Caring Headlines
March 1, 2012

Every employee plays a part in keeping patients safe

For more, see Jeanette Ives Erickson's column on page 2

Excellence Every Day is reflected in all the practices we employ to protect patients, including the wearing of protective gowns and gloves to reduce the spread of infection.

Unit service associates, Caren Jones and Jacree Folkes, show correct way to don protective garments before cleaning patients' rooms.

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Confidence, compliance, and perpetual preparedness

the key to a successful Joint Commission survey

For those new to MGH who may not have experienced an accreditation survey before, a visit from the Joint Commission is an opportunity to showcase our knowledge and skill and the important work we do all year.

It hardly seems possible that more than two years have passed since our last Joint Commission visit. But as I look at my calendar, I see that Joint Commission surveyors could return to MGH any time between now and August 31, 2012. Recalling the poise and self-assurance staff showed during our last visit, I have every confidence that surveyors will be as impressed with our Excellence Every Day culture this year as they were in 2009.

For those new to MGH who may not have experienced an accreditation survey before, a visit from the Joint Commission is an opportunity to showcase our knowledge and skill and the important work we do. It is a validation of our own high standards and the emphasis we place on quality, safety, and exceptional patient care.

Because cleanliness and infection control are such key factors in patient safety, and because issues related to the environment of care account for most of the RFIs (Requirement for Improvement) received by Massachusetts hospitals, I want to talk a little about our efforts to keep MGH clean, safe, and clutter-free.

As many of you know, we recently launched a campaign to raise awareness about food and drink in patient-care areas. The reason we don't eat or drink in these areas is because we want to:

- protect patients, co-workers, and ourselves from contamination
- maintain a clean and professional environment

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

- be respectful to those who might be fasting or sensitive to smells
- prevent infestations of insects or rodents

The Infection Control Tiger Team developed the table on the opposite page to guide practices related to eating and drinking in patient-care areas. As a general rule:

- Drinks should not be placed on the counter-tops around nurses' stations or on workstations in hallways between patient rooms
- Clean and/or sterile patient-care supplies should not be placed on the lower interior shelves of nurses' stations (as these surfaces may hold drinks, which could lead to contamination)
- Staff food and drinks are not permitted in patient lounges (on the unit or on connector bridges)

Related to cleanliness and infection control is the donning of protective gowns and gloves. Staff know to disinfect hands and put on gloves and gowns when en-

continued on next page

tering the rooms of patients on Contact Precautions and Contact Precautions Plus. It's essential that gowns be tied securely at the neck and waist, and gloves be pulled up over the cuffs of the gowns to ensure a continuous barrier. Upon leaving precaution rooms, gloves and gowns should be removed, gowns placed in a hamper, not put back for re-use. And hands should be disinfected again.

The cleanliness of medical devices and equipment is a major part of infection control and prevention. Properly cleaning, disinfecting, and storing medical equipment (including keeping clean and soiled equipment in separate places) reduces the risk of infection being transmitted to patients and/or staff.

Cleanliness of the physical environment is not only a patient-satisfaction issue, it's a safety issue. All hallways, stairways, and doorways should be kept free of clutter, and doors should not be locked or blocked in any way that could restrict passage.

Use of the appropriate disinfectant (Super-Sani cloths for small items and Virex for larger jobs) is key to keeping the environment of care clean and safe. Note that different cleaning/disinfecting agents have different contact times for optimal effectiveness.

As with all standards set by the Joint Commission, let common sense be your guide. We are all driven by the same commitment to keep patients safe from harm and free from infection.

As a review, you might want to re-visit the National Patient Safety Goals, the list of goals published each year by The Joint Commission to focus improvement efforts on the most challenging, current, patient-safety issues (see page 8).

I don't have to remind you that you are the best and the brightest. If you bring the same knowledge and confidence you apply to your daily practice to your interviews with Joint Commission surveyors, they can't help but be impressed. Just as we all play a part in keeping patients safe, we all are responsible for ensuring that 'Excellence Every Day' is more than just a slogan.

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Where can we eat and drink?

Location	Food	Drink*
Staff lounges/lunch rooms	Yes	Yes
Conference rooms (where permitted)	Yes	Yes
Private offices	Yes	Yes
Inside nurses' station*	No	Yes
In hallways between patients' rooms	No	No

(*Inside the nurses' station means on the low interior surfaces used *only* for clerical purposes. Drinks may *not* be stored or consumed near specimen pick-up bins kept on low interior surfaces. 'Drink' refers to both covered and uncovered beverages.)

