

Caring

November 6, 2003

HEADLINES

First annual Janet Ballantine Oncology Volunteer Award

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Among many other things, Janet Ballantine was a warm and caring person, a committed volunteer, and a knowledgeable breast-cancer patient. With a friend and fellow cancer patient, Ballantine co-founded *Friends with Hope*, a foundation that supports breast-cancer research at Dana-Farber Cancer Institute

and MGH. Since its creation, *Friends with Hope* has raised \$100,000 and donated \$60,000 to MGH.

On October 24, 2002, after a long battle with breast cancer, Janet Ballantine died. Recognizing the important role MGH staff, and especially volunteers, played in supporting Janet and her family during her illness, her

family has established the Janet Ballantine Oncology Volunteer Award.

The award will recognize the contributions of volunteers who consistently demonstrate caring, compassion, and a commitment to the volunteer role. In the future, recipients of the award will be selected by the Janet Ballan-

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Ballantine Award recipients, Elaine Grollman (center right) and James Gillespie (left), with Clare Swan, RN (second from left); Paul Bartush (back left); Dr. Jerry Younger (back right); and members of the Ballantine family.

MGH is busier than ever: a brief update

I can't remember a time when we've been as consistently busy as we are right now. On the heels of our Magnet recognition visit and our JCAHO accreditation visit, we are immersed in efforts to advance our strategic plan, we're launching new programs and services, and our census is regularly higher than budgetary expectations. We are all busy!

I'd like to use this column to bring you up to date on some things that are happening that you may not be aware of because so much is going on. For instance, on Tuesday, October 21, 2003, we hosted a

visit from Alex Azar, the General Counsel for the US Department of Health and Human Services. Dr. Slavin, Dr. Torchiana, and I spent time with Mr. Azar sharing our concerns and educating him about the challenges we're facing, such as Emergency Room diversion, staffing issues, and surgical delays. We spoke at length about the implications of the 80-hour work rule for our clinicians; and we touched on pending legislation such as the special Medicare payment that teaching hospitals receive and the emergency preparedness investment we've made without any new federal funding.

We escorted Mr. Azar on a tour of the 'operating room of the future,' where he was able to see a minimally invasive kidney surgery. We visited the Emergency Department where he was able to see our patient tracking system and decontamination facilities. This was an incredible opportunity to inform the highest ranking lawyer for the Department of Health and Human Services about what we do and the challenges we face. I'd like to thank Deb Colton, Marie Egan and MaryFran Hughes for their help in facilitating Mr. Azar's visit.

On Monday, October 20, the Central Resource Team (CRT) implemented the RN Rapid Response model, which is in effect from 7:00am-11:00pm every



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

day. The RN Rapid Response model allows the CRT to allocate nursing resources in a more efficient and effective manner (for a maximum of 4 hours at a time) in response to changes in unit work load and/or an unanticipated need for nursing services. Rapid response nurses are able to assist with admissions, discharges, transfers, off-unit travel, patient emergencies, and other patient-

care situations that may arise unexpectedly.

This week, for instance, an inpatient unit took advantage of the Rapid Response model when a patient on their unit became unstable. A rapid response nurse was requested; she escorted the patient to Radiology for CT scanning and transferred the patient to the ICU. Rapid Response nurses have been requested on units experiencing multiple admissions or to facilitate movement of patients in and out of the ED and the PACU.

I expect this innovative new program to have a positive impact on our ability to respond to rapidly changing patient-care situations quickly and effectively.

The employee and volunteer Flu Vaccination Program began on October 20. Employees were able to go to locations in the WACC, the Main Corridor, and MGH East to receive

continued on next page

Attention Northeastern University alumni

The Center for Clinical & Professional Development is pleased to announce that the Office of Alumni Relations at Northeastern University is hosting a reception in honor of Northeastern alumni and students working at MGH.

Professor Hortensia Amaro, PhD, director of Northeastern's Institute on Urban Health Research, will speak on racial and ethnic disparities in healthcare.

