Caring Headlines
August 21, 2014

Cultural Rounds

a hands-on way to expand our understanding of diversity and ensure an inclusive patient-care environment

During recent Cultural Rounds, director of PCS Diversity, Deborah Washington, RN (right) and staff nurse, Maybelle Besem Mbiatem, RN, chat with patient, Joseph Magee, on the White 10 Medical Unit.
(See story on page 4)

The newsletter for Patient Care Services
Massachusetts General Hospital

Sometimes to quit smoking, patients just need a Helping HAND

Smoking is one of those classic 'good-news, bad-news' stories. The bad news is that smoking is a serious risk to one's health and well-being. The good news is the sooner one quits, the greater their chances of living a longer, healthier life. So as healthcare providers, how do we help patients appreciate the importance of quitting and provide them with the assistance they need to be successful?

Tobacco use is the leading *preventable* cause of death in the United States... Healthcare providers are in a perfect position to educate patients about the dangers of smoking and intervene with the appropriate tools and strategies to help them quit.

According to Nancy Rigotti, MD, director of the Tobacco Research and Treatment Center and long-time champion of tobacco treatment, tobacco use is the leading *preventable* cause of death in the United States. Half of regular smokers die prematurely of a tobacco-related disease. Quitting reduces the risk of tobacco-related diseases; slows the progression of already-established tobacco-related diseases; and increases life expectancy even when smokers quit after the age of 65 or after developing tobacco-related diseases.

Healthcare providers are in a perfect position to educate patients about the dangers of smoking and intervene with the appropriate tools and strategies to help them quit. Our Tobacco Treatment Service (TTS) offers a multi-disciplinary, multi-pronged approach to managing and treating tobacco dependence, including nicotine-withdrawal management and inpatient counseling by certified tobacco treatment specialists. The smoking status of MGH patients is electronically documented upon admission,

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

which generates a list of hospitalized patients who smoke. TTS counselors try to visit all inpatient smokers and offer assistance to anyone interested in quitting long-term. The TTS routinely counsels approximately 4,450 patients a year. We should all have their telephone number (617-726-7443) on speed-dial for those occasions when we encounter a patient who expresses a desire to quit smoking or who'd benefit from a conversation with a tobacco treatment specialist. In the outpatient setting, it's important for clinicians to assess the need for smoking-cessation treatment during every visit and follow up accordingly. Outpatient smokers can access free telephone support from the Massachusetts Department of Health's Tobacco Quitline, at 1-800-QUIT-NOW.

In a perfect world, every MGH employee would be a non-smoker. I know that's unrealistic, but whether employees smoke or not, they should be aware that their behavior is observed and often

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The study showed that among hospitalized adults who wanted to quit smoking, the post-discharge intervention resulted in higher rates of smoking-cessation six months post-discharge than the standard-care intervention. This suggests it's within our means to have a substantive impact on patients in our care who have a serious interest in quitting smoking.

emulated by patients and families. With that in mind, I hope no employee would knowingly encourage a patient to smoke, speak in a favorable way about smoking, or light up anywhere in the vicinity of a patient or family member. Traditionally, patients look up to their caregivers. Studies show that patients are more likely to quit smoking when advised by a physician, and I'm sure the same holds true for any trusted caregiver. So a word of advice to a patient who smokes could go a long way. The more genuine and patient-centered the advice, the more likely it is to be heeded.

Recently (from August, 2010, to April, 2012), a randomized controlled trial was conducted here at MGH built on the work of our Tobacco Treatment Service that demonstrated the effectiveness of a focused smoking-cessation intervention. The study was published in the August 20th *Journal of the American Medical Association* under the title, "Sustained Care Intervention and Postdischarge Smoking Cessation among Hospitalized Adults: a Randomized Clinical Trial," by Nancy A. Rigotti, MD; Susan Regan; Douglas E. Levy; Sandra Japuntich; Yuchiao Chang; Elyse R. Park; Joseph C. Viana; Jennifer H. K. Kelley, RN; Michele Reyen; and Daniel E. Singer, MD.

The Helping HAND (Hospital-initiated Assistance for Nicotine Dependence) study compared sustained care, a post-discharge tobacco-cessation intervention, with standard care among hospitalized adult smokers who'd received a tobacco-dependence intervention in the hospital and expressed a desire to quit smoking after discharge. Sustained-care participants received automated, interactive phone calls and their choice of free, FDA-approved cessation medication for 90 days. The calls promoted cessation, provided medication-management, and helped triage smokers for additional counseling. Standard-care patients received recommendations for post-discharge pharmacotherapy and counseling.