In this Issue

Can We Talk?

how the bussing crisis of the 70s remains a contentious issue today

—by Deborah Washington, RN, director, PCS Diversity

To suddenly understand something is a powerful experience. To be stirred by what you have come to understand is equally powerful. Both of these revelatory experiences were felt by many who attended this year's Black History Month event, co-sponsored by the Patient Care Services Diversity Program and the department of Psychiatry Diversity Committee.

The February 10, 2012, event centered on a documentary film created by the community-based organization, the Union of Minority Neighborhoods, entitled, *Can We Talk: Learning from Boston's Bussing/Desegregation Crisis*. The film is part of a larger project to develop a learning network to increase public understanding of the shared history of bussing and its consequences. What came as a surprise to many in O'Keeffe Auditorium is that what began in the 1970s is still very much felt today.

Images of bussing black students in an attempt to integrate schools recalls a contentious period in Boston's history. It remains a controversial subject today, one that, in the minds of many, mars the reputation of our great city. And because we have evolved into a minority-majority urban center with many residents transplanted from other places, a large segment of our population has no first-hand recollection of this turbulent era. Despite that, *Can We Talk's* iconic images generated heartfelt dialogue among an audience of MGH employees from a variety of departments, many of who shared personal stories of their own bussing experiences.

continued on next page

Far right: organizers of the Black History Month event, Deborah Washington, RN, director of PCS Diversity (left) and Anne Emmerich, MD, member of the department of Psychiatry Diversity Committee, lead discussion about the documentary film, *Can We Talk: Learning from Boston's Bussing/ Desegregation Crisis.*

Currently Among Boston Public School students:

41% are Hispanic
36% are black
13% are white

Of 75,100 school-age children living in Boston:
24% do not attend Boston public schools, and of those children:
46% are black
37% are white
13% are Hispanic

Of those students:
46% go to parochial schools
30% go to private schools
24% go to suburban schools through the METCO program, and a small number are home-schooled.

The film was a compilation of interviews with people who had lived through the bussing crisis, their memories rich with vivid detail and pain. Black students, white allies, community activists, and policemen all gave accounts of the price they paid in an attempt to desegregate Boston schools. An unknown writer is on record as saying, "The people were breached."

When asked for their 'gut response' to the film, audience members said, Thought-provoking. Outrageous. Powerful. Shocking.

The film resonated with the fear, trauma, and sacrifice exacted in the name of a quality education for the students of Boston. A deep understanding of the experience came from stories of rock-throwing, racial slurs, buses under siege, and rioting—and not just from the people in the film—many in the audience had their own stories to tell. The ensuing discussion captured unsettled thoughts and a greater awareness of the events of this era. For example, 70% of Boston public school children are ethnic minority. According to the Union of Minority Neighborhoods, there has been a significant increase in the number of young African American boys in special education classes in greater Boston. What makes for this state of affairs?

Which brings us back to my original thought: To suddenly understand something is powerful. To be stirred by what you have come to understand is equally powerful. And perhaps most important, to act in accordance with what we now understanding is what defines us.

Many of our patients, co-workers, and friends are products of this turbulent time. How will our new understanding affect those relationships?

For more information, or to continue the dialogue, call Deborah Washington, RN, director of PCS Diversity, at 4-7469.

New nurse learns big lesson about little acts of kindness

My name is Lauren Harvey, and I am a recent graduate of the Nurse Residency Program, a special program geared toward helping student and new-graduate nurses transition to practicing staff nurses. My patient, Mr. K, age 67, experienced a lymphoma relapse three times and underwent three stem-cell transplants. He is now very ill and oncologists and infectious disease doctors cannot find the source. He's had every test imaginable, and nothing has given any indication of why he's failing. His lymphoma is intra-vascular and originates in his lungs, yet on CT and chest X-rays, his lungs are clear. Mr. K coughed up bright-red, bloody sputum the first hour I spent with him. This was a new development, so they're exploring the possibility that it could be TB. The thought of being tested for TB was disturbing to Mr. K; he felt insulted and frustrated at the idea that TB could be the source of his problems.

