June 9, 2005

Caring HEADLINES

Reading Disabilities Class of 2005

Inside:

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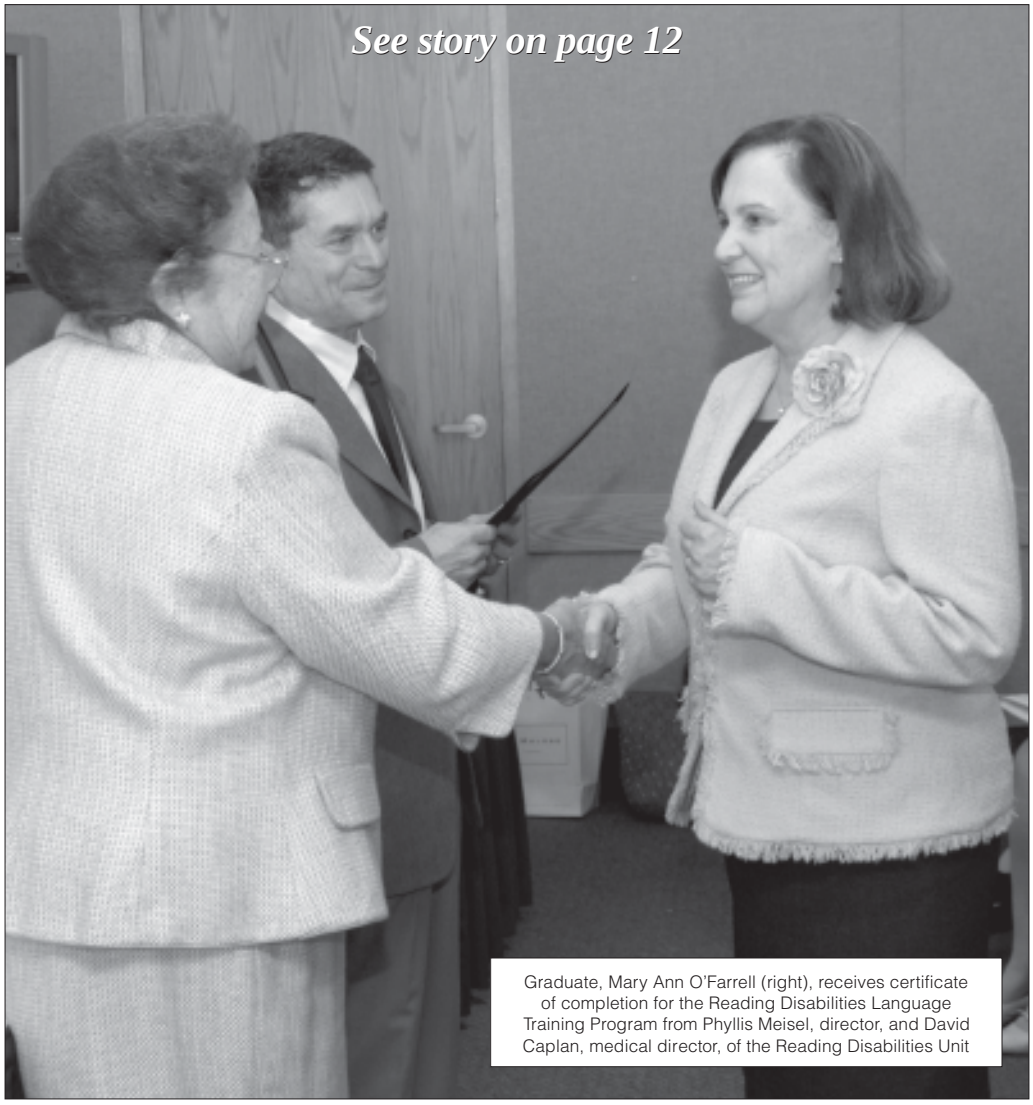

Graduate, Mary Ann O'Farrell (right), receives certificate of completion for the Reading Disabilities Language Training Program from Phyllis Meisel, director, and David Caplan, medical director, of the Reading Disabilities Unit

MGH Patient Care Services

Working together to shape the future

Johnson & Johnson: partnering with industry to ensure a brighter future for nursing, patients, and families

Many of you had the opportunity to attend the second annual Johnson & Johnson 'Promise of Nursing for Massachusetts' fund-raising event on April 27, 2005, at the Westin Hotel at Copley Place. For those who missed it, it was a night to remember.

The evening raised more than $750,000, the single largest Johnson & Johnson fund-raising event in the country to date, besting last year's total by $120,000. But more than a fund-raising event, the night was an opportunity for nurses across the state to come together and share their passion for nursing, renew their commitment to ensuring a brighter future for their profession, and re-connect with colleagues and old friends.