The study showed that among hospitalized adults who wanted to quit smoking, the post-discharge intervention resulted in higher quit rates at six months post-discharge than the standard-care intervention with no outpatient follow-up. This suggests it's within our means to have a substantive impact on patients in our care who have a serious interest in quitting smoking. The team is honing the model with a new study that finished enrolling patients in July. We'll be following this research closely in hopes of translating it into clinical practice as soon as possible.

Thank-you for your efforts to educate patients about the dangers of smoking and for consulting the Tobacco Treatment Service (617-726-7443) for guidance and assistance as needed.

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Cultural Rounds:

a hands-on way to expand our understanding of diversity and ensure an inclusive patient-care environment

—by Deborah Washington, RN, director, PCS Diversity

There's much hustle and bustle on patient-care units. Teams of clinical and support staff create tremendous foot traffic with employees jockeying for time and space in their effort to contribute to the patient experience. I recently had an opportunity to observe this flurry of activity while conducting Cultural Rounds on one of the medical units. With great fondness for this setting and the work being done, I took in the story of care unfolding before me that included seven physicians, a nurse practitioner, eight staff nurses, two patient care associates, two unit service associates, five nursing students, the operations associate, a patient transporter, a worker from Buildings & Grounds, two physical therapists, and at any given time, a dozen computers in full use. It was the epitome of what you'd expect on a busy patient-care unit at one of the world's best teaching hospitals.

During recent Cultural Rounds, director of PCS Diversity, Deborah Washington, RN (right) chats with staff nurse, Maybelle Besem Mbiatem, RN, patient, Joseph Magee, and his pet giraffe, JJ.

I was on this unit as director of Diversity to participate in a cultural-rounds experience with staff nurse, Maybelle Besem Mbiatem, RN. Job-shadowing is just one of the forms Cultural Rounds can take. The purpose of Cultural Rounds is to advance staff's understanding of the importance of diversity in striving for excellence and in making critical patient-care decisions. These nurse-focused rounds are incorporated into the clinician's daily practice so no time is taken away from care at the bedside.

Maybelle and I shared an illuminating, one-to-one, job-shadow experience in which I saw her give careful thought to the care she delivered. She explored and incorporated diversity into her reasoning and her understanding of the clinical data and its implications for patients.

It's difficult to define or quantify cultural awareness and cultural competence as components of clinical practice. Paying attention to differences is an important part of caring for every individual. Clinicians who acknowledge race, ethnicity, spirituality, sexual orientation, gender, socio-economic status, physical and cognitive abilities, and age are consciously practicing inclusion. Whether we call it, "patient-centeredness" or "diversity" is simply a matter of semantics.

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Words, such as race, ethnicity, and gender, are descriptors, part of a person's identity, and factors that need to be considered when providing care. As Maybelle pointed out to me several times throughout the day, these factors have relevance and can impact clinical decision-making and care-delivery. These descriptors play an important part in care-planning as when Maybelle documented her patient's physical disability and hearing impairment; in discharge planning as with socio-economic status or homelessness. All these observed 'differences' have a bearing on care choices. The terms patient-centeredness and diversity may seem dissimilar, but their meaning in the context of patient care is the same. Acknowledging the many aspects of identity is not expressing negative judgment. Maybelle, who is from Uganda, feels that her accented English is as much a part of her identity as her last name. Neither should carry a negative connotation in an inclusive environment.

Maybelle observed that knowledge-deficit doesn't just refer to the learning needs of patients and families. Clinicians owe it to patients to be competent, skilled, and culturally aware. When clinicians feel ill-equipped to care for a diverse patient population, one way to remedy that might be to participate in Cultural Rounds. Education in cultural diversity goes beyond race and ethnicity—it includes the knowledge necessary to offer exceptional care to all peoples who come through our doors. Diversity is a special form of knowledge.

For instance, the social and medical needs of a person living a marginalized lifestyle is most likely unknown territory for those of us who make up the status quo. Maybelle cared for a homeless patient who sleeps on the street because he had a negative experience at a shelter. How do we craft a discharge plan for this patient based on the realities of his circumstances? How many of us know what it's like to live on the streets? What illnesses does this population typically encounter? Should discharge instructions include information about arthritis, respiratory problems, skin and foot care? Who should be consulted to ensure this patient receives fair, equitable, and meaningful care?