When the oncology team left Mr. K's room, I gave him medication to calm his cough, and his hemoptysis (coughing up blood) eased. We talked about what the doctors had said and why it was necessary for him to be on TB precautions while doctors ruled it out. He was physically exhausted by his illness and emotionally spent due to fear of the unknown. We sat together for several minutes, sometimes in silence and other times talking. We connected on a basic, human level, apart from the medical jargon and the overwhelming talk about his sickness.

After a while, I asked Mr. K if he'd like to brush his teeth. I handed him a toothbrush and toothpaste, and he brushed for ten minutes as I held the basin beneath his chin. Ten minutes. His eyes closed. The most peaceful, contented expression on his face. That's what stays with me. Something as simple as brushing his teeth, and Mr. K was in heaven.

Lauren Harvey, RN
new graduate nurse

When he finished, he handed me the toothbrush and quietly said, "Thank-you. Thank-you." And then he smiled.

In the end, everything comes down to basic needs and comfort. The drugs, the tasks, the protocols, they're endlessly fascinating, but the bottom line is the simple feeling of being cared for. That's what we're able to give to complete strangers every single day. It's easy to lose sight of that on busy days with numerous patients and complex medical care. But Mr. K's ability to find peace while performing such a routine activity as brushing his teeth was as much a gift to me as it was to him. And that's why nurses do what we do.

In the end, everything comes down to basic needs and comfort. The drugs, the tasks, the protocols, they're endlessly fascinating, but the bottom line is the simple feeling of being cared for.

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

The simple act of offering a toothbrush and holding a basin while Mr. K brushed his teeth may not seem like a monumental intervention. But over and over, patients remind us it's the simple things, the small acts of kindness and compassion that make the biggest difference. Lauren may be a new nurse, but she has already learned an important nursing lesson.

Thank-you, Lauren.

Job Shadow Day

Boston high school students observe best and brightest at MGH

—by Susan Leahy, communications manager, Center for Community Health Improvement

Nearly 80 students from Boston-area high schools visited MGH on February 3, 2012, in honor of National Job Shadow Day, an event the hospital has participated in along with the Boston Private Industry Council for 17 years. Students came from East Boston High School, the Edward M. Kennedy Academy for Health Careers, and other local organizations to experience what it's like to work in a world-class hospital, see the latest in patient-care treatments and therapies, explore state-of-the art laboratories, and observe ground-breaking research.

(Photo by Michelle Rose)

Boston high school students visit Radiation Oncology during National Job Shadow Day. Students' curiosity and questions showed a strong interest in health care and science.

At the Proton Center, senior radiation therapist Ryan Connolly, and radiation team leader, Philip Litch, gave students a behind-the-scenes look at the technology used to deliver proton-beam therapy. Patient service coordinator, Cheryl DeSorba, escorted students to the Healing Garden. Staff nurse, Kathleen Selleck, RN, talked about her role in treating children with cancer.

Said executive director, Andrea Pacielli, "We're committed to supporting science and health programs for young people. It's a good way to advance our mission of education and community-health improvement. Last year, staff collectively devoted more than five hundred hours to the STEM (Science, Technology, Engineering, and Math) youth programs initiative."

For Pacielli, hosting students during National Job Shadow Day is a way to spark an interest in health care among high-school students. "I was incredibly impressed with the students I saw today," she says. "I think their future, and ours, is very bright."

For more information about National Job Shadow Day or any other mentoring opportunities through MGH Youth Programs, contact Joan McCarthy at 4-3210.

National Patient Safety Goals

As we strive to provide the best possible care to our patients every moment of every day, we periodically need to seek feedback from regulatory agencies such as The Joint Commission to validate our work. Joint Commission accreditation is universally recognized as a sign of high-quality care and a commitment to the highest standards of quality and safety.

Each year, The Joint Commission reviews and publishes a list of National Patient Safety Goals as a way of focusing improvement efforts on the most challenging, current, patient-safety issues. Below are the National Patient Safety Goals for 2012. If you have comments or questions about any of these goals, call the PCS Office of Quality & Safety at 3-0140.

