December 15, 2005

Caring HEADLINES

Partners in Excellence Awards showcase contributions:

recognize contributions in: Leadership, Teamwork, Efficiency, Quality, and Community

Inside:

Web developer, Jess Beaham (right), of Patient Care Services Information Systems, accepts Partners in Excellence Award from Partners president and CEO, James Mongan, MD (left), and MGH president, Peter Slavin, MD, at award ceremony held Friday, December 2, 2005, in the WACC Lobby

MGH Patient Care Services
Working together to shape the future

2005: a look back at a very memorable year

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

I want to begin by wishing you all a safe and happy holiday season, whatever your holiday tradition may be. I look forward to spending time with family and friends and continuing to learn about the rich holiday customs and traditions of others.

As I look back on 2005, and the incredible work we've done together, it seems to me we have much to be thankful for, much to be proud of, and much to be excited about. We've made great strides in developing new programs, advancing our research agenda, building a culture of quality and safety, and celebrating the contributions of our diverse workforce.

Our year began when MGH volunteers joined forces with the United States Navy and Project HOPE to embark on Operation Unified Assistance to bring medical aid and relief to survivors of the tsunami in southeast Asia. As hundreds of clinicians stepped up to help people half-way around the world, day-to-day operations at MGH went on without a hitch. For those who went to Banda Aceh and those who stayed behind, it was an amazing act of commitment and generosity.

Operation Unified Assistance wasn't our only foray into international health care and humanitarian aid. Staff nurses and Thomas S. Durante refugee medicine fellows, Grace Deveney, RN, and Kate Fallon, RN, worked with Concern Worldwide and the American Refugee Committee, respectively, to bring nursing care to the people of Sudan, one of the most drought-ridden and politically unstable areas in the world. They shared their experiences with the MGH community during a very moving and educational Nurse Week presentation.

Occupational therapist, Joanna Akladiss, OTR/L, accompanied a medical team to Central America to care for the under-served population in one of the poorest regions of Honduras. The call to provide help and medical services to under-served populations around the world is one that is being answered more and more by MGH clinicians. We hope to develop more programs to enable MGH staff to pursue this important work.

And MGH was among the first to volunteer when hurricane Katrina, the worst natural disaster ever to strike the United States, devastated New Orleans and countless communities along the Gulf shore. Our participation in relief efforts took many forms: some volunteers worked closely with FEMA (the Federal Emergency Management Agency); others accompanied Dr. Sue Briggs and the International Medical-Surgical Response Team (IMSuRT) to care for survivors and help identify the bodies of those who perished; still others joined Project HOPE aboard the US Navy ship, Comfort, to care for the hurt and injured.

Sadly, this year saw the passing of a beloved member of the MGH community, a devoted nurse, and a dear friend. On May 23, 2005, Jean Nardini, RN, nurse manager of the Hemodialysis Unit, passed away after a long illness. Jean was a respected and caring leader, and her presence, passion, and sense of humor will long be remembered.

As I look back on 2005, and the incredible work we've done together, it seems to me we have much to be thankful for, much to be proud of, and much to be excited about.

Two long-time members of our MGH family retired this year: Jan Duffy, RN, retired after a distinguished 23-year career; and Marian D'Amato, RN, retired after 30 years as a clinical research nurse.

In June, Ann Daniels, MSW, accepted the position of executive director for Social Services and the Chaplaincy. And in October, Social Services celebrated its 100th anniversary as the first hospital-based Social Services department in the country with a two-day symposium entitled, "Innovation at 100.'

Student outreach is a key component of our recruitment strategy, and this year we hosted students from many venues through a variety of programs. In February, more than 200 high-school students from all over the country had an opportunity to shadow MGH nurses as part of the National Youth Leadership Forum on Nursing. National Job Shadow Day brought students from East Boston High School to MGH to learn about careers in Nursing, Pharmacy, Radiation Oncology, and many other disciplines. And in August, 11 bright, motivated students graduated from our ProTech Program, also the result of our partnership with East Boston High School. This summer, students from Bermuda visited MGH as part of a career pathway initiative sponsored by MGH, the ACE Foundation, and the Bermuda Ministry of Education. Students participated in on- and off-site activities to learn more about careers in health care.

Norman Knight has been a generous benefactor to MGH Nursing over the past few years, and this year, thanks to his continued support, The Knight Nursing Center for Clinical & Professional Development presented the first Knight

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Celebrating diversity during the holidays

Question: How does Patient Care Services observe different holidays traditions?

Jeanette: Every year, the PCS Diversity Committee celebrates cultures from around the world with educational booths in the Main Corridor. Colorful, informative literature and demonstrations reflect the body, mind, spirit, and diversity of traditions during the holiday season. Members of the PCS Diversity Committee and employees from various departments create a forum where staff, patients, and visitors can listen, learn and share their own cultural traditions and experiences.

Question: What are some of the holidays represented at the diversity booth?

Jeanette: Ramadan, Diwalee, Kwanzaa, winter solstice, the Chinese New Year, Hanukah, Christmas, and Epiphany are some of the holidays represented.

As you may know, Kwanzaa is not a religious holiday, it's a cultural observance that has a strong spiritual component. Kwanzaa celebrates family, community, and culture, and reaffirms the bonds between people in the extended African community.

Winter solstice occurs annually in mid-December and lasts a month. Also known as Yule and Saturnalia, winter solstice celebrates the beginning of the solar year and the beginning of winter. It is a festival of inner renewal that has been celebrated for thousands of years. People observe winter solstice by visiting, feasting, and exchanging gifts with family and friends. Meditation and pledges to do good in the coming year are also part of the celebration.

Question: I've heard that some employees and departments donate gifts to needy families. How is that coordinated?

Jeanette: The PCS Diversity Committee, in collaboration with the HAVEN Program and Social Services, identifies individuals and families who might not otherwise be able to have a holiday celebration. This year more than 90 families have been identified and we're expecting MGH employees, units, and departments to be as generous as they've been in past years. The annual Holiday Gift-Giving event is scheduled for December 15th.

Question: How do patients and families experience the holidays at MGH?

Jeanette: Nutrition & Food Services delivers patient meals with special placemats or place cards acknowledging Hanukah, Kwanzaa, or Christmas. On Thanksgiving, meals were served family style for pediatric patients and their families.

Staff on some units have developed their own traditions and come up with ways to make the holidays special for patients in their care. Many patients and families decorate their rooms with mementoes and holiday decorations reflective of their cultural beliefs and traditions. It's not uncommon to see carollers in the halls at this time of year. And Santa always makes sure that girls and boys on the pediatric units get a toy from their 'list.'

For more information about the work and activities sponsored by the PCS Diversity Committee, contact Judy Newell, RN, at 4-5820, or Lulu Sanchez, at 4-0989.

Jeanette Ives Erickson

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Visiting Professor Program with guest professor, Betty Ferrell, RN. This program allows us to bring a nationally recognized nurse scientist or scholar to MGH every year to enrich the professional development of MGH nurses.

We were privileged to have renowned author and lecturer, Patricia Benner, RN, as a guest speaker at Nursing Grand Rounds. Benner had a chance to dialogue with staff and meet with PCS leadership to talk about reflective practice and the Clinical Recognition Program.

The MGH Council on Disabilities Awareness continues to do good work and raise awareness about issues affecting access to MGH for individuals with disabilities. In August, the council co-sponsored a special presentation in which summer intern, Joey Buizon, shared some of his experiences working and navigating the halls of MGH as a visually impaired person.

Quality and safety remain top priorities at MGH. Among many other initiatives this year, we introduced a new, bar-coded wristband to ensure accurate, automated identification of all patients.

Through the hard work of many people—individuals, teams, and collaborative governance committees—we are raising awareness around health literacy, advance directives, hand hygiene, smoking cessation, care for the elderly, carbon-monoxide-poisoning, caring for the homeless, and the importance of professional attire in the hospital setting.