Curt Selquist, company group chairman for Johnson & Johnson, kicked off the festivities with a warm and welcoming speech reminding everyone of the importance of partnerships in tackling the difficult challenges facing health care. He shared some promising news from the American Association of Nursing Colleges—baccalaureate nursing school enrollments increased more than 14% from 2003 to 2004, a sure indication that more young men and women are choosing nursing as a career.

A recent Harris survey showed that 75% of adults and 67% of adolescents view nursing in a highly positive light.

Closer to home, as a direct result of the 2003 Promise of Nursing campaign, 75 students in Massachusetts received scholarships to assist in their educational advancement; 25 nurses received nursing fellowships; and nine nursing schools in the area received grants to expand their programs.

Nursing student, Meryn Boraski, took the podium and gave an inspired account of why she chose to become a nurse. Touched by the kindness, compassion, and dedication of nurses who cared for her father, she knew she had found her 'calling.' Meryn is a bright, caring, enthusiastic young woman, and I'm happy to report she will be coming to work at MGH in the Cardiac Surgical Intensive Care Unit when she graduates.

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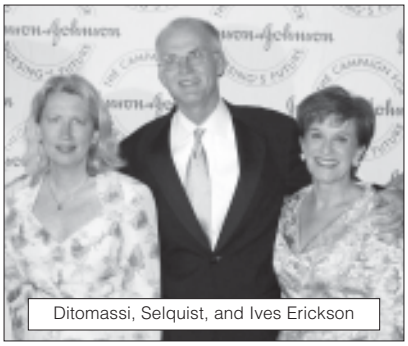
Ditomassi, Selquist, and Ives Erickson

MGH nurses turn out to celebrate the 'Promise of Nursing'

(Photos provided by Johnson & Johnson)

What you and your patients should know about the Quit Smoking Service

Question: Is it true that the patient smoking room on Founders 1 has been closed?

Jeanette: Yes. On May 9, 2005, the patient smoking room was ordered closed by the Boston Public Health Commission . We had offered this space as a convenience to inpatients but in so doing, apparently the hospital was in violation of the Workplace Smoking Regulation.

Question: What is the MGH Quit Smoking Service (QSS)?

Jeanette: The MGH Quit Smoking Service offers counseling for hospitalized patients and group counseling for outpatients, family members, and the community.

Question: Is it true that smoking is a quality issue that's looked at by the JCAHO?

Jeanette: Yes. JCAHO now requires us to document that smokers admitted for myocardial infarction, chronic heart failure, or pneumonia receive smoking cessation advice, counseling, or medication.

Question: What role do nurses play in identifying patients who qualify for this service?

Jeanette: Routine smoking status is identified at the time of admission and documented on the Nursing Assessment Form.

Question: What is the nurse's role once a patient has been identified as someone who smokes?

Jeanette: First, the patient should be given a "Smoker's Guide to Being in the Hospital." Then the patient should be referred to an MGH Quit Smoking counselor (6-7443). And these actions should be documented in the patient's record.

Question: What do Quit Smoking Service counselors do?

Jeanette: A Quit Smoking counselor will visit the patient and, if the patient is interested in quitting, he/she will help develop a plan with the patient. The counselor will help manage smokers' unique needs while they're in the hospital and assess their need for medication. Finally, the counselor will arrange for post-discharge help.

Some facts about smoking and quitting

- 19% of adults living in Massachusetts smoke
- Smoking is the #1 preventable cause of death in the United States
- Quitting reduces the risk of death even after chronic disease develops.
- Effective smoking treatment is available but under-utilized

Jeanette Ives Erickson

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Mary Williams, staff nurse in the MGH Burn Unit, spoke of her journey, her drive to become a nurse, starting as a British Red Cross volunteer when she was a teenager. Through her experiences, she showed nursing as a career that offers self-fulfillment, personal and professional rewards, limitless opportunities, and the chance to make a difference in the lives of thousands of patients.

Overall, it was an exhilarating evening and an extraordinary tribute to the invaluable contributions of nurses everywhere. On behalf of MGH, I was happy to chair the event for the second consecutive year. I'd like to thank Marianne Ditomassi, RN, executive director for Patient Care Services operations, for her hard work in coordinating the many details that go into planning an event of this magnitude.

And as always, we are indebted to Johnson & Johnson for their unwavering support of nursing and their appreciation of the unique contributions nurses make to health care.

Update

I am pleased to announce that Maureen Schnider RN, has accepted the position of nurse manager for the clinical nursing supervisors and the Central Resource Team (CRT).

Taking care of ourselves: finding and using reliable women's health information

Access to reliable and accurate health and medical information is an important part of women's health. Join us for an afternoon talk and book signing to celebrate the ways health information can empower women to advocate for themselves.

