

strong, RN. Parents of children who died in the NICU, PICU, and pediatric units were involved in planning the program. Families who lost children during childbirth became part of the service in 1995. The Comfort and Support After Loss Team (a collaboration of nurses, social workers, child life specialists, residents and chaplains, and coordinated by obstetrics social worker, Fredda Zuckerman) plans the annual service, held the first Sunday in November.

Ellison 14 has offered memorial services for staff for several years. Ellison 14 staff nurses,

Liz Johnson, RN, and Esther Odette, RN, along with oncology chaplain, Mike McElhinny, organized the most recent service held this past fall. Services provide staff with an opportunity to talk, ease some of their grief, and better cope with the loss and suffering they witness. Says McElhinny, "When I arrived here four years ago, staff were hesitant to talk about death, but recently they seem to be more comfortable speaking about it and how it affects them. The memorial services have become an important way for staff to collaborate and support one another in our daily lives."

The Gillette Center for Women's Cancers (Gynecologic Oncology) held its first service of remembrance on May 9, 2002, specifically for staff. Dr. Annkathryn Goodman and clinical social worker, Marie Elena Gioielli, led the planning; they hope to hold a service quarterly. Says Goodman, "Staff seem to appreciate the opportunity to acknowledge, in the presence of the multi-disciplinary

team, the joys and challenges of caring for patients and families. We learn more about patients from what is shared by team members. There is no other forum in which to discuss these experiences."

The Palliative Care Service holds a service of remembrance and hope twice each year for families of patients they have cared for. Services are held in the MGH Chapel, and all hospital staff are welcome. Services include music, reflection, and the lighting of memorial candles. The next service will be held Wednesday, November 6, 2002, at 5:30pm.

The Volunteer Department holds a memorial service whenever one of their volunteers dies. Director, Pat Rowell, organizes services as needed.

Memorial services provide a meaningful opportunity for staff and families to pray, share memories, and help deal with their grief. For assistance in planning a memorial service, please contact the Chaplaincy at 6-2220.



(L-r): Esther O'Dette, RN; oncology chaplain, Mike McElhinny; and Liz Johnson, RN, plan memorial service on Ellison 14

The Employee Assistance Program

presents

"Stress Management in Today's World"

Presented by Stacey Drubner, JD, LICSW

Seminar will educate staff on the causes of stress and help participants adapt coping styles to more effectively respond to stressful situations.

September 12, 2002

12:00-1:00pm

Wellman Conference Room

For more information, call 726-6976.

Second class graduates from New Graduate Critical Care Nurse Program

The second class to graduate from the New Graduate Critical Care Nurse Program was recognized at a special luncheon reception in the Wellman Conference Room on Thursday, August 22, 2002. The program, facilitated by Scott Ciesielski, RN, and Laura Mylott, RN, is a joint educational offering of Patient Care Services and the MGH Institute of Health Professions.

A six-month, intensive orientation period that includes both theory and practice is designed to give new graduate nurses extended knowledge in critical care. Participants receive classroom instruction at the IHP and unit-based, clinical experience here at MGH.

In her opening remarks, senior vice president for Patient Care, Jeanette Ives Erickson, RN, said, "Ninety-eight applications have already been received for the next class of the New Graduate Critical Care Nurse Program. The word is out—MGH is the place to be!"

The luncheon was an opportunity to celebrate the accomplishments of the new graduates, and to thank the preceptors whose contribution to the program is pivotal. Said Ives Erickson, "This occasion marks a five-year relationship between Patient Care Services and the IHP, bringing education and service together to address the real needs of our community and the country.

Speaking on behalf of the preceptors, Nancy Giese, RN, staff nurse on the Bigelow 13 Burn Unit, shared some of her observations of the preceptor experience, noting the level of confidence she grew to have in her orientee. Said Giese, "You have all done a remarkable job. I just ask one thing of you as you graduate. When you get to a point in your careers where you feel you want to move on to greater challenges, don't leave MGH. Just put on a different hat—nurses wear many hats at MGH. And we need nurses like you. Nurses who care, nurses who think outside the box. You are the future."

For more information about the program, call 6-3130.



New Graduate Critical Care Program graduates, (back row, l-r): Nasya Watler, RN; Richard Campbell, RN; Patrick Birkemose, RN; Katie Hotaling, RN; Amy Israelian, RN; (front row): Nicole Matter, RN; Kate Garrigan, RN; Tawnya Gannon, RN; and Kate Marshall, RN

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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:
September 19, 2002





(Photo by Paul Batista)

At left: Dorothy Noyes, RN, nurse practitioner for the MGH Heart Failure Clinic, presents, "Heart Health in 2002," as part of an educational series sponsored by MGH Senior HealthWISE. Presentations are held twice a month from 4:00–5:00pm in the East Garden Dining Room.

Keeping your heart healthy

On Monday, August 26, 2002, in the East Garden Dining Room, Dorothy Noyes, RN, nurse practitioner for the MGH Heart Failure Clinic, presented, "Heart Health in 2002," as part of an educational series sponsored by the MGH Senior HealthWISE Program.

Noyes spoke about the risk factors for heart disease, including: gender (male), age (over 65), a history of obesity, hypertension, diabetes, a family history of heart disease, a sedentary lifestyle, and smoking.

Obviously, some risk factors are beyond our control, but Noyes suggested that individuals try to minimize the risk of heart disease by actively trying to manage their weight, diet, blood pressure, amount of physical activity, glucose levels, and smoking.

Identifying smoking cessation and weight control as two of the most important steps in preventing heart disease, Noyes recommended eating a diet rich in fruits, vegetables and fiber; limiting the intake of saturated fats; walking and other exercises to

stay active; following doctors' advice regarding medications; and finding a good program/support system to help stop smoking.