We are partnering with Nutrition & Food Services and other departments to improve services to our patients.

We've added video interpreting and American Sign Language to our interpreter services.

We now have on-site and on-line nursing education programs.

We are actively involved in trying to ensure that important healthcare issues like staffing, disparities in care, and care for the uninsured are understood and addressed by state legislators and representatives.

During the past (fiscal) year, Patient Care Services hired 767 new employees and enjoyed low vacancy and turnover rates in all departments.

For all these reasons and more, 2005 was a memorable year. And these are only some of our many accomplishments. 2005 may be drawing to a close, but I feel like we're just getting started.

Thank-you for your commitment, energy, and drive. Thank-you for the passion you bring to your work and to your patients. And thank-you for the unique contributions you make to the ongoing success of this hospital.

I can only imagine what we will achieve together in 2006.

Have a safe and happy holiday.

"Good morning. 4-Food. How can I help you?"

—by Susan Doyle, RD, senior manager, Patient Food Services

Anyone directly involved with in-patient care has probably heard the words, "Good morning. 4-Food. This is Angela, how can I help you?"

4-Food (4-3663) is the number nurses call when they have between-meal food requests for patients. 4-Food handles all dietary requests from meal trays to infant formulas when Nutrition & Food Services staff are not available on the unit.

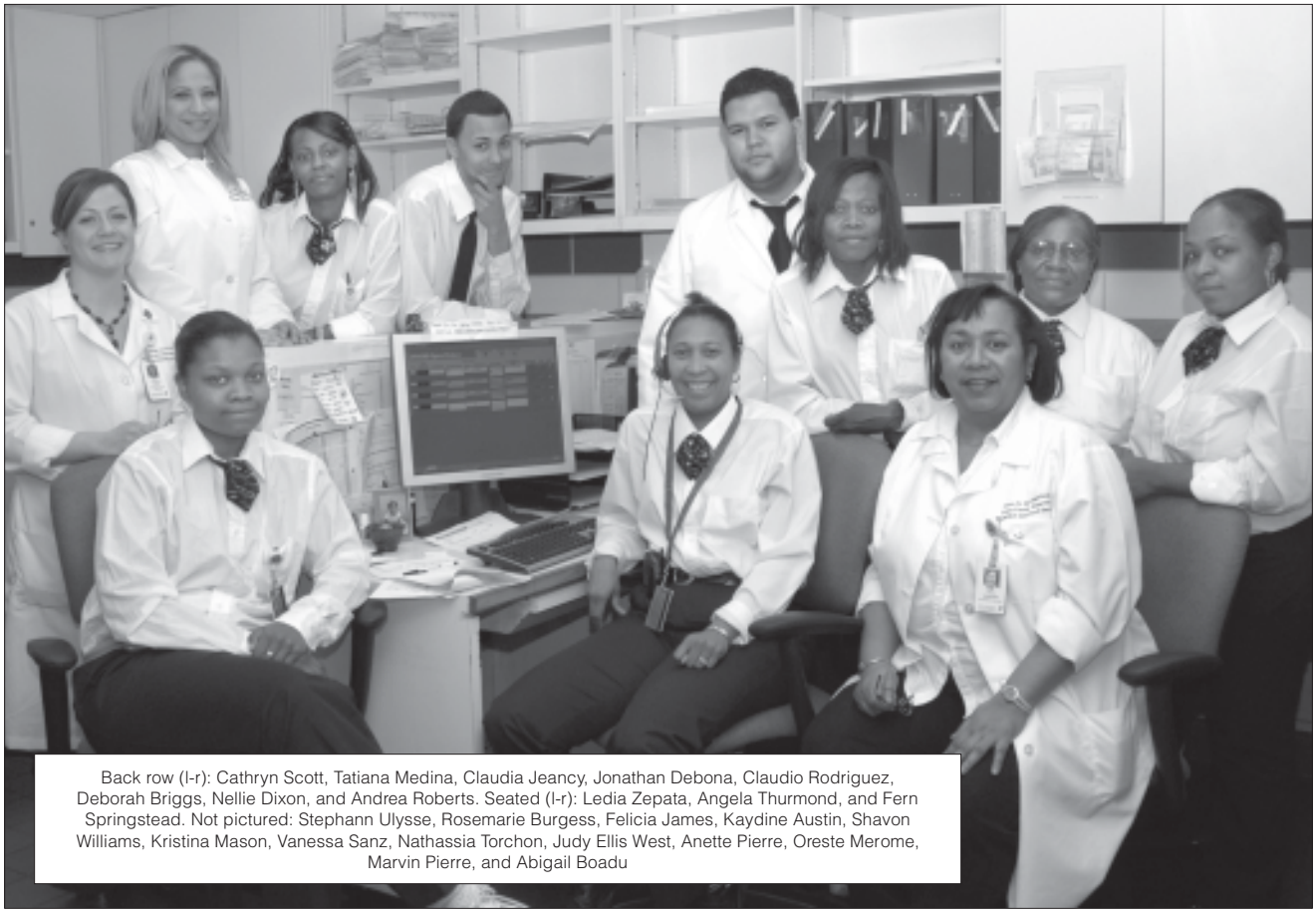
We'd like to take this opportunity to introduce you to the people 'behind the scenes' at 4-Food. On any given shift, two or three service distribution associates (Marvin, Abigail, Judy, Nellie, Anetta, or Oreste) deliver food in response to 200 requests daily.

One or two staff assistants answer phone calls (Angela, Vanessa, Claudia, or Natassia). The area is managed by Cathryn, manager of Patient Menu Systems, and supervisors, Fern, Felicia, Claudio, and Tatiana. This group works closely with staff of the Data Center (Deborah, Andrea, Jonathan, Stephann, Ledia, Rosemarie, Kaydine, Shavon and Kristina) who process patient menus and diet orders.

Our customer-service goal is to respond to all requests within 30 minutes. We have incorporated a number of service-improvement initiatives. Staff assistants attended customer-service classes to develop good telephone skills. The phone system itself is more sophisticated, employing a 'cascading' rotation allowing calls to be answered in a uniform pattern with no unnecessary waiting. The Access Program allows all calls and delivery times to be tracked and data to be evaluated for quality-control purposes. On pilot units, service distribution associates deliver directly to the unit so Nutrition & Food Service personnel don't have to interrupt meal service.

We're hearing that service has improved since implementation of these changes. Courtesy and accuracy have improved, and nurses feel that service is more reliable. The timing of some deliveries at certain times continues to be a challenge. The average delivery time is 19 minutes. Dinner is the busiest time of day, and we've not yet consistently met our goal during that time period. But we're working on it!

So the next time you call 4-Food, think of all the people working hard to meet our customers' needs and expectations. Or stop in for a visit—we're located in the Data Center adjacent to the Eat Street Café. For more information, call 6-2579 or e-mail sjdoyle@partners.org.



Back row (l-r): Cathryn Scott, Tatiana Medina, Claudia Jeancy, Jonathan Debona, Claudio Rodriguez, Deborah Briggs, Nellie Dixon, and Andrea Roberts. Seated (l-r): Ledia Zepata, Angela Thurmond, and Fern Springstead. Not pictured: Stephann Ulysse, Rosemarie Burgess, Felicia James, Kaydine Austin, Shavon Williams, Kristina Mason, Vanessa Sanz, Nathassia Torchon, Judy Ellis West, Anette Pierre, Oreste Merome, Marvin Pierre, and Abigail Boadu

Seeing with your heart: lessons from Hadassah

—by Donna Perry, RN, professional development coordinator

On November 16, 2005, MGH had the privilege of hosting three nursing leaders from Hadassah University Hospital in Jerusalem. The visit was planned in collaboration with the Institute for Nursing Healthcare Leadership. Amalia Schnieder, deputy director of Nursing; Ofra Vaknin, director of Children's Nursing; and Sima Israel, head nurse for the Pediatric ICU, met with several representatives from Patient Care Services, including Sally Millar, RN; Chris Graf, RN; Charlene Feilteau, RN; and Peggy Shaw, RN, to learn about various aspects of nursing informatics.