Goal #1: Improve the accuracy of patient identification

- Use at least two patient identifiers when providing care, treatment, and services
- Eliminate blood transfusion errors related to misidentification of patients

Goal #2: Improve the effectiveness of communication among caregivers

- Report critical results of tests and diagnostic procedures on a timely basis

Goal #3: Improve medication safety

- Label all medications, medication containers, or other solutions on and off the sterile field in perioperative and other procedural settings
- Reduce likelihood of patient harm associated with use of anticoagulant therapy
- Maintain and communicate accurate patient medication information

Goal #7: Reduce risk of health-care associated infections

- Implement evidence-based practices to prevent healthcare associated infections due to multiple drug-resistant organisms
- Implement best practices or evidence-based guidelines to prevent central-line-associated bloodstream infections
- Implement best practices for preventing surgical site infections

Goal #15: Identify patients at risk for suicide

- Conduct risk assessment that identifies patient characteristics and environmental features that may increase or decrease risk for suicide
- Address patients' immediate safety needs and most appropriate setting for treatment
- When patient at risk for suicide leaves care of the hospital, provide suicide-prevention information (e.g., crisis hotline phone number) for patient and family

Universal protocol

- Mark procedure site
- Perform time-out
- Pre-procedure verification: Right patient, right procedure, right site

For more information about the Join Commission's National Patient Safety Goals, visit the Excellence Every Day web portal at http://www.mghpcs.org/EED_Portal/index.asp, and click on Regulatory Readiness. Here you'll find information on the accreditation survey process, a glossary of terms, frequently asked questions, links to internal and external resources, and much more.

Administrative fellows foster learning and support

One administrative fellow's experience

Recently, administrative fellow, Calvin Richardson, completed his Patient Care Services rotation on White 9 working alongside Sara Macchiano, RN, nursing director. Says, Macchiano, "Working with Calvin was very rewarding. He quickly became part of our team, helping us move projects forward and translate ideas into meaningful tools for staff."

Richardson and Macchiano developed a set of guiding questions to help inform their approach to communication materials for staff. At the outset of each project they would ask themselves:

- Why are we looking at this metric?
- What actions might improve performance?
- What data is necessary to enable these actions?
- How can we display this data for staff in a simple but meaningful way?
- How can we connect staff to information?
- How can we reduce the burden on the person(s) responsible for communication?

This process was key in designing a safety board used to communicate quality and safety initiatives to patients, families, and staff.

Says Richardson, "I'm extremely grateful to have had the opportunity to witness the wide range of activities in Patient Care Services. I learned an immense amount from everyone I worked with."

One of the biggest lessons Richardson took from his rotation in PCS is the extent to which communication must be tailored to the needs of the target audience. Different role groups have different goals, different incentives, and different communication needs. Educational materials need to be crafted to appeal to, and be meaningful for, each audience.

Richardson has started his Finance rotation but can still be seen slipping into meetings on innovation units. And administrative fellow, Keith Marple, has begun his rotation on White 7 working with nursing director, Theresa Capodilupo, RN, and staff.

(Photo provided by staff)

At 'farewell' reception for administrative fellow, Calvin Richardson (center back), nursing director, Sara Macchiano, RN (seated in pruple sweater); associate chief nurse, Theresa Gallivan, RN (left); and staff enjoy a last repast.

Advancing a culture of safety

How are we doing so far?

Question: What does it mean to have a culture of patient safety?

Jeanette: A culture of patient safety exists in an inter-disciplinary, team-oriented, non-punitive environment that promotes discussion of problems and errors to foster continual learning and improvement.

Question: Why is it important to develop a culture of patient safety?

Jeanette: Organizations perceived as having a culture of patient safety are more highly associated with reduced employee turnover, lower rates of hospital-acquired infections, and higher patient satisfaction.

Question: How can you measure a patient safety culture?

Jeanette: The science of measuring a culture of safety in healthcare organizations is well established. Regular safety-culture assessments are recommended by both the Joint Commission and the National Quality Forum, and hundreds of hospitals nationwide conduct safety-culture surveys.

Question: Have we been measuring our culture of patient safety at MGH?

Jeanette: Yes. In 2008, MGH took part in a comprehensive survey of our safety culture and learned a great deal. In the four years since that survey, we have worked hard to advance an environment where employees feel safe reporting errors and feel it's part of their job to improve the quality of care. This month, we will again survey the MGH community to assess our culture of safety.

Question: Who will be surveyed?

Jeanette: Nearly all MGH staff whose work directly impacts patient care (and who work at least 20 hours per week) will receive a link to an anonymous, on-line survey via e-mail. The ten-minute survey will address issues such as teamwork, safety-event reporting, and how we learn from errors. Responses will further our efforts to advance a culture of safety at MGH.