**Wednesday, November 12, 2003
4:00-6:30pm
Holiday Inn, 5 Blossom Street**

For more information, call Joanne-Marie Smith, at (617) 373-8345 or e-mail joa.smith@neu.edu.

This event is free for Northeastern alumni and students. Please register by Friday, October 31, 2003.

Come and celebrate Ramadan

with an MGH community fast-breaking feast

Patient Care Services, The Diversity Steering Committee, The MGH Chaplaincy, and Muslim members of the MGH community invite you to join in Iftar, the breaking of the fast during the month of Ramadan.

All Muslim patients, family members, staff, and friends are welcome.

**Wednesday, November 12, 2003
5:00-7:00pm
Wellman Conference Room**

For more information, send e-mail to: mghinterpreters@partners.org or fpathan@partners.org

The International Patient and Family Center

Question: I know there was a decline in the number of international patients coming to MGH following September 11, 2001. Have our international services picked up again?

Jeanette: I'm happy to report that our International Patient and Family Center is once again bustling and busy. MGH has always been a mecca of healthcare services for patients from all over the world. People from all nations are still seeking our clinical ex-

pertise for themselves and their loved ones.

Question: What is the role of the International Patient Center?

Jeanette: The International Patient Center (IPC) was established in 1995. It grew from our understanding that international patients require certain services not called for by domestic patients. Originally, the IPC was part of the Admitting Department. In 1999, it became part of Patient Care Services.

Question: What kind of services does the IPC provide?

Jeanette: Some international patients have family members or friends living in the Boston area who can help them navigate through our complex institution. The majority of international patients, however, are unfamiliar with our city and our hospital. They have come to MGH because we are one of only a few places in the world that can provide the clinical care

they need. The IPC helps international patients and their families with all aspects of their care prior to their arrival in Boston, during their stay, and after they return home. Patient registration, Visa applications, lodging in the Boston area, transportation to and from the hospital, are just some of the services provided by the IPC. The office also assists international patients to secure appointments with appropriate specialists at MGH. IPC staff collaborate with caregivers to ensure that patients are seeing the providers they need based on their medical history. They also work closely with the Interpreters Office to ensure interpreters are available when needed. IPC staff facilitate admission and discharge of international patients

by working closely with the Admitting Office and case managers. And they intercede with international insurance agencies and other payers to facilitate financial arrangements.

Question: Do all hospitals have IPCs?

Jeanette: No. MGH is one of only a handful of hospitals that has a center dedicated to serving international patients. The goal of the IPC is to help international patients and their families feel safe and comfortable while they're in our care, and provide personalized services that complement the clinical care they are receiving. It is a team effort that begins in the IPC and extends to all the other services and departments with whom we collaborate.

Jeanette Ives Erickson

continued from previous page

flu vaccine up until the end of the month. Vaccine is still available via the peer vaccination program on participating units, by appointment in the Occupational Health Office, and at MGH East on November 12, from 9:00am-1:00pm in the lobby of Building 149. October and November are the preferred months

to receive flu vaccine.

The MGH Board of Trustees recently toured the new Yawkey Ambulatory Care Building currently under construction. Great progress is being made, and board members were very impressed by the transformation of this new space in such a short time. The Yawkey Ambulatory Care Building

is scheduled to open in the fall of 2004.

Dr. Slavin and I would like to invite the entire MGH community to a reception celebrating our Magnet hospital recognition. The reception will be held on Wednesday, November 12th, from 2:30-4:30pm in the WACC Lobby. I hope you'll plan to attend.

By now, all MGH nurses (RNs and LPNs) should have received a Magnet recognition pin by mail at their homes. If you haven't received a pin, please contact Maureen Greenberg at 6-3100.

Update

I'm pleased to announce that Elizabeth (Liz) Johnson, RN, has accepted the position of clinical nurse specialist for Ellison 14 effective immediately.

Nursing Career Expo

Invite your friends and colleagues to the Nursing Career Expo to learn more about staff nurse, clinical nurse specialist, nurse practitioner, patient care associate, and surgical technologist opportunities at MGH.