Tuesday, June 7, 2005
4:00–6:00pm
Blum Patient & Family Learning Center
Light refreshments will be served

Judy Norsigian, one of the original founders of *Our Bodies; Ourselves*, will reflect on how the book revolutionized the way women learn about themselves, their bodies, and their health. Dr. Karen Carlson, director of MGH Women's Health Associates and co-author of *The New Harvard Guide to Women's Health,* will provide tips on how to find and use reliable women's health information to make the most of your visits to the doctor.

Become acquainted with the Blum Patient & Family Learning Center as a welcoming place to find health information and resources for yourself and your family.

Session is free, but space is limited. For more information, contact Mary Ellen Heike RN at 617-724-8044 or by e-mail

A child's smile is the same in any language

—by Kristen Prendiville, LICSW, MGH Child Psychiatry Department

My name is Kristen Prendiville, and I volunteered on the second rotation to southeast Asia with Project HOPE and the US Navy. Thanks to the hard work of the team that preceded us, we were able to see patients as soon as we arrived.

After a one-day orientation aboard the Mercy, we began working in various units. There were two psychiatric nurses and a psychiatrist in our group. With assistance from a wonderful group of translators, we were able to talk with patients and families and assess their needs.

My background in child therapy drew me immediately to the children. I was pleased to see children and adults using the 'playroom' to play, create, and come together. As part of my work, I played with and engaged children and adults in creative activities. As well as a way to pass the time, this was a method for therapeutic expression. It was important to create a sense of normalcy in a setting that was very different from their everyday life.

On one occasion, I went ashore to University Hospital in Banda Aceh. I spent the day at the Psychiatric Hospital, or 'mental hospital,' as it's called in Banda Aceh. I observed a Train the Trainers Program being conducted by and for Indonesians. The individuals being trained would go into the internally displaced persons (IDP) camps and teach other trainers how to work with traumatized children in the camps. Many of the people being trained were themselves living in camps. I participated in a small group that was discussing normal child development and symptoms of children suffering from distress. As a child therapist, I was excited to be part of this dialogue.

All the patients and families I encountered were gracious and appreciative. I felt privileged to be in their lives, even for this brief time.

One of the pediatric patients aboard the Mercy was an 8-year-old girl named 'Ann.' She and her family had lost their home and all their belongings in the tsunami. Ann arrived with a very large tumor that had deformed her right foot. She'd had the tumor since she was an infant. Ann was ambulatory, but the tumor would continue to grow if left untreated.

Ann had a beautiful smile and an outgoing personality. While some children were quiet and visibly scared upon arriving on the ship, Ann smiled and laughed. Her outgoing personality was evident on her first day when she walked around the ward and greeted and shook hands with every patient. Ann ultimately required a below-the-knee amputation. It was hard for many of us to see a child arrive walking and leave with a prosthesis she'd need for the rest of her life.

Ann's father, who had accompanied her, was visibly shaken and saddened that his daughter was losing part of her leg. In the Indonesian culture, a decision like this is made among many family members. Since Ann's father was the only family member on board, he was faced with this difficult decision alone. Initially strangers, the patients and families on the ward had developed an incredible sense of community. They gave Ann and her father great support during their time on the ship.

Ann's spirit throughout her stay was remarkable. The only time I ever saw her cry was when she woke up in the Post Anesthesia Care Unit. The pain must have been excruciating. Representatives from Handicap International came aboard to meet Ann and her father, and consult

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Kristen Prendiville, LICSW, clinical social worker, aboard the USNS Mercy with smiling, 8-year-old, 'Ann'

(Photo provided by staff)

Supporting lives and spirits aboard the USNS Mercy

—by Natascha Gundersen, LICSW, and Karon Konner, LICSW, MGH inpatient clinical social workers

We were honored to join Project HOPE as volunteers with our colleagues from MGH for Operation Unified Assistance. Our mission was to provide medical care in Banda Aceh, Indonesia, after the December 26, 2004, tsunami.

Our first task was to refine the USNS Mercy hospital infrastructure, as this was the ship's first deployment in many years. We quickly learned that while there was a medical framework for operations, there was no established mental health component.

Once we identified this critical need, we sought out our other mental health colleagues aboard ship. A team was formed that included three psychiatric nurses from MGH (Paul Gartland, RN; Carol Marcotte, RN; and John Slattery, RN) psychiatrists, psychologists, and social workers from the US Public Health Service, and a psychiatrist from Project HOPE. We created a proposal for mental health services and took it up the Naval chain of command for approval. The proposal had three components: 24-hour mental health coverage for the 670 crew members; land-based services, including a training program to address disaster-related mental health issues; and comprehensive psychosocial care for the patients and families aboard the USNS Mercy.