During my time with Maybelle, I was struck by the prevalence of technology—a far cry from when I was a bedside nurse. It seemed like it would be very easy to get lost in the data and computers and forget the importance of the human touch. But Maybelle assured me, "You always make time to be present to your patients."

I spent an entire shift with Maybelle. I saw the nurses' station become a 'bullpen' as shifts changed. I saw a staff that reflected a broad spectrum of diversity. I came away feeling confident that the learning curve of diversity is not as steep as it was when we first began this journey to bring each individual patient to the center of care.

Anyone interested in exploring their cultural awareness or expanding their understanding of diversity can request Cultural Rounds. It can take the form of job-shadowing, exploring a specific patient's case, or reviewing documentation to ensure that issues related to personal identity (race, ethnicity, sexual orientation, etc.) are taken into account when planning care or identifying discharge goals.

CEUs are available for Cultural Rounds. For more information or to request Cultural Rounds on your unit, contact Deborah Washington, RN, director of PCS Diversity, at 4-7469.

At left, Besem Mbiatem confers with nursing director, Jennifer Mills, RN. Above, Besem Mbiatem and Washington review medical records for insights on how diversity is captured in clinical documentation.

Ramadan at MGH

a celebration of diversity, spirituality, and inclusion

Sponsored by Human Resources and supported by the Chaplaincy and Patient Care Services, the annual MGH celebration of Ramadan has become a much-anticipated MGH tradition. Each year, on a date determined partially by the lunar calendar and partially by the availability of the Thier Conference Room, the MGH Muslim community comes together to share in a ritual Iftar—the nightly meal eaten at sunset to break the fast that, as prescribed by Muslim tradition, occurs throughout the month of Ramadan.

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Some scenes from the MGH celebration of Ramadan, including (top left photo) Reverend John Polk (left) and event coordinator, Firdosh Pathan; (lower left photo) Imam Talal Eid; and other sights from of the annual observance of Ramadan.

Ramadan is observed by more than 1.6 billion people around the world (approximately 24% of the world population). The ninth month of the Islamic calendar, Ramadan marks a time when Muslims perform good deeds, such as giving to charities, giving up bad habits, visiting the sick, and helping those in need. Elderly and expectant mothers may abstain and fast at another time of year.

The Islamic tradition holds that by dedicating an entire month to fasting, Muslims acquire self-control, discipline, generosity, and God-consciousness. Denying oneself simple pleasures is a way of being less selfish, less self-centered.

Because Ramadan is a lunar month, it begins approximately 11 days earlier every year. At the end of the month, Muslims celebrate Eid-ul-Fitr, the festival of fast-breaking, which took place on July 28th this year.

(Photos by Paul Batista)

Islam is both a religion and a way of life, teaching peace, mercy, and forgiveness. The basic practice of Islam is simplicity—believers worship God directly without the intervention of priests or clergy. Islam espouses five simple rules, called the Five Pillars of Islam: Belief, Worship, Fasting, Almsgiving, and Pilgrimage.

This year, on July 15th, more than 200 members of the MGH community, Muslim and non-Muslim alike, attended Iftar, a veritable feast of Middle Eastern foods and delicacies provided by Nutrition & Food Services.

Coordinated by Firdosh Pathan, RPh, every year since its inception 13 years ago, the annual event has grown as more and more people become aware of it. Said Pathan, "It's an honor to work at MGH where diversity of patients and staff is respected and celebrated. I am MGH proud, MGH strong, and deeply thankful to everyone who helps make this event a success year after year."

The Masjid at MGH is located in Founders 109. Friday prayers are held in the Thier Conference Room. For more information about Ramadan, Iftar, or the Muslim community at MGH, call Firdosh Pathan at 4-7878.

Presentation of PCS scholarships

—by Julie Goldman, RN, professional development manager

On June 30, 2014, senior vice president for Patient Care, Jeanette Ives Erickson, RN, welcomed scholarship recipients, their families, and colleagues to a ceremony to celebrate the presentation of the Charlotte and Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity in Patient Care; the Norman Knight Nursing Scholarship; and the inaugural Norman Knight Nursing Scholarship for Nurses in Doctoral Studies.

Said Ives Erickson, "We have many reasons to celebrate today. Your commitment to life-long learning reflects your desire for personal and professional growth. The continuing education and diversity of our workforce are central to our ability to achieve our mission."

Ives Erickson thanked Norman Knight and Gil and Charlotte Minor for their on-going generosity in funding the scholarships. The Minors were present to help honor this year's recipients.