Sunday, November 16, 2003

12:00-4:00pm

North and East Garden Dining Rooms

For information, call: Sarah Welch at 726-5593

The Employee Assistance Program Work-Life Lunchtime Seminar Series presents

"Successful Singlehood: Expanding your Social Network"

Presented by Henri Menco, LICSW

Being single and meeting new people can be challenging. This is especially true when moving to a new city. Henri Menco believes the number one thing preventing people from meeting new people is fear of rejection. Menco will discuss ways of making yourself visible, social networking, places to meet people, positive self-talk, and just how to have more fun in life

Thursday, November 13, 2003

12:00-1:00pm

Wellman Conference Room

For more information, call 726-6976.

Patient Education Committee is 'keeping it simple'

—by Deborah Jameson, RN, librarian, Treadwell Library and Angela Sorge, RN, Ellison 11

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On October 8, 2003, the Patient Education Committee, in collaboration with others in the hospital community, sponsored the first Health Literacy Day at MGH.

Health literacy refers to a person's ability to read, understand, and use healthcare information. According to a recent national survey, almost half of American adults read at, or below, basic literacy levels.

Lori Pugsley, RN, co-chair of the Patient Education Committee, says, "A person's stress or anxiety level can lower her ability to read or hear important information in a medical setting. Difficulty understanding can happen to

anyone, at any age, and any reading level."

One way to raise the level of understanding is to use plain language, or simple words, when communicating with patients. Other solutions include using easy-to-understand visual presentations, illustrations, and drawings; concrete examples; and a personal, friendly writing style.

"Plain language helps everyone," says Carol Harmon Mahony, OTR/L, co-chair of the Patient Education Committee. "Because of limits on time, healthcare providers need to be able to process information quickly and accurately."

Health Literacy Day began with a colorful display table in the Main

Corridor and included presentations by Dr. Rima Rudd and Dr. Kim Kaphingst, from the Harvard School of Public Health.

"Health Literacy: Help Your Patients Understand," a video from the American Medical Association, was shown continuously throughout the morning. The video emphasized that healthcare providers can't always tell when a patient has low health literacy. By writing and speaking clearly to all patients, says the AMA, "clinicians enhance overall patient care and reduce healthcare costs."

On display were the discharge guidelines creat-

ed by nurses in the Pre-Admission Testing Area. The brochure is an example of a document that is written in plain language, is simple to use, and is visually appealing.

A poster from the MGH Interpreters Office demonstrated how healthcare instructions can be

converted into plain language (English) and then translated into other languages.

The committee designed a 'Match Game' where words were placed on a magnetic board, and players were asked to match a simple word with a corresponding complex



Dr. Rima Rudd



Janet Haddock, OTR/L, demonstrates the 'Keep it Simple' Match Game.



Staffing the Health Literacy Day booth in the Main Corridor. Donna Slicic, RN; Firdosh Pathan, RPh;

word. For example, a player could select 'Use' instead of 'Utilize,' or 'Doctor' instead of 'Physician.'

Information was also available on writing clearly; creating brochures, consent forms, and patient-education information; and medication schedules with headings in different languages.

Health Literacy Day culminated with two af-

ternoon presentations in the Haber Conference Room by nationally acclaimed speaker, Dr. Rima Rudd, MSPH, ScD, and her colleague, Dr. Kimberly Kaphingst, ScD.

Rudd, a senior lecturer on Society, Human Development and Health at the Harvard School of Public Health, is an expert on literacy-related disparities and literacy-related barriers to health

programs, services, and care. Rudd shared some alarming statistics from the National Adult Literacy Survey (NALS) that found that 51% of adults in the United States cannot accurately and consistently locate an intersection on a map or use a bus or train

schedule; 47% of adults cannot complete an order form; and 49% of adults cannot interpret instructions. These statistics only touch on the 'silent crisis' that is looming in this country, and especially in health care. Research shows that low literacy rates impact health care, can lead to poor overall health, low adherence to medical regimens, and increased use of medical services including hospitalization.