Our focus was on the third component. The clinical skills we use at MGH all the time were perfectly suited to providing disaster-related mental health support. Despite being half-way around the world, we were guided by the core principles and values of social work: enhancing human well-being and relationships; meeting the basic needs of all people; and supporting social justice. Our Indonesian patients and families needed exactly the same things our MGH patients need: compassionate, culturally sensitive, family-centered care.

We met with almost every patient and family member who came aboard. For many, this was their first opportunity to tell their story of survival. Listening to their stories was a privilege. Affirming their tremendous loss became a gift of healing. Their stories were painfully similar: "The Earth shook violently. Soon after, the first wave hit. It was black, hot, full of debris, and smelled like sulfur. Then came the big, blue waves. They were twenty to sixty feet high."

One of the most successful interventions for our patients and families was the creation of an expressive therapeutic playroom aboard ship. Our goal was to support those who had difficulty verbalizing their tsunami experience, and help

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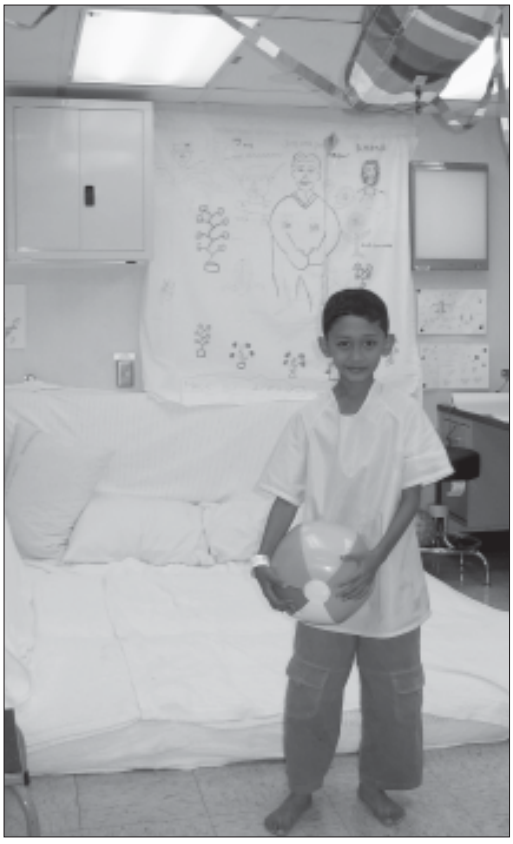

Above: 11-year-old Achenese boy plays in the expressive-therapy playroom created by social workers aboard the Mercy

At right: Natascha Gundersen, LICSW (second from right), and Karon Konner, LICSW (right), with patients aboard the Mercy

(Photos provided by staff)

Staff nurse learns much from long-term, critically ill patient in the RACU

Nick Merry, RN,
staff nurse, Respiratory Acute Care Unit
(now practicing in the MICU)

My name is Nick Merry, and I am a staff nurse in the Respiratory Acute Care Unit (RACU). The RACU opened in May of 2001 to provide focused attention to patients requiring this specialized care.

'Holly' is a 24-year-old woman who transferred to the Medical Intensive Care Unit (MICU) at MGH from a community hospital for management of acute interstitial pneumonitis. She had been intubated and was receiving steroids.

Holly's MICU stay was long and quite complicated. It included extracorporeal membrane oxygenation (ECMO), thoracotomy for a lung infection, and mechanical ventilation for four months. Many people feared she wouldn't survive. It seemed like a miracle when Holly was well enough to transfer to the Respiratory Acute Care Unit.

The first day I met Holly, she was extremely drowsy from the medications she'd received in the MICU. She was conscious, but not really able to converse. When Holly's mother arrived for a visit, I oriented her to the unit and explained the plan for her daughter's care. Holly's mother appeared overwhelmed, so I sat with her for a while and listened, trying to assess her level of frustration and see how I could help. Family members often need reassurance upon arriving in the RACU since so many of our patients come from lengthy stays in an ICU.

Holly's mother seemed to understand that our goal was to wean Holly off the ventilator. She feared Holly might end up back in the MICU since that had happened once before. I reassured her that her daughter would get excellent care and that her move to the RACU was a positive step.

Holly's mother asked if it would be possible to have a female nurse care for Holly instead of me. At which point Holly said, "I want him to take care of me."

I was surprised that Holly was able to say anything since she'd been so sedated earlier in the day. And I was glad, because I enjoyed taking care of her. The family now seemed comfortable with me caring for Holly. But I was happy we'd had a conversation about their concerns.

I continued to support Holly and her family and address their needs. Holly's mother usually came to visit in the morning after working all night. Her sister came at night after working all day. They were both very supportive. I considered them an important part of Holly's recovery.