Said Gaurdia Banister, RN, executive director of The Institute for Patient Care, "As part of the selection committee, I had the honor and privilege to read the scholarship applications. Your stories reflected a palpable spirit and commitment to pursue higher learning. I'm happy that the generosity of Mr. and Mrs. Minor and Mr. Knight is helping you realize your dreams."

The Norman Knight Nursing Scholarship for Nurses in Doctoral Studies was established to increase the pipeline of doctorally prepared nurses caring for patients. MGH recognizes the importance of doctorally prepared nurses to clinical nursing prac-

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Above left, recipients of the Norman Knight Nursing Scholarship for Nurses in Doctoral Studies (l-r): Lorraine Drapek, RN; Karleen Habin, RN; and Elizabeth Henderson, RN. At right, recipient of the Norman Knight Nursing Scholarship, Brie Trefrey, RN (Arrick Bator not pictured).

tice, leadership, and research. This scholarship was established to help ease the financial burden and open the door for MGH employees interested in pursuing a doctoral degree in Nursing.

The recipients of the first Norman Knight Nursing Scholarship for Nurses in Doctoral Studies were:

- Lorraine Drapek, RN, nurse practitioner, Radiation Oncology; pursuing a DNP at the University of Massachusetts
- Karleen Habin, RN, nursing supervisor/research rurse; pursuing a DNP at the University of Massachusetts
- Elizabeth Henderson, RN, clinical nurse specialist, Burns/Plastics; pursuing a PhD at Boston College

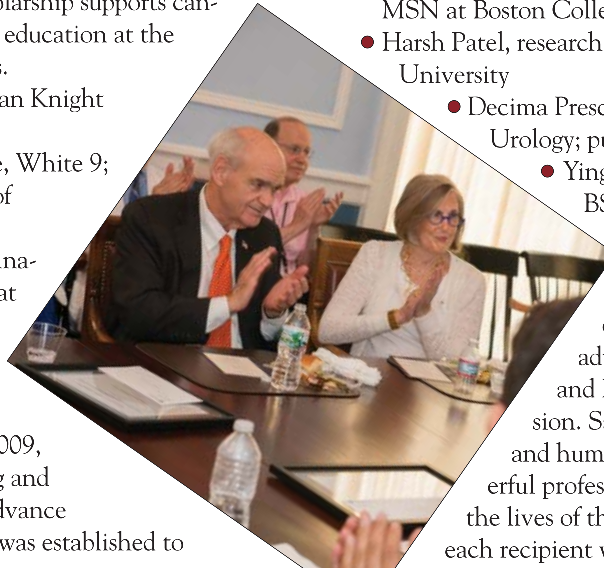
The Norman Knight Nursing Scholarship supports candidates as they advance their nursing education at the bachelor's, master's, or doctoral levels.

This year's recipients of the Norman Knight Nursing Scholarship were:

- Arrick Bator, patient care associate, White 9; pursuing a BSN at the University of Massachusetts
- Brie Trefrey, RN, melanoma coordinator, Dermatology; pursuing a BSN at Southern New Hampshire University

Recognizing the importance of advancing diversity in health care, in 2009, the Charlotte and Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity in Patient Care was established to assist clinicians interested in pursuing a degree in Nursing or the health professions. Since its inception, Minor scholarships have supported 30 MGH employees. This year's recipients were:

- Michele Alvarez, patient care associate, Neuromedical and Neurosurgical Unit; pursuing a BSN at Simmons College
- Renatta DeCarvalho, RN, patient care associate, Newborn Family Unit; pursuing an MSN at Boston College
- Kenia Giron, anesthesia technician; pursuing a BSN at the University of Massachusetts
- Thiago Godoi, RN, staff nurse, Psychiatry; pursuing an MSN at Northeastern University
- Carly Jean-Francois, RN, staff nurse, Pediatrics; pursuing an MSN at Boston College
- Harsh Patel, research assistant; pursuing a BSN at Northeastern University
- Decima Prescott, RN, staff nurse, Orthopedics/Urology; pursuing an MSN at Regis College
- Ying Qi Zhang, research assistant; pursuing a BSN at the University of Massachusetts



Recipients were asked what the scholarship meant to them, and they each shared their passion for nursing and advancing the profession. They thanked Mr. and Mrs. Minor for their generosity and vision. Said Minor, "Charlotte and I are honored and humbled to be here today. Nursing is a powerful profession; you will all make a lasting impact on the lives of the patients you care for." He presented each recipient with a one-dollar coin, a token of "good luck for the future."