Rudd's advice to health professionals is to, "Keep it simple. Speak and write in plain language. It's imperative that caregivers keep patient education at a level consistent with the skills of the average adult. It's also necessary to provide alternative options for patients with different learning styles and needs. As healthcare providers we need to ask ourselves, have we accomplished this mission?"

Kaphingst's area of interest is developing effective communication strategies for use with limited-literacy audiences. She discussed ways to evaluate the readability of written materials. One tool was the SMOG readability formula, which estimates difficulty by counting the number of polysyllabic words in a 30-sentence sample. Another was the Suitability Assessment of Material (SAM) tool that assesses difficulty by content, graphics, layout, and cultural familiarity.

These are just a few of the ways we can assess and evaluate patient-education materials. Treadwell Library offers monthly lunchtime sessions to help staff evaluate documents and provide assistance in converting materials into plain language.

The Patient Education Committee would like to thank everyone who helped make Health Literacy Day 2003 a great success. Committee members look forward to working with the MGH community to raise awareness about health literacy and the need to 'keep it simple.'



Dr. Kim Kaphingst



Main Corridor are (l-r): Mary Elizabeth McAuley, RN; Kathleen Creedon, RD; and Lori Pugsley, RN.

Books and videos available at Treadwell Library to help you write in plain language

American Medical Association-AMA Foundation. Health Literacy kit and video.

Teaching Patients with Low Literacy Skills, Doak C, Doak L, and Root J, 2nd ed., Lippincott; 1996.

Writing and Designing Print Materials for Beneficiaries, McGee, J., Dept. of Health & Human Services, 1999.

Making Health Communication Programs Work, National Cancer Institute, Dept. of Health & Human Services, 2001.

Participants in Health Literacy Day 2003

The Patient Education Committee

The Diversity Committee

Cancer Resource Room

<http://cancer.mgh.harvard.edu/Resources/>

Contact: Debbie Essig, 726-9239

Translation Services for MGH

Contact: Karin Hobrecker, 726-6073

Blum Patient & Family Learning Center

<http://www.massgeneral.org/pflc/>

Contact: Taryn Pittman, 724-7352

Treadwell Library

<http://massgeneral.org/library>

Contact: Elizabeth Schneider,

eschneider1@partners.org, 724-2791, for information on plain language workshops and/or monthly lunchtime work group.

New nurse learns meaning of 'union through pain'

My name is Joan Vivaldelli, and I have been a nurse for one year. When I was in high school, someone gave me a card that contained a captivating quote. The card stayed in the top drawer of my night stand until I found it several months ago, and was amazed by the truth of its words. It said: "Pain is the deepest thing we have in our nature, and union through pain and suffering has always seemed more real than any other." I don't think I fully understood the meaning of this quote until I met Mrs. R and her family.

I had only been a nurse for a week when I admitted Mrs. R to our unit. She had terminal breast cancer with metastases throughout her body, and she was to receive an NG tube to drain the bilious fluid from her stomach. Her husband and daughter had accompanied her, and it was obvious they

were very involved in her care. I realized that my role with this family was going to be to make sure they had as much autonomy with their mother as possible, and still make sure she received the best possible care. I gave Mrs. R and her family as many options as I could and always took the time to explain what I was doing.

Over the several weeks that Mrs. R was hospitalized, I sensed that she and her family really began to trust me. I especially connected with Mrs. R's daughter, 'Sarah.' Sarah and I were about the same age, and I was moved by how she cared for her mom. If Mrs. R needed to vomit, Sarah was there to hold the bucket. If she needed to use the commode, Sarah was right there helping me get her to it. Often, Sarah would follow me out of the room to talk to me privately about how her mom was doing.