Question: Will the results be used to assess individual or manager performance?

Jeanette: No. The survey is intended to identify systems issues only, not individual performance.

Question: Does my voice really count?

Jeanette: Your help in completing the survey and encouraging others to do so is crucial to the success of this initiative. Results will help us tailor our patient-safety efforts to have the greatest impact. Thank-you for your interest and participation. For more information, call 6-4709.

Announcements

New time for Ostomy Support Group

The Ostomy Support Group will meet at 6:00pm on the third Thursday of each month. Meetings held in the Wang 455 Surgical Clinic Conference Room

For more information, call 617-726-8853.

Call for Nominations

One Celebration of Many Stars

Take a moment to nominate a colleague
One nomination form for all awards listed below:

Anthony Kirvilaitis Jr. Partnership in Caring Award

Brian M. McEachern Extraordinary Care Award

Stephanie M. Macaluso, RN Excellence in Clinical Practice Award

Jean M. Nardini, RN, Nurse Leader of Distinction Award

Marie C. Petrilli Oncology Nursing Award

Norman Knight Excellence in Clinical Support Award

Norman Knight Preceptor of Distinction

Nomination forms can be found at: http://sharepoint.partners.org/mgh/instituteforpatientcare/AwardsRecognition/default.aspx.

Fax completed nomination forms to Julie Goldman at 617-724-3754.

Nominations due by Wednesday, March 21, 2012, at 5:00pm.

For more information, call Julie Goldman, RN, at 4-2295.

ACLS Classes

Day one: lecture and review
Day two: stations and testing:

March 12, 2012
O'Keeffe Auditorium
8:00am–3:00pm

March 26th
Their Conference Room
8:00am–3:00pm

Re-certification classes
April 11th
5:30–10:00pm
Founders 130

May 9th
5:30–10:00pm
Founders 130

Times subject to change.
For up-to-date information, go to: http://www.mgh.harvard.edu/emergencymedicine/education/acls.aspx

To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf

Advance Care Planning Information Booth

The PCS Ethics in Clinical Practice Committee is holding its 12th annual Advance Care Planning Information Booth

Monday, April 16, 2012
National Healthcare Decisions Day
8:00am–3:00pm
in the Main Corrodor

The goal is to encourage patients to articulate their wishes regarding their healthcare decisions, increase awareness among healthcare providers about respecting those wishes, and emphasize the importance of providing information related to advance care planning for patients, families, and staff.
Copies of the Massachusetts Health Care Proxy form, a list of helpful websites, and consultations will be available.

For more information, call 643-0481

Blum Center Events

Book Talk:
Something in the Ether

Thursday, March 8, 2012
Join author, Webster Bull, for a free talk about his narrative history of the development of Massachusetts General Hospital.
Registration required
Email pflc@partners.org
or call 4-3823

"Shared Decision-Making: Insomnia"
Thursday, March 15th
presented by Karen Carlson, MD, and Kathy Ulman
Program is sponsored by the Stoeckle Center to promote shared decision making between patients and clinicians.

National Health Observances Talk:
"Brain Aneurysms"
Thursday, March 22th
presented by
Christopher Ogilvy, MD

Book Talk:
Beautiful Brain, Beautiful You

Thursday, March 29th
presented by Marie Pasinski, MD
Registration required
Email pflc@partners.org
or call 4-3823

Programs are free and open to MGH staff and patients.
No registration required unless specified.

All sessions held in the Blum Patient & Family Learning Center from 12:00–1:00pm.

For more information, call 4-3823.

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All stories should be submitted to: ssabia@partners.org
For more information, call: 617-724-1746

Next Publication
March 15, 2012

Professional Achievements

Rogers certified

Mackenzie Rogers, RN, staff nurse, Burn Unit, became certified in Critical Care Nursing by the American Association of Critical Care Nurses Certification Corporation in December, 2011.

Williamson appointed

Dawn Williamson, RN, addictions consultant in the Emergency Department, was appointed a member of the Psychiatric Care Committee of the Emergency Nurses Association on January 1, 2012.

Arnstein, St. Marie, and Green publish

Paul Arnstein, RN; Barbara St. Marie, RN; and Dory Green, authored the patient-education booklet, *A Patient Resource Guide: Reducing Your Pain*, for Krames StayWell, one of the largest distributors of patient-education materials.