Hadassah Medical Center is the major trauma center in Jerusalem and sees many victims of suicide bombings. On occasion surviving bombers are brought to Hadassah. Hadassah's nurses and physicians have been featured in several news stories for their professionalism in providing care for all patients, regardless of religion or ethnicity, during these difficult times. The PCS Diversity Steering Committee hosted a luncheon for our Israeli visitors to provide a forum for sharing stories and experiences.

Israeli nurses spoke about the complexities of living in Israel and the fear that has become a part of everyday life. One nurse spoke of her fear as a mother putting her child on the school bus every day. It's a fear echoed by her daughter who says, "Every day when I get on the bus, I close my eyes and keep them closed until I get to school."

As nurses, when they go to work every day, they put their fears aside to provide compassionate care to all patients. When patients come through the door, they said, "you close your eyes and open your heart. You see the human being."

The mission of Hadassah Medical Center is to be a bridge to peace. Nurses spoke about the Peres Center for Peace through which many Palestinian children are brought to Hadassah for care. The relationship between Israeli caregivers and Palestinian families is good and tends to "open the heart from both sides."

Many staff members at Hadassah are Arabic but everyone works together to provide good patient care. One nurse said, "When an emergency comes in, you try to be there for the patient, for the family, and for each other."

Israeli nurses and members of the PCS Diversity Committee discussed culturally competent care and shared stories about some of their more challenging experiences. One Israeli nurse noted that they continuously strive to be flexible and sensitive to the needs of others. She stressed the importance of sensitivity and learning about cultural practices. Members of the Diversity Committee shared stories about our efforts to help educate staff about culturally competent care.

Nurses from Hadassah see nursing as a way to build peace. Said Israel, "When you take care of patients you give everything."

Vaknin added, "When you open your heart, you open communication between people."

Said Schnieder, "Communication is the way to a new view."

PCS Diversity Committee hosts nurses from Hadassah Medical Center. Back row (l-r): Tamara Edelman, Sima Israel, Joy Williams, Mary Cunningham, Ofra Vaknin, Beth Nolan, Lulu Sanchez, Barbara Olson, and Rabbi Ben Lanckton. Seated (l-r): Donna Perry, Carly Jean Francois, Amalia Schnieder, Judy Newell, and Firdosh Pathan

(Photo provided by staff)

Martin Luther King Day

Celebrate the legacy of
Reverend Dr. Martin Luther King, Jr.

Friday January 13, 2006
8:00am
East Garden Room

Guest speaker: Milton J. Little, Jr.,
chief executive for the United Way Mass Bay

See the debut performance of the Voices of MGH Choir. Program is sponsored by AMMP and Human Resources

For more information, contact
phsammp@partners.org

Preparing for your Surgery: a collaborative effort

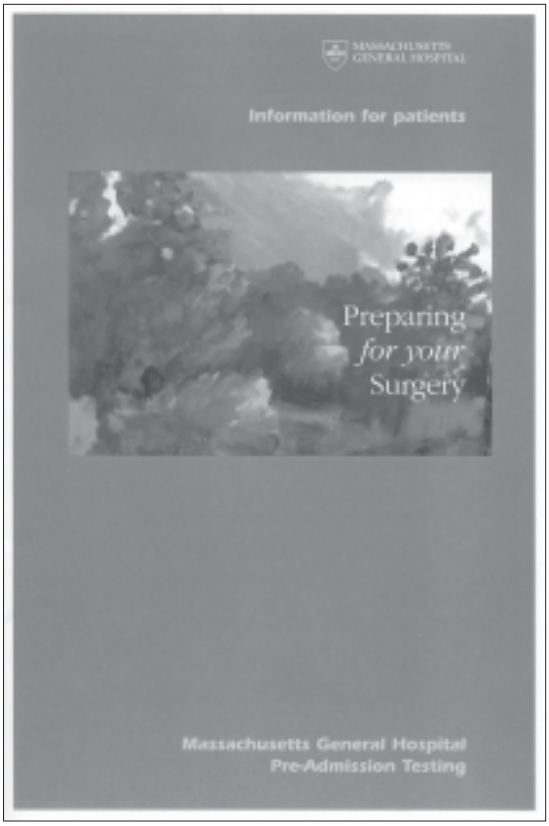
—by Donna Slicis, RN, and Doreen McPherson, RN

After almost a year of collaborative work, the Pre-Admission Testing Area (PATA) has created a new booklet to assist patients in preparing for surgery. The goal in creating *Preparing for your Surgery* was to update and improve information previously available when patients came in for pre-operative testing. Staff wanted information to be easy to read, easy to understand, and useful for patients and families.

Listening to patients was a key part of the process. We heard from patients that our existing pamphlets weren't user-friendly. Based on that feedback, the new booklet was constructed to provide patients with the critical information they need to successfully prepare for surgery and recovery.

Bridget Manley, RN, nurse manager of PATA, held e-mail 'focus groups' with staff, managers, and clinical specialists from the Same Day Surgical Unit, the Main Operating Room, and the Post Anesthesia Care Unit. Soliciting input from our perioperative colleagues was crucial in ensuring that information was current, accurate, and relevant.

Translation specialist and plain-language expert, Karin Hobrecker, evaluated the writing style to help keep the wording clear, concrete, and strong using an active voice and removing technical jargon. Changing words like, 'discharge' to 'going home' gave the booklet a user-friendly focus and eliminated technical terms that can be confusing to patients. Hobrecker is currently translating the booklet into Spanish and Portuguese.



Director of Publications for Public Affairs, Arch MacInnes, assisted in making the booklet visually appealing. His expertise in layout and design gave the booklet an inviting and eye-catching look.

Preparing for surgery can be a stressful and overwhelming experience. *Preparing for your Surgery* reinforces information to safely prepare patients and families for surgery. Thanks to all who helped create it. The booklet can be found at: http://www.massgeneral.org/pata. For more information, call 4-1668.

Call for Proposals

The Yvonne L. Munn, RN, Nursing Research Awards

Staff are invited to submit research proposals for the annual Yvonne L. Munn, RN, Nursing Research Awards to be presented during Nurse Recognition Week, May 7–12, 2006.

Proposals are due January 15, 2006. Guidelines for developing proposals are available at: www.mghnursingresearchcommittee.org under "Funding Sources"

For more information, contact Virginia Capasso, PhD, at 617-726-3836, or by e-mail at vcapasso@partners.org

Call For Abstracts

Nursing Research Day May 10, 2006

Submit your abstract to display a poster on Nursing Research Day 2006

Categories:

- Encore Posters (posters presented at conferences since May, 2005)
- Original Research
- Research Utilization
- Performance Improvement*

* Two new conditions for acceptance of Performance Improvement abstracts:

- Key personnel have been certified in the Protection of Human Subjects. (http://www.citiprogram.org/default.asp)
- Project has been reviewed and approved or excluded by the Partners Human Research Committee (HRC). For more information about the HRC review, contact your clinical nurse specialist; Catherine Griffith, RN, co-chair of the Nursing Research Committee; Virginia Capasso, RN, coach; or Kathleen Walsh, RN, (pager: 3-1792)

For more information, or to submit an abstract, visit the Nursing Research Committee website at: www.mghnursingresearchcommittee.org

Abstract deadline is March 1, 2006

Interpreter Services adds ASL to roster of languages

—by Pat Rowell, director, Interpreter Services

Interpreter Services is pleased to announce the addition of American Sign Language (ASL) to its roster of languages. Effective immediately, ASL medical interpreter, Susan Muller-Hershon, is available by request, Monday through Friday, from 8:00am–5:00pm.