Someone from Surgery came every day to change Holly's dressing which had been left open to accommodate two chest tubes. Holly was sedated during dressing changes to keep her comfortable. I coordinated with Thoracic Surgery every day so I could have the necessary supplies ready and position Holly before they arrived. This plan worked well and was communicated to all other caregivers. It allowed me to coordinate care with the respiratory therapist, physical therapist, occupational therapist, and physicians. I kept the team informed so we could plan the ventilator weaning. I also notified PT and OT so they could plan their visits when Holly was awake. It was a great system. The entire team worked together and coordinated services with no difficulty.

Each day, Holly became more alert. She was anxious, requiring a great deal of emotional support. Her family continued to visit daily. There were days when Holly wouldn't want me to leave. Several times she held onto my hand and said, "Please stay with me for a while."

I spent time sitting with her, and that seemed to help decrease her anxiety.

As Holly was getting better, I encouraged her family to take part in her care. I taught her mom how to wash Holly's hair while she was in bed. I coordinated hair-washings with Holly's sister who liked to braid her hair when she came in. This worked out well because it gave Holly and her sister something to look forward to.

On Christmas day, Holly was finally weaned and doing extremely well. She had a speaking valve placed and asked if she could call her sister. I placed the call for her, and it was great to see her able to have this conversation.

Persistent fevers kept Holly in the hospital for another month, but soon she was ready for discharge. Holly's mother was extremely anxious. She was frightened about leaving the safe environment of the RACU. I encouraged her to go and see the rehabilitation facility where Holly would be going. Holly was also becoming anxious about leaving the RACU.

I arranged to accompany Holly on her transfer to the rehabilitation facility and spent time with her as she settled in for the next phase of her journey. Holly was discharged from rehab after a few months. Her tracheotomy and G-tube were removed while she was there, and she continued to receive outpatient physical therapy after her discharge. As of the most recent reports, Holly no longer requires oxygen and is able to walk independently.

Caring for Holly taught me a lot about the complex needs of long-term, chronically and critically ill patients and their families. Coordinating multiple caregivers to provide excellent care was a challenge. I improved my communication skills with family

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Clinical Narrative

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members and provided much-needed support. It has been a satisfying experience to watch Holly's progress. She frequently visits the RACU but doesn't remember much about her hospitalization. She's currently planning to get married and go to college. Every time I see her, she looks happier and healthier.

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

Even in her heavily sedated state, Holly managed to say, "I want Nick to take care of me." Early in their relationship, she sensed his compassion and felt safe in his care. Nick was present to Holly and her family throughout Holly's entire hospitalization, even accompanying them to the rehabilitation facility. He provided comfort, information, education on how to care for Holly, and perhaps most importantly, hope and encouragement.

Holly may not remember much about her hospitalization, but we all know the healing power of caring, support, and being present during times of crisis.

Thank-you, Nick.

Correction

In the April 21, 2005, issue of *Caring Headlines*, one of the authors of the article, "Research and the Special Needs of Children" was mistakenly identified as Jane Hubbard, RN. In fact, Jane Hubbard is not a nurse, she is a registered dietitian (RD) and licensed dietitian and nutritionist (LDN) on the White 13 Research Unit. On the research unit, RDs are referred to as bionutritionists (the term used by NIH).

Caring Headlines apologizes for this error.

Caring HEADLINES

Back issues of *Caring Headlines* are available on-line at the Patient Care Services website: http://pcs.mgh.harvard.edu/

For assistance in searching back issues, contact Jess Beaham, at 6-3193

Clinical Recognition Program

Clinicians recognized February–April, 2005

Advanced Clinician

- 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

Clinical Scholar

- Pamela Wrigley, RN, Same Day Surgical Unit
- Fredda Zuckerman, LICSW, Social Services

Employee-Patient Interview Initiative

—by Georgia Peirce, director of PCS Promotional Communications and Publicity and National Patient Safety Leadership fellow

Nobody knows what it's like to be a patient at MGH better than an MGH patient. And if that patient happens to be an MGH employee, so much the better. Exploring patients' perspectives on the care they receive represents a key aspect of our quality and safety agenda.

For the next three months, under the direction of Susan Edgman-Levitan, PA, executive director of The Stoeckle Center for Primary Care Innovation, a team of researchers will conduct confidential interviews with MGH staff about their experiences as MGH patients. By obtaining feedback from individuals with a keen understanding of the healthcare system, we hope to gain insight into what is working well and what areas need improvement.

"As one of the country's leading healthcare institutions," says Gregg Meyer, MD, medical director of the Massachusetts General Physicians Organization (MGPO) and champion of MGH Strategic Planning for Quality and Safety, "it is crucial that we look beyond data to better understand the care we're providing to patients."