As Mrs. R's condition began to deteriorate, Sarah would talk to me more frequently, not only about her mother's physical distress, but how her illness was affecting the family. The grief this family was experiencing also started to affect me. My own mother had passed away when I was 14, and I know how horrible that loss felt. I wanted to help as much as possible, but the words of one of my old nursing professors kept running through my head: "Never let your emotions get involved when dealing with patients and families, or you'll burn out before you know it."

As a new grad, I was torn. Was I supposed to disconnect from this family and let them fend for themselves, or was I supposed to reach out to them and risk feeling that sense of loss they were sure to experience?

One afternoon, Sarah followed me out to the hallway. She seemed more distressed than usual.

"Is everything okay?" I asked, knowing full well that it wasn't.

Sarah began to sob. "My mother has been my best friend throughout my whole life," she said. "She helped me through the worst times, and now there's nothing



Joan Vivaldelli, RN
staff nurse, Phillips House 20

I can do to keep her from dying."

As I listened to Sarah, I also began to cry. Remembering the pain of my own mother's death, I knew the depth of her sorrow. I decided to share my story with Sarah.

Soon after, Mrs. R and her family went home with hospice care. I received a letter from Sarah thanking me again for listening to her and sharing my experience. She said it was comforting to know she wasn't completely alone in her loss.

Ironically, that was the night I stumbled upon the card I'd been given so many years ago. I realized that as a nurse, I'm still human. I feel pain and suffering. I see it every day. I don't regret sharing my story with Sarah, or letting her emotions affect me. We found 'a union through pain' that day. And even though the pain was very real, it was lightened a bit for both of us.

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

Whether or not to disclose personal information to patients and/or family members is a complex and delicate decision. Depending on the circumstances, it could be perceived as unnecessarily burdening individuals who are already in a very vulnerable state. Patricia Benner, RN, says nurses are 'compassionate strangers;' clinicians who stand outside the pain and suffering of the patient but are fully present and compassionate. Joan shared her story with Sarah, not to burden her, but to comfort her, to let her know she wasn't alone at a sad and challenging time.

It's up to each clinician to decide if personal disclosure is in the best interest of his/her patient. I think Joan made the right decision.

Thank-you, Joan.

Get REAL!

Have you ever thought about the impact MGH has on the environment?

REAL (Raising Environmental Awareness League) is a newly formed environmental group at MGH seeking new members.

For more information, e-mail:
peaceout@quik.com or
rhorr@partners.org

New Graduate Critical Care Program graduation

On Friday, October 3, 2003, eight new graduate nurses joined the ranks of the New Graduate Critical Care Program alumni when they received certificates of completion at a special celebration luncheon in their honor. Karen Braccialarghe, RN; Carolyn Bryant, RN; Jeanette Cerullo, RN; Kelli Mackerley, RN; Melissa Mokler, RN; Kathleen Pullen-Norris, RN; Pam Roberts, RN; and Richard Stephens, RN, became the newest graduates of the program sponsored by MGH and the MGH Institute of Health Professions.

Speakers, Margery Chisholm, RN, director

of the Graduate Program in Nursing at the IHP; Laura Mylott, RN, co-coordinator of the New Graduate Critical Care Program; Lisa Townsend, RN, preceptor; and Theresa Gallivan, RN, associate chief nurse, all spoke about the rigorous and demanding challenges of the program, the invaluable support and expertise of the preceptors, and the unique talents and gifts of the eight program participants.

Speaking on behalf of her fellow participants, Karen Braccialarghe, read a powerful narrative describing a particularly poignant clinical situation in the PICU. Following her reading, clinical nurse specialist, Kathryn Beauchamp, RN, dialogued

with Braccialarghe about the many opportunities for clinical learning she experienced throughout the program.

For information about the program, call Laura Mylott at 4-7468. For application information, call Sarah Welch in Human Resources at 6-5593.