Muller-Hershon is a skilled interpreter with certification from the National Registry of Interpreters for the Deaf. She is also approved to provide legal interpreting by the Massachusetts Commission for the Deaf and Hard of Hearing. Muller-Hershon brings almost 30 years of experience serving the deaf community to her new role at MGH.

Requests for ASL interpreting may be made through the MGH Medical Interpreter Office at 6-6966. Muller-Hershon reminds us of the right of all patients to have an interpreter to ensure full and equal access to care and services. Says Muller-Hershon, "Assume that a deaf person wants an interpreter unless he or she says differently."

As Muller-Hershon settles in to her new position, she hopes to meet with staff from all disciplines and offer suggestions and guidelines for how we can support our patients who are deaf or hard of hearing. She shares these interesting facts:

- American Sign Language is a visual language with its own grammar, syntax, and shorthand
- American Sign Language is the third most widely used language in the United States (after English and Spanish)
- Deaf individuals don't view themselves as disabled; they identify themselves as a linguistic minority. Communication is a barrier, but once access is provided, the playing field is level
- A skilled lip-reader comprehends 33% of what is said (three words out of ten). Try watching television with no sound and you'll gain some insight into the challenges and limitations of lip-reading
- Deaf people are proud of their language and culture, which includes poetry, art, and storytelling

Susan Muller-Hershon
ASL medical interpreter

Quick Hits to improve your writing!

A low-stress, high-yield class aimed at helping you develop your writing style and eliminate some of the angst commonly associated with writing

Offered by Susan Sabia, editor of *Caring Headlines*

Classes now scheduled for:

Tuesday, January 31, 10:00am–1:00pm
Monday, February 27, 10:00am–1:00pm
Wednesday, March 15, 12:00–3:00pm
Monday, April 17, 11:00am–2:00pm
Tuesday, May 30, 11:00am–2:00pm

All classes held in GRB-015
Conference Room A

Classes limited to 12; pre-registration is required
To register, call Theresa Rico at 4-7840

Hand Hygiene

Stop the Transmission of Pathogens
Infection Control Unit
Clinics 131
726-2036

Gloves do not provide a perfect barrier

- Gloves can have microscopic holes or tears that are invisible to the naked eye
- Germs can pass through those holes

How well do gloves prevent hand contamination?

- The good news is, gloves are 70–80% effective
- The bad news is, gloves are only 70–80% effective

Gloves do not protect you from germs already present on your skin

- Gloves provide a protective covering for your skin, but they also create a warm, moist environment where bacteria on your skin can multiply, especially when gloves are worn for extended periods of time

Use Cal Stat *before* and *after* glove use

Organ donor champion advocates for patient's wishes

Meredith Pitzi is an advanced clinician in the PCS Clinical Recognition Program

Meredith Pitzi, RN
staff nurse, Neurology ICU

My name is Meredith Pitzi, and I have been a neurological nurse at MGH for ten years. I work in the Neurology ICU where end-of-life discussions are both a difficult and necessary part of my job. Neurological injury strikes at the core of who we are and challenges us to act as advocates for patients who are no longer able to communicate for themselves. One example of the challenges and complexities of this care involves my patient, Karen. Though we met under unfortunate circumstances, the relationship I developed with her family and friends directly affected the outcome of her hospitalization.

Karen and I met when I was working the first of four consecutive night shifts. That morning while riding her bike, Karen had been struck by a car and landed on her head. She was not wearing a helmet. Her admitting diagnosis was severe, closed-head injury with multiple organ system trauma. The only identifiable next of kin at that time was her boyfriend.

Karen arrived from the operating room after bilateral hemicraniectomies (surgeries to open her skull). These emergent procedures were performed in an attempt to control the massive swelling in her head. Flaps of bone were removed from both sides of her skull to allow room for her brain to swell, and an intercranial pressure monitor (bolt) was placed to enable the swelling to be monitored. Given the severity of her injury, I anticipated that upon her arrival to Blake 12, Karen would be unstable. When she arrived, she was cardiovascularly unstable, having intercranial pressure issues, and she needed a follow-up head CT within two hours. I knew Karen's prognosis was poor since despite efforts to minimize the swelling, her pressures were increasing.

Having collaborated with the New England Organ Bank (NEOB) on several occasions, I understood that in addition to stabilizing Karen for her travel to CT, I needed to initiate a consult for possible organ donation. Recognizing patients who have a poor prognosis and initiating a consult with NEOB in a timely manner contributes to positive experience for everyone involved. Karen's follow-up head CT resulted in an emergent return to the operating room for a left temporal lobectomy and evacuation of a subdural hematoma (accumulation of blood in her head).

I spent the three hours that Karen was in the operating room meeting with her boyfriend. He was understandably upset and overwhelmed. I explained that Karen had returned to the operating room in an attempt to reduce the swelling in her brain. I learned that Karen's mother was vacationing in Florida, her father was in Ireland, and her brother was at a wedding out of town. The boyfriend had notified them and they would be arriving as soon as possible.

Several hours later, Karen's mother arrived. I introduced myself, expressed my sadness for her situation and immediately arranged a meeting with her and Karen's neurosurgeon. The neurosurgeon explained that Karen was in a coma, on life-support, and had required two surgeries to try to reduce the severe swelling in her brain. I could see that Mrs. M was in crisis. She was crying, and as I held her hand I could feel her trembling. I encouraged her to express her feelings and prepared her for what to expect when she entered her daughter's room. I prepared her for the ventilator and all the lines and tubes protruding from her body. But most of all, I prepared her for how Karen would look due to the severe swelling.

The following evening, I returned to work and learned in report that a representative from the New England Organ Bank was on-site. The rest of Karen's family had arrived and there was no improvement in her condition. I knew it was imperative that I tended not only to Karen's needs but her family's as well. Caring for families of critically ill patients had taught me that keeping them informed and tending to their emotional needs was as important as caring for the patient.

Our first family meeting was extensive. The physician explained that Karen had sustained a closed-head injury when she hit her head without the protection of a helmet. Because of this trauma, her brain was experiencing malignant swelling despite two surgeries to try to correct it. Her prognosis at this time was poor, and she was still at risk for developing complications due to swelling. I had suggested to the physician prior to the meeting, that we establish Karen's code status, and he agreed. We explained what resuscitation would entail if Karen went into cardiac arrest, and everyone agreed it would be in her best interest to make her status DNR.

The family expressed appreciation for the time we spent with them. They were exhausted from traveling and processing everything. Karen's mother told me that Karen had a large circle of friends and she would appreciate it if they could visit throughout the night. Though I felt uneasy about having so many visitors at the bedside, given her instability, I respected Mrs. M's wishes. I updated the NEOB representative on the family's wishes at this time, and he left for the evening saying he'd follow up the next day.

I spent, the remainder

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Some portions of this text have been altered to make the story more understandable to non-clinicians and lay-people.

Clinical Narrative

continued from previous page

of my shift maintaining what little stability Karen had and learning about who she was. Karen was a Libra just like me, and oddly enough, we shared the same birth date. Karen was an artist who was talented and well-respected among her peers.

Her work had won her accolades in the art community, and her free spirit was reflected in her tattoos and vintage dress. She played keyboard in a band, and among young female musicians in Boston's punk underground, she was considered a big-sister figure.

Karen's family life in Connecticut was much different from the life she lived in Boston. Her father was a devout Catholic, her mother was Protestant. Although Karen lived her life outside her parents' religious beliefs, she respected them, and they respected her. Karen was a sister, a daughter, and an aunt who was loved by her family and all who knew her.

Her inability to communicate didn't prevent a personal connection between us. Through my interactions with her friends, I was able to learn who she was and how she'd lived life to its fullest. I left that morning understanding why it had been so important to Mrs. M that Karen's friends be at her bedside.

My third night began with another family meeting. The physician, the family, and I discussed Karen's latest CT results, and at the request of the family compared them to her previous scans. I believe this is what truly put Karen's situation in perspective for this family. They understood that her intellectual ability had been affected and that she was in a comatose state. As young and healthy as Karen was, the likelihood of a meaningful recovery was unlikely. We were now engaged in an end-of-life discussion.