Arnstein appointed

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, was appointed co-chair of the Master Faculty Committee of the American Society for Pain Management Nursing in January, 2012.

Nurses publish

Paul Arnstein, RN; Kathleen Broglio, RN; Elsa Wuhrman, RN; and, Mary Beth Kean, RN, authored the article, "Use of Placebos in Pain Management," in *Pain Management Nursing* in December, 2011.

Garlick re-appointed

Martha Garlick, PT, physical therapist, was re-appointed as federal affairs liaison of the American Physical Therapy Association of Massachusetts on January 1, 2012.

Tyrrell presents

Rosalie Tyrrell, RN, professional development manager, presented, "Understanding and Leading a Multi-Generational Workforce," at the annual meeting of the Boston Oncology Nursing Society, January 10, 2012.

Larkin appointed

Mary Larkin, RN, clinical research manager, Diabetes Research Center, was appointed an at-large member of the Board of Directors, of the International Association of Clinical Research Nurses on January 1, 2012.

Nurses present

Kerry Grennan, RN, nurse practitioner; Kathleen Grinke, RN, staff nurse; and Kendra Magyar, RN, nurse practitioner, presented, "Nursing Roles on the Cutting Edge of Diabetes Research," at the International Association of Clinical Research Nurses Conference in Bethesda, Maryland, November 16–18, 2011.

Case managers publish

Janice Tully, RN; Colleen Diamont, RN; Laurene Dynan, RN; Janice Filteau, RN; Arme Gallanaro, RN; Diane Carroll, RN; and, Elise Gettings, RN, authored the article, "Acute Hospital to Skilled Home Care: Identify the Gaps in Communication for the Heart Failure Patients," in *Collaborative Case Management*, winter, 2012.

Lenehan appointed

Gail Lenehan, RN, clinical nurse specialist, Emergency Department, was appointed 2012 president of the Emergency Nurses Association in December, 2011.

Healey spotlighted

Lauren Healey, PT, physical therapist, was spotlighted in the, "Section Member Profile," of the Cardiovascular and Pulmonary electronic newsletter of the American Physical Therapy Association, in January, 2012.

Inter-disciplinary team publishes

Maria Winne, RN, nursing director, RACU; Barbara Cashavelly, RN, nursing director, Oncology; Christine Annese, RN, staff specialist; Beth Nagle, RN, clinical nurse specialist; Takashi Shiga, MD; Gino Chisari, RN, director, The Norman Knight Nursing Center for Clinical & Professional Development; and Susan Lee, RN, nurse scientist, authored the article, "Implementation of Two Nurse Practitioner Inpatient Models," in the *Journal of Nursing Administration*, February, 2012.

Robinson leads scouts to Silver Award

Ellen Robinson, RN, clinical nurse specialist and Girl Scout troop leader, led her troop of 9th-grade scouts to receive the Silver Award for their project: "Speak Out Against Bullying."

The girls brought a multi-media presentation about how to prevent bullying to a group of elementary school children to help them recognize and take an active role in putting a stop to bullying in their schools.
The girls received the award November 12, 2012.

Ferrari receives Durant fellowship

Angela Ferrari, certified nurse midwife (CNM), Vincent OB/GYN service, received the Durant Fellowship in September, 2011.

Burchill and Curley present

Occupational therapists, Gae Burchill, OTR/L, and Suzanne Curley, OTR/L, presented, "Flexor and Extensor Tendons: Anatomy and Physiology," at Tufts University, January 23, 2012.

Jeffries certified

Marian Jeffries, RN, clinical nurse specialist, Thoracic and Laryngeal Surgery, became certified in Wound Management by the American Board of Wound Management in December, 2011.

Potter's book selected

Palliative Care Nursing: Caring for Suffering Patients, a book co-authored by IHP School of Nursing clinical professor, Mertie L. Potter, RN, was chosen as one of the *American Journal of Nursing*'s 2011 books of the year.

Chang, Lyons and Briggs present

Lin-Ti Chang, RN; Carole Lyons, RN; and Susan Briggs, MD, presented, the 4th annual Advanced Disaster Medical Response Course at the Alice Ho Miu Ling Nethersole Hospital in Hong Kong, January 9–10, 2012; and they presented the Advanced Disaster Medical Response Course at the Sino-Luso International Medical Forum in Macau, January 12–14, 2012.

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