The goal of the Employee-Patient Interview Initiative is to create a series of case studies to supplement our quantitative data on quality and safety. Some aspects of the organization that will be examined include respect for patient preferences; preparation for discharge; and treatment of families.

Edgman-Levitan, Georgia Peirce, of Patient Care Services, Georgianna Willis, PhD, and Christine Vogeli, PhD, of the Institute for Health Care Policy, will conduct the interviews. The team will deliver a report of its findings to Patient Care Services, the Strategic Planning Group, and the Quality Oversight Committee.

All MGPO and MGH employees who receive care at MGH are invited to participate. For more information, contact Susan Edgman-Levitan or Gregg Meyer via e-mail.

June Vacation Club

for 6-12 year-olds

June 20–July1, 2005
MGH Backup Childcare Center
Hours: 7:30am–5:45pm
$275/week; $60/day per child

Activities are subject to change but may include:
A picnic at Paul Revere Park; mad science; strawberry shortcake festival; a day at the movies; swimming; a visit to the Museum of Science; a visit the USS Constitution; a tour of Bunker Hill Monument; and making sea creatures

The Backup Childcare Center can provide care for younger children (15 months–5 years old)
For more information, call Patty Pirone at 617-724-7100 or stop by the center

Summer help available

The City of Boston's Summer Jobs Program may be the solution to your department's vacation coverage this summer. The Summer Jobs Program provides meaningful part-time employment for Boston youth, while providing staffing support for MGH and Partners departments. This resource is available through two MGH Community Benefit youth employment programs: SummerWorks and Jobs for Youth (J4Y). Each program is supported by an on-site program manager who works closely with participating departments and student employees. Programs are funded through Human Resources and are available at no cost to individual departments. The only requirement is a commitment to provide a meaningful work experience in a supportive environment.

Jobs for Youth (J4Y)

For more than a decade, MGH has provided Boston high-school students with part-time (25 hours per week) employment throughout the hospital. Jobs for Youth links students from East Boston High School and other partner schools with dynamic job opportunities at MGH. The program combines professional-development workshops with real work experience to help students make informed career decisions. For more information, please call 4-8326.

SummerWorks

Summer Works is a career exploration/ summer internship program for graduating eighth-graders from the James P. Timilty Middle School in Roxbury. Now in its seventh year, SummerWorks combines weekly interactive workshops with real work experience. Students spend 25 hours per week at the work site, Monday–Friday. For more information, please call 4-6424.

A Child's Smile

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with her doctors. She was discharged with the plan that she would connect with Handicap International to be fitted for a prosthesis about a month after her leg had healed.

I worry about how Ann will manage with the amputation, and whether she'll be able to get fitted for new prostheses as she continues to grow.

Each day I think about my experience with Project HOPE and the Mercy. The patients and families I met were so thankful for our help. I feel grateful for the opportunity to be part of their lives and hear their stories. The personal and professional impact of this experience will continue to be revealed to me in ways yet unknown.

Social workers have an invaluable role in disaster relief work. Social workers from MGH transcended language, culture, and geographic barriers to deliver the compassionate and professional care for which they are known around the world.

Supporting Lives and Spirits

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them cope with being in a westernized hospital.

With the generous support of the MGH Social Work Department, the Ladies Visiting Committee, and the invaluable expertise of Kathy Clair-Hayes, LICSW, clinical specialist, we had come equipped with expressive-therapy resources. The playroom soon became a haven for patients and families. Here, they were free to draw, play, and socialize. It helped reduce their anxiety and provided an alternative outlet for their emotions.

The families we cared for also had religious and cultural needs. We collaborated with the Naval chaplain to create a prayer room. It included culturally appropriate washing basins, clothing, and prayer rugs. As devout Muslims, the Achenese people have extraordinary faith in God. They believed the tsunami was the will of Allah and that they must accept what happened. We came to understand that it was their tremendous faith that helped them cope with the unfathomable loss of loved ones, homes, and livelihoods. It provided the spiritual acceptance necessary to move forward with their lives.

We remain in awe of the spirit, strength, and resiliency of the Achenese people. We will never forget their smiles and their gratitude. But we now realize that we gained so much more from them. They are gracious, warm, kind, and compassionate. Their concern and care for one another showed us a new sense of community. Witnessing the relationships formed between total strangers was one of the most rewarding experiences of our mission. It was a privilege to know them.

This experience has forever changed us. Not a day goes by that we don't think about the people we met in Aceh and our work aboard the Mercy. It's clear to us that MGH social workers have an integral role in disaster relief work in the future.

Workplace Education Program

End-of-Year Celebration!