Despite their devastation, the family listened intently to their options. We could withdraw life support and make Karen's passing comfortable with a morphine infusion, or we could continue to treat her conservatively as there were no other aggressive options available for her. Being an organ donor champion, I knew they had one other option. I could sense their physical and emotional exhaustion, but I felt strongly that I needed to give them the opportunity to consider organ donation.

I asked if I could introduce them to someone. Karen's father said they were exhausted and asked if it could wait until morning. I empathized with them but said I didn't think it could wait until morning. Mr. M said okay. His son said, "I know what this is about."

I left the room and notified the NEOB representative that the family had agreed to speak with him. Suddenly, I had feelings of angst. Though I'd been through this many times in my career, I felt I'd just betrayed Karen and her family. I re-entered the room with the NEOB representative, introduced him, and listened as he spoke to the family about the option of organ donation.

When we left the room, I found myself overcome with emotion. I started to cry.

After talking with the NEOB representative, I realized I was experiencing 'the burden of trust.' For the past three nights I had not only been caring for Karen and her family, I was developing a bond of trust. I felt as if I'd been withholding information related to end-of-life decision-making. I now realized how important that information was to end-of-life discussions.

Thirty minutes later, Karen's family asked to speak with me and the NEOB representative. They asked questions about the donation process, including religious issues. Knowing her father's faith, I had asked the NEOB representative to provide information about Catholicism and organ donation. Most importantly, though, we discussed the desire to do what Karen would want.

As I watched her family struggle to make a decision, I suggested they take time to process their feelings and look to Karen's friends to help them decide what Karen would want if given the choice. I felt strongly that Karen's friends would be an asset to the decision-making process as I had learned so much from them myself. The family left for the night with the intention of returning the following day with a decision. I spent the night caring for Karen as her friends continued to drift in and out of her room.

The following night, Karen's family arrived shortly after I started my shift. Although Karen had not verbally told her family that she wished to donate her organs, they felt that if given the chance, "she wouldn't have thought twice about it." They spoke about her as, "a truly unique and popular individual who was caring, loving, and whose light burned so brightly."

Having given their consent, we began the donation process. Her family thanked us for all we had done to give Karen the best possible medical care. They thanked me for my compassion and emotional stability in helping them through this crisis. We hugged and cried, and they said their good-byes to Karen. Thirty-minutes after withdrawing life support, Karen passed away.

Although I gad struggled emotionally with the prospect of presenting the option of organ donation to this family, I went home realizing that it works. The noble decision that Karen's family made with the guidance of her friends allowed Karen to live on in two kidney recipients, 50 bone recipients; and two cornea recipients.

In addition to her gift of life, Karen's friends are raising bicycle-safety awareness by arranging with a neighborhood bicycle shop to provide a 50% discount on the price of helmets purchased in Karen's memory.

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

In this narrative Meredith describes how she cared for Karen, Karen's family, and friends while at the same time advocating for organ donation in the kindest, most compassionate way possible. And as many of us know, that is a very tall order. It's difficult to balance the pain and grief of a family's loss with the knowledge and hope that organ donation could save another life.

Meredith fully supported this family. Her presence and involvement were so strong, she herself became overwhelmed by emotion. But the request was made with such professionalism and compassion that this family was able to make an informed decision as to what Karen would have wanted. This is a wonderful, poignant story.

Thank-you, Meredith.

Advance care planning: collaboration is key

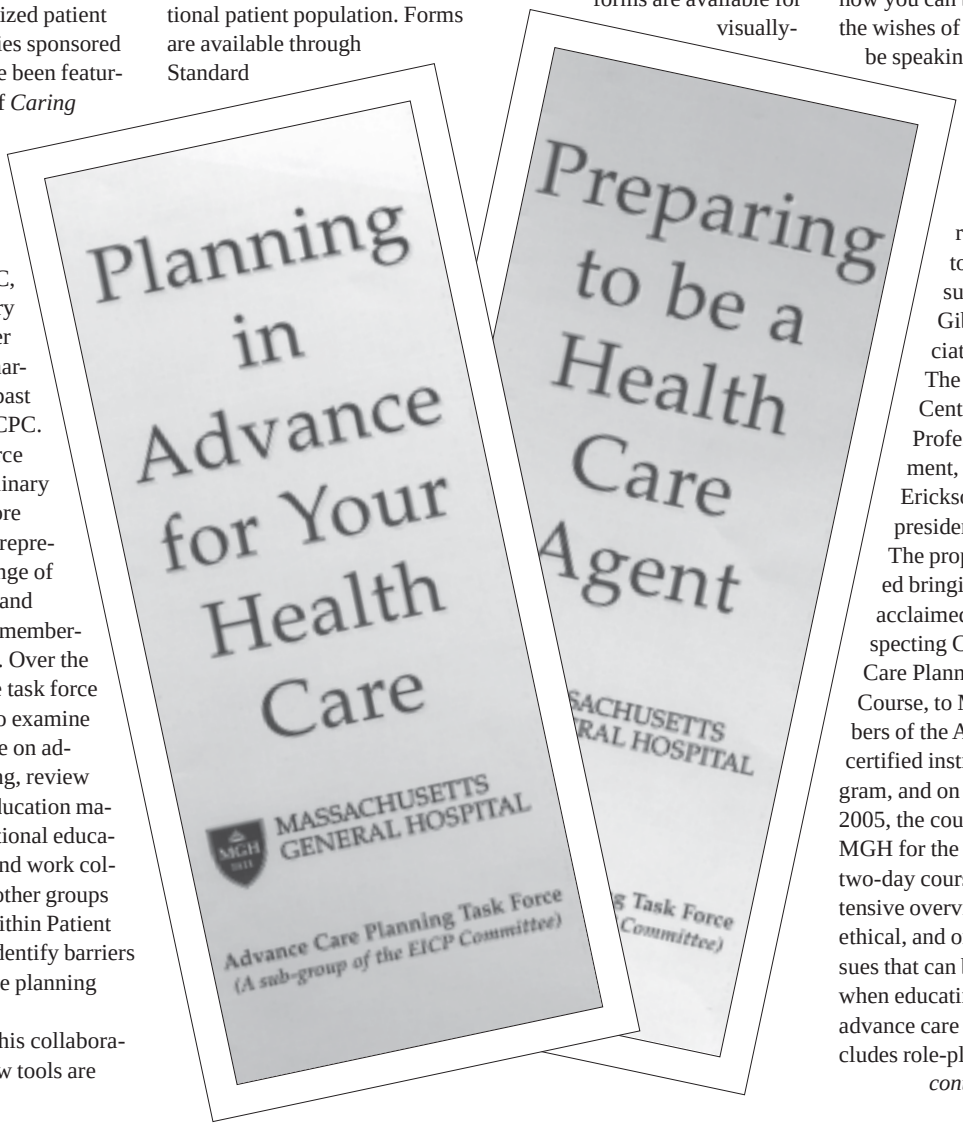
—by Sharon Brackett, RN; Janet Madigan, RN; and Ellen Robinson, PhD

For the past several years the Ethics in Clinical Practice Committee (EICPC) has led an effort in collaboration with the Patient Education and Practice committees and the Blum Patient & Family Learning Center to help educate patients, visitors, and staff about advance directives and their importance in delivering high-quality, individualized patient care. Some activities sponsored by the EICPC have been featured in past issues of *Caring Headlines*.

In 2003, the Advance Care Planning (ACP) Task Force, a subgroup of the EICPC, was formed to carry out this work under the direction of Sharon Brackett, RN, past co-chair of the EICPC. The ACP Task Force has a multi-disciplinary membership of more than 25 clinicians representing a broad range of patient-care areas and extending beyond membership in the EICPC. Over the past two years, the task force has met monthly to examine empirical literature on advance care planning, review existing patient-education materials, explore national educational programs, and work collaboratively with other groups and committees within Patient Care Services to identify barriers to the advance-care planning process.