Top: New graduate, Karen Braccialarghe, RN, dialogues with PICU clinical nurse specialist, Kathryn Beauchamp, RN, after reading her clinical narrative. Above: Doctor Michael Fifer (center back) and program coordinators, Laura Mylott, RN (left), and Miriam Greenspan, RN (right), with new grads, Richard Stephens (front) and Kelli Mackerley (front right), and preceptors, (l-r): Ed Ciesielski, RN; Katie Swigar, RN; Kathleen Carr, RN; and nurse manager, Adele Keeley, RN. At left: New grads, (standing l-r): Kathleen Pullen-Norris, RN; Pam Roberts, RN; Jeanette Cerullo, RN; Karen Braccialarghe, RN; and Kelli Mackerley, RN. (Seated): Melissa Mokler, RN, and Richard Stephens, RN. Carolyn Bryant, RN (not pictured) was also a participant in the program.

Healing Arts Festival combines caring, crafts and culture

The second annual Healing Arts Festival was held Friday, October 3, 2003, in the WACC Lobby, giving children and adults a chance to enjoy a variety of musical, artistic, and inspirational activities geared at healing the soul. Children played and performed; there were art shows and open-mike ad-libs; and one 10-year-old author had her own book-signing. It was an evening of recreation, relaxation and rejuvenation, and you can bet a good time was had by all.



The Healing Arts Festival was sponsored by the Healing Arts Team, MassGeneral Hospital for Children, the department of Nursing, the departments of Medicine and Pediatrics, and the Elizabeth Whiteside Charitable Foundation. The Child-Caregiver Tile Wall was sponsored by the Making a Difference Foundation.



(Photos by Paul Batista)

The JM Foundation Nursing Scholarship Program

—by Mary Ellen Heike, RN, staff specialist
Women's Health

On October 24, 2003, the Vincent Obstetrics and Gynecology Service and the department of Nursing honored four recipients of the newly created JM Foundation Nursing Scholarship Awards. The JM (Jeremiah Milbank) Nursing Scholarship Program, an initiative of the Vincent Obstetrics fundraising campaign, supports the professional growth and development of Vincent staff members pursuing a career in nursing.

The JM Nursing Scholarship Program is made possible through the generosity of the JM Foundation, an organization that focuses on each individual's responsibility for health and health-related policies. This was the first time the foundation granted funding

to a program that supports nursing education. Three of the scholarship recipients, Yvonne Parr, Rosie Sanon, and Robin Toner, are working toward a career in nursing. The fourth, Maria Avila-Wallace, RN, is advancing her nursing education toward a degree as a nurse practitioner. All scholarships are \$5,000.

Jeanette Ives Erickson, RN, senior vice president for Patient Care, thanked the Vincent Obstetrics and Gynecology Service and the JM Foundation for their commitment to nursing and for this generous gift. Ives Erickson praised the recipients for their resolve as they embark on their nursing careers, saying, "You are the future of our profession. You are the role models for others

who will follow in your footsteps. I know you won't regret your decision to become a nurse; I never have."

Ives Erickson thanked Isaac Schiff, MD, chief of the Vincent Service, and Judy Friend, trustee of both MGH and the Vincent Memorial Hospital, and chairman of the Vincent fund-raising campaign, for their unwavering support of nursing and their ongoing commitment to quality patient care.

Special thanks went to Vicki Whitney, a trustee of the Vincent Memorial Hospital, for her personal efforts in championing this scholarship fund with her family's foundation. Without Whitney's strong advocacy, this award would not have been possible.

For information about the JM Scholarship, call 724-8044.



Celebrating nursing in the Vincent Service are (standing, l-r): Peggy Settle, RN; Mel Heike, RN; Hiyam Nadel, RN; Robin Toner, Yvonne Parr, Joan Gallagher, RN; Linda Kelly, RN; Judy Newell, RN; and Deb Burke, RN; (seated): Rosie Sanon, and Maria Avila-Wallace, RN.

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Articles/ideas should be submitted in writing by fax: 617-726-8594 or e-mail: ssabia@partners.org
For more information, call: 617-724-1746.