For more information about the Patient Care Services Scholarships, contact Julie Goldman, RN, professional development manager at 617-724-2295.

(Photos by Walter Reeves)

Above, front row (l-r): senior vice president for Patient Care, Jeanette Ives Erickson, RN; Ying Qi Zhang; Michele Alvarez; Gil Minor, and Kenia Giron. Back row: executive director of The Institute for Patient Care, Gaurdia Banister, RN; Charlotte Minor; Harsh Patel; Renatta DeCarvalho, RN; Carly Jean-Francois, RN; and Thiago Godoi, RN.

Above, recipients display lucky coins given to them by Charlotte and Gil Minor.
Above center: Charlotte and Gil Minor listen as recipients share stories of how the scholarships will enrich their lives and advance their education.

SLP's instincts and advocacy clear patient for oral feeding

My name is Rebecca Santos Inzana, and I am a speech-language pathologist. I recently received a consult from the Neurology Service to assess the communication and swallow function of a patient along with the specific question: "Will she need a feeding tube?"

Unfortunately, Hope was not a candidate for tPA because the window of opportunity had passed; the clot in her middle cerebral artery had already resulted in damage.

At 87-years-old, 'Hope' had been widowed and was living independently at home, enjoyed going out to eat, singing, socializing, and was well known for her feisty, lovable personality. Hope was in decent health, with a history of hypertension and hyperlipidemia. She had a large and loving family with her four children, their spouses, and many grandchildren living nearby. Ironically, no one was with her when she had her stroke.

Hope had been her usual vibrant self when she was last seen at 7:00pm. Her daughter, Nancy, called at 11:00pm as she did every night to say good-night. But this time, there was no answer. Nancy arrived at her mother's home to find her slumped over in a chair; she had vomited and was unable to speak. Nancy called 911, and Hope was brought to MGH. Unfortunately, she was not a candidate for tPA (the clot-busting drug) because the window of opportunity had passed; the clot in her middle cerebral artery had already resulted in damage.

During rounds the next day, I listened as the physician introduced Hope as a patient who'd had a big stroke, an aspiration pneumonia, and probably wouldn't be able to swallow. The team would need to clarify with the family whether Hope would want a feeding tube to be placed or transition to comfort care. I told the physician that I'd be meeting Hope and evaluating her that morning. It seemed premature to be going down the 'feeding tube vs. comfort measures' road, where it hadn't even been 48 hours since her stroke. I told the team I was encouraged for a functional swallow since, according to her nurse, Hope was managing her own secretions.

Rebecca Santos Inzana, SLP, speech-language pathologist

After rounds, I reviewed her scans and formulated several predictions about her recovery. I thought she would have significant aphasia, which would prevent her from communicating verbally. I felt she'd have some level of motor and sensory deficit. But I believed her swallowing mechanism might still be functional.

After checking in with her nurse, I entered Hope's room and introduced myself to her and her four children. The children were appropriately anxious and began asking questions. I explained that I was there to assess Hope's swallowing function to determine how long it might be before she'd be able

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Surrounded by her family, she was alert, breathing comfortably, eating well on a special diet, and communicating with gestures. There was still work to do to allow her to recover as fully as possible, but the family was armed with knowledge, determination, and limitless love. And our team learned a valuable lesson about not rushing to judgment.

to eat. No sooner had I mentioned eating than the children started describing Hope's love of food, talking, and singing. They wanted to know if she'd be able to do those things again. I told them I'd do everything I could to make that happen.

I turned my attention to Hope. While she was unable to speak, her eyes were very expressive, reflecting both fatigue and fear. I took her hand and explained my role and why I was there. I paid special attention to my intonation and gestures, as I was unsure how much she could comprehend.

The first thing I noticed was how quickly and audibly Hope was breathing. I asked her family if this was normal for her. They reported that while she did wheeze on exhalation and occasionally cough, her current pattern was very different. Her breathing concerned me because airway protection while swallowing is difficult to maintain with compromised ventilation. I would need to factor this into her overall plan.

Narrating my actions, I began the exam. Hope was unable to speak, but could make certain sounds on command. Her voice was strong and her cough sharp. I noted that she spontaneously swallowed saliva throughout our session, an excellent indicator of preserved swallow function. As Hope was still breathing heavily, I elected to give her just one ice chip to see how she'd orally manipulate it and how long it would take her to swallow. It was a calculated risk—I knew if she aspirated it, it was small enough not to be a threat to her pulmonary status. She opened her mouth willingly and took the ice chip, chewed it, and swallowed. She did get short of breath and had a dry cough before and after, which made me wonder if she might be silently aspirating.