As a result of this collaborative effort, two new tools are now available to help staff educate patients and families about the important process of making their wishes known.

Through collaboration with Janet Madigan, RN, project manager for PCS Information Systems, and Karin Hobrecker, translation specialist, versions of the health care proxy forms are now available in other languages to accommodate our international patient population. Forms are available through Standard Register (Spanish #84443; Portuguese #84444). Forms in nine other languages and a large-type English version can be downloaded or printed from the new MGH intranet website for health care proxies. You can access the website from the Patient Care Services website (http://pcs.mgh.harvard.edu/). Click on Clinical Resources, then click on Health Care Proxy Forms. The website has helpful information on how to broach the subject of advance care planning with patients who don't speak English or are unfamiliar with the concept of autonomy. Braille forms are available for visually-impaired patients through the Nursing Supervisors Office, the Admitting Office, and the Blum Patient & Family Learning Center.



The ACP Task Force has developed two patient-education brochures on advance care planning and advance directives that can be distributed with the Massachusetts Health Care Proxy Form. Both brochures are written in plain language. One describes how to choose a health care agent and how to ensure that patients' wishes are understood. The second explains the role of a health care agent and how you can be sure you know the wishes of the person you'll be speaking for. Both forms are available through Standard Register (#84668 and #84669).

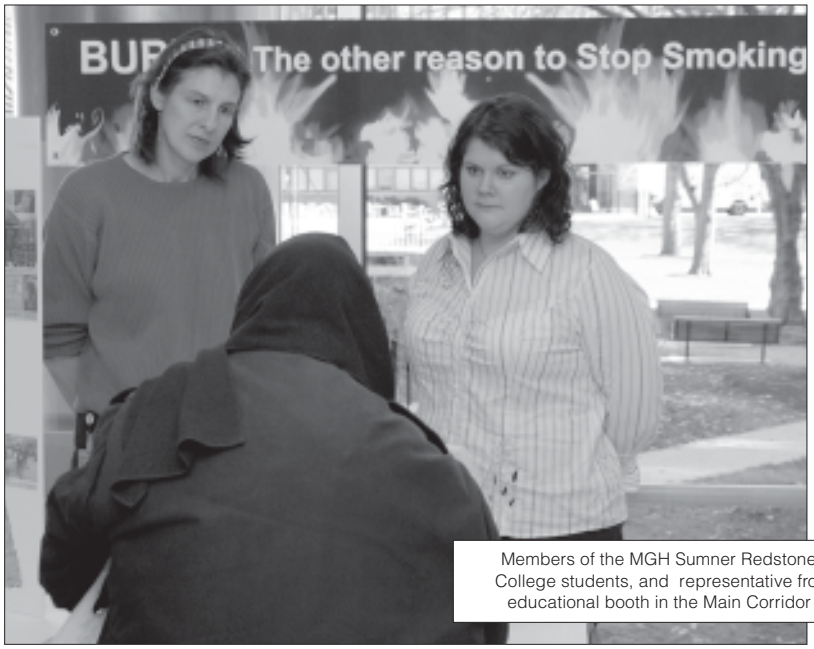
This collaborative initiative led to a proposal being submitted to Trish Gibbons, RN, associate chief nurse for The Knight Nursing Center for Clinical & Professional Development, and Jeanette Ives Erickson, RN, senior vice president for Patient Care. The proposal recommended bringing the nationally acclaimed program, Respecting Choices: Advance Care Planning Facilitator Course, to MGH. Eight members of the ACP Task Force are certified instructors for the program, and on October 26 and 27, 2005, the course was offered at MGH for the second time. The two-day course includes an intensive overview of the legal, ethical, and organizational issues that can be encountered when educating patients about advance care planning, and includes role-play opportunities to

continued on next page

Burns: the other reason to stop smoking

When you think about smoking, you probably don't think about the number of home fires or deaths that are caused by smoking. In one year alone in the United States, smoking causes 15,000 home fires, 520 deaths, 1,330 injuries, and $371 million worth of property damage.

During the Great American Smoke Out on November 17, 2005, The MGH Sumner Redstone Burn Prevention Committee, with the assistance of Simmons College students, and in collaboration with the MGH Quit Smoking Service (QSS) staffed an educational booth in the Main Corridor to raise awareness in the MGH community about the risks of smoking and programs available to help quit. An important message was that education is the key to prevention and the first step toward quitting. For more information about burn-prevention, the risks of smoking, or the MGH Quit Smoking Service, call QSS at 617-726-7443.



Members of the MGH Sumner Redstone Burn Prevention Committee, Simmons College students, and representative from the MGH Quit Smoking Service, staff educational booth in the Main Corridor during the Great American Smoke Out

Advance Care Planning

continued from previous page

help staff feel comfortable initiating discussions with patients and families. Eighty clinicians from various disciplines have attended the program and are now prepared to act as facilitators and champions of advance care planning.

The Advance Care Planning Task Force meets on the third Wednesday of every month from 2:00–3:30pm. New members interested in advance care planning are welcome.

Many of the newly trained facilitators are currently serving in the role of ACP champion as the revised Advance Directives Policy is being rolled out. Roll-out began on White 8, White 10, the Ellison 4 Surgical ICU, and Phillips 22. The goal of the initiative is to help staff feel more confident and comfortable assisting patients to learn more about advance directives and identify a health care proxy. Brackett is leading the initiative with support from the Knight Nursing Center for Clinical & Professional Development. She is working closely with unit champions and interdisciplinary staff to raise awareness about the revised policy.

For more information about advance care planning, the new patient-education brochures, or the Respecting Choices: Advance Care Planning Facilitator Course, contact Sharon Brackett at 6-2314, or Ellen Robinson at 4-1765.

Levin presents

Barbara Levin, RN, White 6, Orthopaedics, presented the keynote speech, "More than Bare Bones Care," at the Missouri State Nursing Conference in St. Louis, in October.

Peterson appointed

Gayle, Peterson, RN, staff nurse, Phillips House 21, has been appointed to the Advisory Board of the Massachusetts Pain Initiative Council and as an American Nurses Association Nurse Political Action Leader for the 7th Congressional District.

Keeley co-leads course

Adele Keeley, RN, nurse manager of the Medical Intensive Care Unit, co-led, "Palliative Care in the ICU Setting," with J. Andrew Billings, MD, of the Palliative Care Service, in October for the Harvard Department of Continuing Education course, Practical Aspects of Palliative Medicine in Boston.

Good presents

Grace Good, ACNP, presented the poster, "Implementing the Acute Care Nurse Practitioner Role within a Hospitalist Service in an Academic Medical Center," at the American College of Nurse Practitioners 2005 National Clinical Conference, October 19-25, 2005, in Palm Springs.

French, Loomis, receive Sharps Injury Prevention Award

Brian French, RN, professional development coordinator, The Knight Nursing Center for Clinical & Professional Development, and Susan Loomis, RN, director, Partners Occupational Health, were awarded the Sharps Injury Prevention Award from the International Sharps Injury Prevention Society and *Managing Infection Control Magazine* for their work on the Needlestick Reduction Task Force. The award recognizes individuals who've made a significant difference in reducing needlestick and other sharps injuries.

Pobuda certified

Psychiatric staff nurse, Allie Pobuda, RN, has become certified as an adult nurse practitioner.

Mahmoud certified

Psychiatric staff nurse, Fareeda Mahmoud, RN, has become certified as a psychiatric clinical nurse specialist.

Hines certified

Maura Hines, RN, staff nurse, White 11, General Medical Unit successfully passed her AACN exam and is a credentialed advanced practice nurse.

Naidoo receives doctorate degree

Keshrie Naidoo, PT, physical therapist, received a doctorate of Physical Therapy degree from the MGH Institute of Health Professions in May, 2005.