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November 20, 2003



Coakley, Fitzgerald, and Somerville present at International Conference on Family-Centered Care

Amanda Coakley, RN; Ellen Fitzgerald, RN; and Jackie Somerville, RN, presented their poster, "Effectiveness of the MGH Oncology Patient Advisory Council," at the First International Conference on Family-Centered Care: Advancing the Quality of Health Care in the 21st Century, at the Sheraton Hotel in Boston, September 4-6, 2003.

Buselli, Carroll, Forman, and Stuart-Shor publish in *Journal of Cardiovascular Nursing*

Elizabeth Buselli, RN; Diane Carroll, RN; Daniel Forman, MD; and Eileen Stuart-Shor, RN, published their article, "Are Psychosocial Factors Associated with the Pathogenesis and Consequences of Cardiovascular Disease in the Elderly?" in the July-August *Journal of Cardiovascular Nursing*.

ED nurses publish in *Forensic Nursing*

The MGH Emergency Department forensic nursing cluster published the article, "Forensic Nursing Process: an Evaluation of Forensic Patients in the Clinical Environment," in a recent issue of *Forensic Nursing*. Authors included Barbara Goll-McGee, RN; Sherry Couto, RN; John Ferrandi; Kelly Jankowski, RN; Patricia Lawlor, RN; Ines Luciani-McGillivray, RN; and Maryellen Robertson, RN.

Tyrrell presents in local forums

Rosalie Tyrrell, RN, professional development coordinator, presented, "Understanding and Working with a Multi-Generational Workforce," at the September 10, 2003, Nursing Spectrum Career Expo at the Hynes Convention Center in Boston.

Tyrrell presented, "Understanding and Leading a Multi-Generational Workforce," at the September 11, 2003, Northeastern University Faculty Orientation Day.

Carroll, Hamilton, present paper at European Congress of Cardiology

Diane Carroll, RN, clinical nurse specialist, and Glenys Hamilton, RN, nurse researcher, presented their paper, "Quality of Life in Implantable Cardioverter Defibrillator Recipients: Changes Over the First Two Years," at the European Congress of Cardiology in September, 2003, in Vienna.

Cox publishes in *Critical Care Nursing Quarterly*

Erin Cox, RN, access nurse in the Emergency Department, published her paper, "Synergy in Practice: Caring for Victims of Intimate Partner Violence," in the October-December 2003 issue of *Critical Care Nursing Quarterly*.

Amaya, Myers, and Niles present at National Association of Hispanic Nurses

Claribell Amaya, RN; Kathleen Myers, RN; and Ivonny Niles, RN, presented, "We Talk the Talk; We Walk the Walk," at the National Association of Hispanic Nurses Conference in Puerto Rico, July 16-18, 2003.

Janet Ballantine Oncology Volunteer Award

continued from front cover

tine Award Selection Committee; this year, however, the Ballantine family selected the recipients personally. They are James Gillespie and Elaine Grollman.

On October 12, 2003, at an intimate gathering in the Cox 8 Conference Room, Jeanette Ives Erickson, RN, senior vice president for Patient Care, presided over the first presentation of the Janet Ballantine Oncology Volunteer Awards. Before presenting Gillespie and Grollman with their awards, Ives Erickson read excerpts from letters written in support of their selection.

"Jim Gillespie started volunteering at MGH in February, 1996, after retiring from an investment firm in Boston. He volunteers on the Blake 2 Infusion Unit, where he organizes the daily lunch process. Jim has given 5,237 hours of volunteer service to MGH. He works with

systems that are sometimes over-burdened and still manages to get positive outcomes for patients. Staff, patients, and fellow volunteers say that Jim, 'always puts patients first.'

"Jim is dedicated to his role on Blake 2, often staying later than asked. He is smart and organized and gives his time for the purest of reasons... to truly make a difference in the lives of others. Jim is a source of friendship and inspiration to many."

"Elaine Grollman came to MGH in September, 1999, after retiring from a career in retail sales. She came to MGH after a family member had been treated here. Elaine is a volunteer on the Blake 2 Infusion Unit, having given more than 840 hours of service. Staff on Blake 2 say, "Elaine is committed and concerned about our patients. She has a lovely re-

lationship with staff and patients alike. Elaine has a wonderful sense of humor, and because she cares so much about our patients, she uses her warmth and humor to lighten many situations.'