Noyes went on to say that a high-fiber diet helps prevent the absorption of fat in the body. Foods that are liquid at room temperature are better for you than foods that are solid at room temperature (olive oil versus butter). A person's ideal body weight should be approximately 100 pounds if you're 5 feet tall; plus 5 pounds for every inch over 5 feet (for women) and 6 pounds for every inch over 5 feet (for men).

MGH Senior HealthWISE is a community benefit program of MGH and the MGH Senior Health Practice. For more information about the program, or the educational series, please call 724-6756.

In memory of September 11th

The MGH Chaplaincy will offer a special service on the one-year anniversary of September 11th. The service will include participants of many religious traditions and will be tele-conferenced to the Haber Conference Room.

**Wednesday, September 11, 2002
11:30am–12:00pm
O'Keefe Auditorium.**

A moment of your time...?

The Pharmacy Nursing Performance Improvement Committee (comprised of nurses, pharmacists, operations coordinators, operations associates, and pharmacy technicians) has initiated a number of changes to improve systems for medication distribution.

The group is committed to the on-going implementation of changes and improvements that support the safe and efficient administration of medications.

This month, we will be conducting the 3rd annual staff satisfaction survey. Last year, nearly 500 nurses responded! Because so many of you gave thoughtful feedback, we learned a lot about what was working and where continued improvement was needed.

On September 4, 2002, surveys will be distributed to patient care units. Please take this opportunity to complete the survey and be an active part of the improvement initiative.

Thank-you.

Ethics Forum: A Discussion Series for the MGH Community

"Four Points to None: Current Ethical Considerations in the Use of Restraints"

Panelists will include:

Joan B. Fitzmaurice, RN, PhD,
director of Quality and Safety

Cyrus Hopkins, MD, director of Quality and Safety, associate chief, Infection Control Unit

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

Ellen Robinson, RN, PhD,
clinical nurse specialist in Ethics, The Center
for Clinical & Professional Development

Moderator:

Alexandra F.M. Cist, MD, Ethics Task Force

**September 13, 2002
12:00–1:00pm
Sweet Conference Room
GRB432**

Please bring your own lunch;
beverages and dessert will be served

For more information,
e-mail acist@partners.org

Educational Offerings

September 5, 2002

When/Where	Description	Contact Hours
September 13 8:00am–4:30pm	Staying on Top of Your Game: Advanced Cancer Nursing O’Keeffe Auditorium	---
September 13 12:00–1:00pm	Four Points to None: Current Ethical Considerations in the Use of Restraints Sweet Conference Room, Gray 432	1.0
September 17 1:00–3:00pm	Pacing: Basic Concepts Haber Conference Room	---
September 18 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
September 19 10:00–11:30am	Social Services Grand Rounds “An Overview and Application for DBT.” O’Keeffe Auditorium. For more information, call 724-9115.	CEUs for social workers only
September 19 8:00am–4:15pm	Neuroscience Nursing Review 2002 (Day 2) Wellman Conference Room	TBA
September 19 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
September 21 1:30–2:30pm	MassGeneral Hospital for Children-Partners CME Conference Westin Hotel, Waltham	Up to 4.5
September 23, 25, 30, and October 1, 2, 7 7:30am–4:00pm	ICU Consortium Critical Care in the New Millennium: Core Program VA Boston Health Care System	45.1 for completing all six days
September 24 and 25 8:00am–4:30pm	BLS Instructor Program VBK601	13.2 for completing both days
September 25 8:00am–4:30pm	Conversations at the End of Life Training Department, Charles River Plaza	---
September 25 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (contact hours for mentors only)
September 26 8:00am–4:30pm	Psychological Type & Personal Style: Maximizing Your Effectiveness Training Department, Charles River Plaza	8.1
September 27 8:00am–4:30pm	Nursing: A Clinical Update (MGH School of Nursing Alumni Homecoming Program) O’Keeffe Auditorium. For more information, call 617-726-3144.	---
October 2 1:00–3:00pm	Caring at the End of Life: a Video and Panel Discussion Haber Conference Room	2.4
October 3 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
October 3 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
October 4 and 18 8:00am–5:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Wellman Conference Room	16.8 for completing both days
October 9 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Training Department, Charles River Plaza	7.2
October 23 8:00am–2:30pm	Mentor/New Graduate RN Development Seminar I Training Department, Charles River Plaza	6.0 (mentors only)

For detailed information about educational offerings, visit our web calendar at <http://pcs.mgh.harvard.edu>. To register, call (617)726-3111.
For information about Risk Management Foundation programs, check the Internet at <http://www.hrm.harvard.edu>.

Ellison 14 patient receives US citizenship

(Photo by Abram Bekker)

Friday, August 23, 2002, was a memorable day for Gaetano (Guy)

Barrasso, originally from Avellino, Italy. Surrounded by family, friends, and caregivers on Ellison 14, Barrasso was sworn in as a United States citizen by Raymond Sleeper, assistant district director of Examinations for the US Immigration Office.

The ceremony took place in Barrasso's hospital room at MGH. Primary nurses, Judy Foster, RN, and Pam Conner, RN, were present to support their patient and share in

—by Charlie Ciano,
operations coordinator

the experience. Barrasso, sporting a red-white-and-blue hat for the occasion, said it was an extremely emotional and happy event. "I could not have been any more proud when the oath was administered," he said.

The Barrasso family would like to thank the staff of Ellison 14 for their kindness and support, and Carol Aguja, district adjudication officer, for helping to expedite the citizenship process.



Assistant district director of Examinations for the US Immigration Office, Raymond Sleeper, swears in Ellison 14 patient, Gaetano Barrasso, as a United States citizen.

Caring

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