Garlick, Nippins, and Podesky complete doctoral program

Physical therapists, Martha Garlick, PT, Matthew Nippins, PT, and Jennifer Podesky, PT, completed their doctorate of Physical Therapy at the MGH Institute of Health Professions in September.

Townsend completes doctoral program

Physical therapist, Elise Townsend, PT, completed her doctorate in Child Development/Child Psychology, with a minor in Neuroscience from the University of Minnesota in Minneapolis.

Crowley Ganser, Gale, Madigan, Moore, and Reid Ponte, publish

Connie Crowley Ganser, RN; Sharon Gale, RN; Janet Madigan, RN; Karen Moore, RN; and Patricia Reid Ponte, RN, published, "A Journey Toward Influencing Practice Environments in Massachusetts Hospitals, Patients First: Continuing the Commitment to Safe Care," in the August *Nurse Leader*.

Madigan speaks about patient safety

Janet Madigan, RN, project manager, Patient Care Services Information Systems, was interviewed on, "This Week with Joe Public," and on Cambridge Cable News where she discussed the Patient Safety Act.

Levine coordinates Breast Cancer Walk

Amy Levine, RN, staff nurse, Same Day Surgical Unit, was the nursing coordinator for the American Cancer Society's Making Strides Against Breast Cancer Walk.

Ives Erickson, Millar, publish

Jeanette Ives Erickson, RN, senior vice president for Patient Care, and Sally Millar, RN, director, Office of Patient Advocacy and Patient Care Information Systems, published, "Caring for Patients while Respecting their Privacy: Renewing our Commitment," in the June, 2005 *Online Journal of Issues in Nursing*.

Hamel-Nardozzi, Robinson, publish

Marguerite Hamel-Nardozzi, LICSW, social worker, and Ellen Robinson, RN, ethics clinical nurse specialist, published "Stories of the Silent: Advocating for a Disabled Woman at the End of Life," in the Summer, 2005, *Topics in Stroke Rehabilitation.*

Boston Globe spotlights two MGH nurses

Boston Globe reporter, Scott Allen, and photographer, Michele MacDonald, spent seven months at MGH shadowing new graduate nurse, Julia Zelixon, RN, and her preceptor, MJ Pender, RN, in the intensive care setting. The series ran on the front page of four consecutive issues of *The Boston Globe* from October 23-26, 2005, providing an unprecedented glimpse of the journey from novice nurse to accomplished caregiver.

Professional Achievements

continued from previous page

Romanoff certified

Maria Romanoff, RN, staff nurse, in Psychiatry and General Medicine, has become certified as a psychiatric nurse practitioner.

Hudson accredited

Beverly Hudson, RN, oncology care coordinator, Outpatient Cancer Center, passed a national accreditation test given by the American Case Management Association of America in September, 2005, and is now an accredited case manager.

Nurses publish in *Oncology Nursing Forum*

Patricia Reid Ponte, RN; Carolyn Hayes, RN; Amanda Coakley, RN; Escel Stanghellini, RN; Anne Gross, RN; Sharon Perryman, RN; Diane Hanley, RN; Nancy Hickey, RN; and Jacqueline Somerville, RN, published, "Partnering with Schools of Nursing: an Effective Recruitment Strategy," in the September, 2005, issue of *Oncology Nursing Forum*.

Holdstock, Peterson, Robinson, appointed to Ethics Council

Regina Holdstock, RPh, and Gayle Peterson, RN, co-chairs of the Ethics in Clinical Practice Committee, and Ellen Robinson, RN, ethics clinical nurse specialist, have been appointed to the new Harvard Ethics Leadership Council. The council engages in policy-development and review, review of sentinel cases that could change practice, and sharing educational resources across the system.

Clinical Recognition Program Clinicians recognized in 2005

Advanced Clinician

- Jeff Chambers, RN, Emergency Department
- Laurie Miller, RN, Neurology
- Laura J. Ryan, RN, Infusion Unit
- Maureen Bonanno, RN, Surgical Unit
- Stephanie Walsh, RN, Infusion Unit
- Jean Stewart, RN, Orthopaedics
- Sheila Brown, RN, Radiation Oncology
- Cheryl Ryan, RN, Same Day Surgical Unit
- Timothy Sowicz, RN, Medical Unit
- Joan Tafe, RN, Surgical Unit
- Clorinda Buenafe, RRT, Respiratory Therapy
- Cheryl Gomes, RN, Same Day Surgical Unit
- Katherine Varney, RN, Newborn Intensive Care Unit
- Deborah Scannell, RN, Psychiatry Unit
- Kimberly Stewart, CCC-SLP, Speech, Language & Swallowing Disorders
- Ines Jackson-Williams, RN, Same Day Surgical Unit
- Eileen Joyce, LICSW, Social Services
- Margaret Munson, RN, IV Therapy Team
- Jesslyn Lenox, RRT, Respiratory Therapy
- Denise Montalto, PT, Physical Therapy
- Gary Collymore, RRT, Respiratory Therapy
- Judy Pagliarulo, RN, Same Day Surgical Unit
- Angela Sorge, RN, Cardiac Unit
- Erika Ehnstrom-Carr, RN, Cardiac Unit
- Emily Smith, PT, Physical Therapy
- Anne Turner, RN Emergency Department
- Suzanne Curley, OTR/L, Occupa-tional Therapy
- Sara Mahoney, RN, Cardiac Unit
- Donna Lawson, RN, Medical Unit
- Elizabeth Crawford, SLP, Speech, Language & Swallowing Disorders
- Kristin Appel, RN, Same Day Surgical Unit
- Heather Coombs, RN, Cardiac Unit
- Linda Shuman, RN, Post Anesthesia Care Unit
- Heather Kuberski, RN, Infusion Unit
- Melissa Roddie, RN, Medical Unit
- Christine Mattera, RN, Cardiac Access Unit
- Deborah Nelson, RN, Same Day Surgical Unit
- Kathleen Ryan, RN, Medical Intensive Care Unit

Clinical Scholar

- Michele Lucas, LICSW, Social Services
- Diane Lyon, RN, Newborn Unit
- Michelle Bell, RN, IV Therapy
- Kathleen Reilly Lopez, RN, Surgical Unit
- Mary Wyszynski, RN, Newborn Intensive Care Unit
- Mary Ann Pastore, RN, Newborn Unit
- Linda Roth, RN, OB Unit
- Marilyn Wise, LICSW, Social Services
- Pamela Wrigley, RN, Same Day Surgical Unit
- Fredda Zuckerman, LICSW, Social Services
- Janet Kleimola, RN, Newborn Intensive Care Unit
- Edna Riley, RN, IV Nursing Team
- Maureen Tully, RN, Obstetrics Unit
- Kathryn Pazola, RN, Pediatric Unit
- Erica Edwards, RN, Cardiac Critical Care Unit
- Debra Guthrie, RN, IV Therapy Team
- Virginia Sigel, LICSW, Social Services
- Dana Allison, RN, Labor & Delivery/Newborn Care Unit
- Darleen Crisileo, RN, Cardiac Intensive Care Unit

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For more information, call: 617-724-1746.

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January 5, 2006

Marie C. Petrilli Oncology Nursing Award 2005

—by Julie Goldman, RN, professional development coordinator

On December 1, 2005, Amanda DiMatteo, RN, staff nurse in the Yawkey 8 Infusion Unit, and Patricia McGrail, RN, staff nurse in the Bigelow 7 Gynecology/Oncology Unit, were recognized as the 2005 Marie C. Petrilli Oncology Nursing Award recipients at an informal celebration in Boston's North End. Tragically, McGrail did not live to accept the award; she died earlier this year after a long illness.

The Petrilli Award carries on the annual tradition of giving and remembrance started by Petrilli's husband, Al, and his brother, David, who created the Marie C. Petrilli Memorial Cancer Research and Treatment Fund to raise money and awareness about cancer treatment and prevention.