Please come to the MGH Workplace Education Program's end-of-year celebration as students learning English as a second language are recognized for their accomplishments

June 24, 2005
1:30–3:00pm
Under the Bulfinch Tent

The Workforce Education Program is currently assessing students for its fall classes.
For more information, call 617-724-3976

Racial and ethnic disparities in healthcare

Featuring *Worlds Apart*, a documentary film capturing the experiences of patients with chronic medical conditions as they face the cross-cultural challenges of today's healthcare environment.

Monday, June 27, 2005
12:00–1:00pm
O'Keeffe Auditorium

Sponsored by MGH president, Peter Slavin, MD, the Committee on Racial and Ethnic Disparities; Patient Care Services; the Community Benefit Program, the Multi-cultural Affairs Office, AMMP, and the MGPO

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Submission of Articles

Written contributions should be submitted directly to Susan Sabia **as far in advance as possible.** *Caring Headlines* cannot guarantee the inclusion of any article.

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

Next Publication Date:
June 16, 2005

Please recycle

Capasso, Flanagan, and Jones present at national conference

Jane Flanagan, RN, nurse practitioner, General Clinical Research Center; Dorothy Jones, RN, nurse scientist, The Knight Center for Clinical and Professional Development; and Ginger Capasso, RN, co-director of the Wound Care Clinic, presented the poster, "Nursing Theory: Linking the CNS Role and Innovations in Practice," at the National Association of Clinical Nurse Specialists' annual conference in Orlando, Florida, March 10-12, 2005.

Gonzalez, Haldeman, and Silva present at national conference

Clinical nurse specialists, Sioban Haldeman, RN, and Colleen Gonzalez, RN, and nurse manager, Judy Silva, RN, Cardiac Access, presented the poster, "Job-Sharing in the CNS Role: Who Does What?" at the National Association of Clinical Nurse Specialists' annual conference in Orlando, Florida, March 10-12, 2005.

Bolse, Carroll, Flanagan, Fridlund, and Hamilton publish in *Progress in Cardiovascular Nursing*

Karsten Bolse, RNT; Glenys A. Hamilton, RN; Jane Flanagan, RN; Diane L. Carroll, RN; and Bengt Fridlund, RNT, published the article, "Ways of Experiencing the Life Situation Among United States Patients with an Implantable Cardioverter Defibrillator: a Qualitative Study," in the winter *Progress in Cardiovascular Nursing*.

CINAHL: Searching for Journal Articles

Learn basic skills to find nursing and allied health literature in CINAHL

Wednesday, July 27, 2005
11:00am–12:00pm
Founders 626

MGH employees: no fee
Limited to 12 participants
For more information, call 6-3111

Brush receives presidential citation

Katie Brush, RN, clinical nurse specialist, Surgical Intensive Care Unit, received a presidential citation from the Society of Critical Care Medicine.

Davis receives Neighborhood Fellows Award

Sheila Davis, ANP, department of Infectious Disease, was one of six recipients of the Boston Neighborhood Fellows Award in a ceremony held at the Old South Meeting House in March, 2005. Mayor Thomas Menino presented the awards.

Law appointed to Public Affairs Committee

Suy-Sinh Law, PT, physical therapist, was appointed to the Public Affairs Committee of the American Physical Therapy Association in February, 2005.

Seitz elected to American Shoulder & Elbow Society

Amee Seitz, PT, physical therapist, was elected as a member at large to the American Shoulder & Elbow Society.

Jeffries presents at national conference

Marian Jeffries, RN, clinical nurse specialist, Thoracic Surgery, presented the poster, "CNS Development of a Patient Teaching Plan for Tracheostomy Patients," at the National Association of Clinical Nurse Specialists' annual conference in Orlando, Florida, on March 9, 2005.

Jeffries, Gavaghan present at national conference

Marian Jeffries, RN, clinical nurse specialist, Thoracic Surgery, and Susan Gavaghan, RN, clinical nurse specialist, Respiratory Acute Care Unit, presented the poster, "CNS Intervention to Improve Care of the Respiratory Compromised Patient," at the National Association of Clinical Nurse Specialists' annual conference in Orlando, Florida, on March 9, 2005.

Mylott publishes in *Journal of Hospice and Palliative Care*

Laura Mylott, RN, clinical nurse specialist in The Knight Center for Clinical & Professional Development, published the article, "The Ethical Dimension of the Nurse's Role in Practice," in the March/April, 2005, *Journal of Hospice and Palliative Care*.

Carroll publishes in *Progress in Cardiovascular Nursing*

Diane L. Carroll, RN, clinical nurse specialist, Coronary Care Unit, published the article, "Capacity for Direct Attention in Patients Undergoing Percutaneous Coronary Intervention: The Effects of Psychological Distress," in the winter, 2005, *Progress in Cardiovascular Nursing*.