"A while ago, Elaine injured her foot and was absent for a few weeks. She returned wearing a brace on her foot, and it was too far to walk from the Volunteer Office to Blake 2. So volunteer staff wheeled Elaine to Blake 2 in a wheelchair. When she arrived, she jumped out of the wheelchair and dove into her duties."

For more information about the Janet Ballantine Oncology Volunteer Award, call The Center for Clinical & Professional Development at 6-3111.

Educational Offerings

November 6, 2003

When/Where	Description	Contact Hours
November 18 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
November 19 4:00–5:30pm	Natural Medicines: Helpful or Harmful? Clinics 262	1.8
November 20 8:00am–4:30pm	Advances in Anti-Coagulation Wellman Conference Room	TBA
November 21 8:00–4:30pm	End-of-Life Nursing Education Program (Day II) O’Keeffe Auditorium	TBA
November 25 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
December 1 and 15 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
December 1 7:00am–12:00pm	CVVH Core Program VBK 601	6.3
December 1 1:00–2:30pm	Conflict Management for OAs and PCAs VBK 601	---
December 2 8:00am–4:30pm	Chemotherapy Consortium Core Program Wolf Auditorium, NEMC	TBA
December 3 4:00–5:30pm	Natural Medicines: Helpful or Harmful? Researching the Literature on Herbs and Dietary Supplements Clinics 262	1.8
December 4 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
December 4 1:30–2:30pm	Nursing Grand Rounds “Ethical Dilemmas in Clinical Practice: a Case Presentation.” O’Keeffe Auditorium	1.2
December 5 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Training Department, Charles River Plaza	7.2
December 5 8:00am–4:00pm	Managing Patients with Psychiatric Illness in the General-Care Setting O’Keeffe Auditorium	TBA
December 8 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK 401 (No BLS card given)	---
December 10 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
December 10 8:00–11:45am	Intermediate Arrhythmias Haber Conference Room	3.9
December 10 12:15–4:30pm	Pacing: Advanced Concepts Haber Conference Room	4.5
December 11 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
December 11 1:30–2:30pm	OA/PCA/USA Connections “Teamwork.” Burr Conference Rooms 5 & 6	---

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>.

The Yvonne L. Munn Nursing Research Awards

Now accepting proposals

The Center for Clinical & Professional Development is now accepting proposals for The Yvonne L. Munn Nursing Research Award, which funds two research studies annually for the purpose of improving patient and family care at MGH. Applicants must be members of the MGH clinical nursing staff, and all research teams must include a

doctorally-prepared nurse mentor for support and guidance in developing proposals.

Proposals may be submitted any time during the year but must be received by February 15, 2004, in order to be eligible for the 2004 Yvonne Munn Nursing Research Award. Recipients will be notified of their acceptance by phone and in writing. Formal recognition will occur at the annual Yv-

onne Munn Research Lecture during Nurse Week, in May.

Recipients' names will be added to the plaque that hangs in the Ellison Corridor, and will receive a \$1,500 research grant to fund their studies.

Award recipients must submit a progress report to the associate chief nurse for The Center for Clinical and Professional Development every six months until

the research project is completed. Upon completion of the project, findings must be submitted for oral or poster presentation. Doctorally-prepared nurses will provide assistance in proposal development and research implementation.

For more information, or if you have questions regarding pro-

posal preparation and submission, please e-mail Trish Gibbons, RN, at tgibbons@partners.org, or visit the website: http://pcs.mgh.harvard.edu/CCPD/cpd_award_munn.asp. Eligibility requirements and guidelines for proposal development are also available in The Center for Clinical & Professional Development on Founders 6.

Joint Commission Satellite Network Presentations

November 13th: "Hospital-Wide Competency Assessment"

December 18th: "Performance Improvement: Achieving Results"

For information about these sessions, call 6-3111

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