This year's recipients are experienced oncology nurses who are deeply respected by their patients and colleagues. DiMatteo was nominated by a patient who wrote, "Amanda's warmth and compassion were so powerful that my worries seemed to melt away. She is an outstanding nurse, and I never feel like I'm in the hospital when she's around."

(Photo provided by staff)

Patricia McGrail, RN
staff nurse, Bigelow 7 Gynecology/Oncology Unit

In her letter of support, nurse manger, Joanne LaFrancesca, RN, said of Dimatteo, "Many of her patients seek me out to tell me about Amanda. They all use the same words: competent, compassionate, caring, smart, listens well, and as one patient said, "That Amanda is just something else."

Amanda DiMatteo, RN
staff nurse, Yawkey 8 Infusion Unit

Patricia 'Pat' McGrail, was a nurse for 25 years, 21 years here at MGH. During her long career, McGrail worked as a staff nurse in General Gynecology, Urology, and at the time of her death, as a staff nurse on Bigelow 7.

Colleagues who nominated McGrail described her as, "The voice of Bigelow 7," "She was a mother figure on the unit," "She cared for patients with professionalism, compassion, and knowledge," and, "She was determined to make others smile no matter what was going on in her own life."

Nurse manager, Colleen Caster, RN, called McGrail, "a mentor and teacher, the backbone of our unit."

Judy Newell, RN, former nurse manager for Bigelow 7, recalls, "Pat had the biggest heart. She was the most patient-focused person I knew, always rushing to make patients feel welcome when they arrived on the unit."

In his comments at the award celebration, Al Petrilli thanked Dimatteo for her selfless care of cancer patients. He expressed his condolences and gratitude to Caster, who accepted the award on McGrail's behalf.

For more information about the Marie C. Petrilli Oncology Nursing Award, contact Julie Goldman, RN, professional development coordinator at 4-2295.

Call for Proposals

The Yvonne L. Munn, RN, Nursing Research Awards

Submit research proposals for the annual Yvonne L. Munn, RN, Nursing Research Awards

Proposals are due by January 15, 2006

For more information contact Virginia Capasso, PhD at 617-726-3836 or by e-mail at vcapasso@partners.org

Training for Managers and Supervisors

This session will help you learn how to use the Employee Assistance Program as a resource for management and employees.

Session will include a didactic presentation, case studies, and discussion

Tuesday, January 31, 2006
9:00–11:00am
Haber Conference Room

To register, call the EAP at 726-6976.

When/Where	Description	Contact Hours
December 12 8:00am–4:30pm	**Intermediate Respiratory Care** Thier Conference Room	TBA
December 14 11:00am–12:00pm	**Nursing Grand Rounds** "Pulmonary Hypertension." Sweet Conference Room GRB 432	1.2
December 15 8:00am–4:30pm	**Workforce Dynamics: Skills for Success** Training Department, Charles River Plaza	TBA
December 15 8:00am–2:00pm	**BLS Certification for Healthcare Providers** VBK601	- - -
December 15 1:30–2:30pm	**Nursing Grand Rounds** "Deep Tissue Injury." O'Keeffe Auditorium	1.2
December 16 12:00–1:00pm	**Schwartz Center Rounds** Walcott Conference Room	- - -
December 16 8:00–11:00am	**On-Line Clinical Resources for Nurses** FND626	3.3
December 19 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	**CPR—Age-Specific Mannequin Demonstration of BLS Skills** VBK401 (No BLS card given)	- - -
December 20 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK401	- - -
December 21 8:00am–2:30pm	**New Graduate Nurse Development Seminar II** Training Department, Charles River Plaza	5.4 (for mentors only)
December 22 1:30–2:30pm	**Nursing Grand Rounds** "Care of the Stroke Patient." O'Keeffe Auditorium	1.2
January 5 8:00–4:30pm	**Cancer Nursing Concepts: Advancing Clinical Practice** Yawkey Conference Room Yawkey 2210	TBA
January 9, 10, 23, 24, 30, 31 7:30am–4:30pm	**Greater Boston ICU Consortium CORE Program** Faulkner Hospital	44.8 for completing all six days
January 11 8:00am–2:30pm	**New Graduate Nurse Development Seminar I** Training Department, Charles River Plaza	6.0 (for mentors only)
January 11 11:00am–12:00pm	**Nursing Grand Rounds** "Documentation: Knowing your Patient." Haber Conference Room	1.2
January 11 1:30–2:30pm	**OA/PCA/USA Connections** Bigelow 4 Amphitheater	- - -
January 11 4:00–5:00pm	**More than Just a Journal Club** Thier Conference Room	1.2
January 11 8:00am–12:30pm	**Pediatric Advanced Life Support (PALS) Re-Certification Program** Training Department, Charles River Plaza	- - -
January 17 and 18 7:30am–4:30pm	**Intra-Aortic Balloon Pump Workshop** Day 1: CCH; Day 2: VBK601	14.4 for completing both days
January 18 1:30–2:30pm	**USA Educational Series** Haber Conference Room	- - -
January 19 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK401	- - -
January 19 8:00am–4:30pm	**Preceptor Development Program** Training Department, Charles River Plaza	7

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.

Pastoral Care Week 2005

The MGH Chaplaincy Department is dedicated to meeting the spiritual needs of patients, families, and staff regardless of religious affiliation or faith. Whether you're a family member seeking support around a difficult diagnosis for a loved one, a patient in need of prayer, or a staff member requesting information about a patient's religious tradition to provide culturally sensitive care, a chaplain is available 24 hours a day.

On October 18, 2005, chaplains and volunteers staffed an educational booth in the Main Corridor in celebration of Pastoral Care Week. Patients, families, staff, and visitors had an opportunity to receive spiritual literature and symbols of faith.

On October 19th, chaplains and pastoral educators attended a seminar presented by Dr. Brita L. Gill-Austern, the Austin Philip Guiles professor of Psychology and Pastoral Theology at Andover Newton Theological School, entitled, "Including Ourselves in the Equation of Those we Care for."

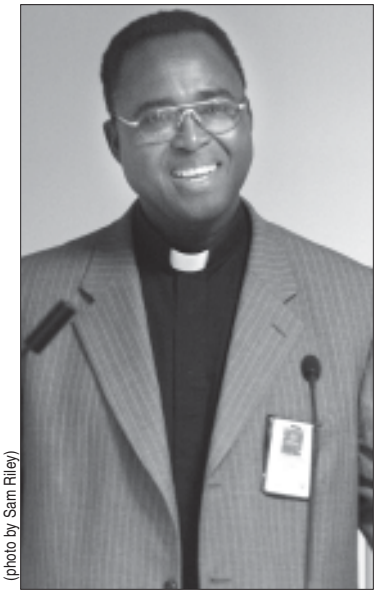
The annual Blessing of the Hands took place on October 20th outside the MGH Chapel, an affirmation of the many tasks our hands perform to provide comfort and care for one another.

For more information on pastoral care at MGH, please call the Chaplaincy at 6-2220.

(photos by Abram Bekker)

Left: Members of the MGH Chaplaincy staff educational booth in the Main Corridor during Pastoral Care Week.
Right: Dr. Brita L. Gill-Austern is guest speaker at local seminar

14th annual Deb Wing Memorial Lecture



(photo by Sam Riley)

Father Felix Ojimba
staff chaplain

The 14th annual Deb Wing Memorial Lecture was held on November 8, 2005, in the Haber Conference Room. The Wing Lecture is presented in memory of Deborah Wing, RN, a neuroscience nurse, who's remembered as a colleague who made a significant contribution to the Neuroscience Nursing Service. The lecture, which addresses topics relevant to the profession of nursing, has been held each year since her death.

This year's featured speaker was staff chaplain, Father Felix Ojimba, PhD. Ojimba spoke about, "Spirituality and Culture: End-of-Life Issues in the Care of Catholic Patients. A reception followed.

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