Carroll, Cierpial, Cox, Gonzalez, Haldeman, and Silva present at national conference

Sioban Haldeman, RN, clinical nurse specialist, Cardiac Access Unit; Colleen Gonzalez, RN, clinical nurse specialist, Cardiac Access Unit; Chelby Cierpial, RN, staff nurse, Cardiac Access Unit; Erin Cox, RN, clinical nurse specialist, Vascular Surgery; Diane Carroll, RN, clinical nurse specialist, Coronary Care Unit; and Judy Silva, RN, nurse manager, Cardiac Access Unit, presented the poster, "Who Develops Clinical Staff?" at the National Association of Clinical Nurse Specialists' annual conference in Orlando, Florida, March 10-12, 2005.

Medline: Searching for Journal Articles

Learn basic skills to find nursing and biomedical literature in Medline

Wednesday, July 27, 2005
10:00–11:00am
Founders 626

MGH employees: no fee
Limited to 12 participants

For more information, call 6-3111

When/Where	Description	Contact Hours
June 13 and 22 7:30am–4:30pm	**Pediatric Advanced Life Support (PALS) Certification Program** Day 1: Thier Conference Room. Day 2: Training Department, Charles River Plaza	- - -
June 15 8:00am–4:30pm	**Intermediate Respiratory Care** Respiratory Care Conference Room, Ellison 401	TBA
June 16 8:00am–4:30pm	**Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other** Training Department, Charles River Plaza	7.2
June 17 8:00–4:00pm	**Gay & Lesbian Issues: Providing Care with Skill and Sensitivity** O'Keeffe Auditorium	TBA
June 21 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -
June 22 8:00am–2:30pm	**New Graduate Nurse Development Seminar II** Training Department, Charles River Plaza	5.4 (for mentors only)
June 22 8:00am–4:30pm	**The Brain and Beyond: Creative Initiatives in the Care of Individuals with Neurological Disease** Haber Conference Room	8.1
June 23 8:00am–4:30pm	**Psychological Type & Personal Style: Maximizing Your Effectiveness** Training Department, Charles River Plaza	8.1
June 23 1:30–2:30pm	**Nursing Grand Rounds** "Family Presence during Resuscitation and Invasive Procedures." O'Keeffe Auditorium	1.2
June 24 12:00–4:00pm	**Basic Respiratory Nursing Care** Ellison 19 Conference Room (1919)	- - -
June 28 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)	- - -
July 7 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -
July 12 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)	- - -
July 13 8:00am–2:30pm	**New Graduate Nurse Development Seminar I** Training Department, Charles River Plaza	6.0 (for mentors only)
July 13 1:30–2:30pm	**OA/PCA/USA Connections** Bigelow 4 Amphitheater	- - -
July 13 11:00am–12:00pm	**Nursing Grand Rounds** "Nursing Assessment and Management of Patients with Peripheral Arterial and Venous Disease." Sweet Conference Room GRB432	1.2
July 13 4:00–5:00pm	**More than Just a Journal Club** Thier Conference Room	1.2
September 26 8:00am–2:00pm	**BLS Certification for Healthcare Providers** VBK601	- - -
July 25 and 26 7:30am–4:30pm	**Intra-Aortic Balloon Pump Workshop** Day 1: CSEMC; Day 2: VBK601	14.4 for completing both days
July 26 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -

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.

Reading Disabilities graduates class of 2005

On Thursday, May 19, 2005, in the Walcott Conference Rooms, 25 students graduated from the Reading Disabilities' Orton-Gillingham remedial reading technique training program. Reading Disabilities offers two training programs, one in the summer for certified teachers, and one in the fall. During the course of their training, students tutor children who have been diagnosed with language-based learning disabilities or dyslexia. Trainees meet with children in a one-on-one setting, and upon graduation are qualified to teach children and adults with dyslexia or reading disabilities. Director of Reading Disabilities, Phyllis Meisel, and medical director, David Caplan, handed out certificates of completion to students before a gathering of family, friends, and colleagues.

Director of Reading Disabilities, Phyllis Meisel (left), and medical director, David Caplan, present certificates of completion to trainees, Luann Buquor (above); Louise Williams (left); and Marissa Arena (below left)

About the Orton-Gillingham approach: Developed at MGH nearly 60 years ago by Edwin Cole, Orton-Gillingham is a flexible, adaptive approach to teaching children with reading disabilities. It employs a phonetics-based, multi-sensory, sequential methodology where children build on their understanding of letters, symbols, words, and phrases to read sentences and paragraphs. Special emphasis is placed on reinforcing a positive self-image and restoring self-esteem. Every effort is made to create a warm and caring atmosphere. Orton-Gillingham is widely accepted as the most effective method of treating children with dyslexia and reading disabilities.

Caring HEADLINES

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