I explained to Hope's family that she was exhibiting many positive factors that could indicate a return to oral feeding, but before that could happen, we needed to get her breathing more comfortably. The family was hopeful after my visit. I told them I would continue to work with Hope.

I sought out the resident caring for Hope. Before I could share my findings, she said "I'm not sure how this is going to work because the family said she wouldn't want a feeding tube."

Recognizing this as a teaching opportunity, I explained that Hope's scan and swallowing exam showed promise that she'd be able to return to oral feeding. My concern was Hope's respiratory status. I recommended a modified barium study to determine if Hope was aspirating.

The physician was amenable to this plan, which would also give Hope a few more days to recover some function. This would give her an even better chance for a successful exam on which to base decisions about her management and rehabilitation.

The next day, Hope's nurse paged me that Hope had pulled out her nasogastric tube. She needed help giving her medications by mouth. Together, Hope's nurse and I cleaned Hope's mouth and safely delivered the medication. Unfortunately, later that morning, Hope's respiratory status worsened. I alerted the resident. Hope wasn't exhibiting signs of pneumonia, so I advocated for a chest X-ray to rule out other causes of her distress. The X-ray showed pulmonary edema. She was diuresed, and by the next morning she was breathing comfortably, had stopped wheezing, and was medically stable. I found her alert, engaged, and swallowing her medication crushed up in a little pudding. I performed a modified barium swallow, which confirmed what the exam had shown.

Hope and her family were elated with the results and even happier when Hope began to sing, *Happy Birthday* (an automatic task that engages the right brain and encourages verbal input.) The family was brought to tears at hearing Hope sing.

The next day, Hope was ready for discharge. Surrounded by her family, she was alert, breathing comfortably, eating well on a special diet, and communicating with gestures. There was still work to do to allow her to recover as fully as possible, but the family was armed with knowledge, determination, and limitless love. And our team learned a valuable lesson about not rushing to judgment.

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

Changes in health care are putting pressure on clinicians to safely and efficiently manage patient 'throughput.' Rebecca advocated for Hope and in so doing helped educate the team about recovery for this type of stroke. After reviewing the scans and conducting her own exam, Rebecca recognized that Hope's respiratory problems were due to pulmonary edema. Her request for additional imaging negated the need for continued antibiotic treatment and resulted in a swallowing study that ultimately cleared Hope to be able to eat again. A wonderful example of patient advocacy and evidence-based practice.

Thank-you, Rebecca.

One-Day Bereavement Program for Children

—by Todd Rinehart, LICSW, social worker

In 2010, I attended the American Academy of Hospice and Palliative Medicine Conference and heard a presentation by a clinical social worker from Comfort Zone Camp (CZC), a nonprofit bereavement camp for children who've experienced the death of a parent, sibling, or primary caregiver. I knew immediately I wanted to become involved, but working with children was not my area of expertise. As a clinical social worker in the Palliative Care Service, I often work with dying patients who leave bereft children when they pass. It occurred to me that Comfort Zone Camp could help me learn more about the bereavement needs of the children and families I care for. After volunteering at several camp sessions, it became clear that partnering with CZC could be enormously beneficial for children in the MGH community.

On Saturday, July 19, 2014, in partnership with CZC, MGH offered a free one-day bereavement program for kids and teens (age 5–17). Held at the MGH Institute for Health Professions, more than 30 children attended, and 22 parents participated in the parent/guardian component of the program. MGH staff volunteered in a variety of capacities providing gentle guidance and comfort throughout the day.

The MGH/CZC program began with ice-breaker games and a big buddy share. In the afternoon, kids and teens came together in age-based support groups (healing circles) where they shared stories of their losses. Later, there was a memorial service where each child had an opportunity to honor the parent or sibling they'd lost. The day ended with cookies and good-byes and comments such as, "Thank you for this amazing experience that allowed us to grieve, heal, and love." "You are awesome for helping." "Thanks so much. You made me stronger."

The partnership between MGH and CZC was supported by the Palliative Care Service, the Social Service Department, Patient Care Services, and Pediatric Palliative Care. My hope is that this program will be an annual event. For more information, call Todd Rinehart, LICSW, at 617-724-4525.

MGH Comfort Zone Camp volunteers (front row, l-r): Christina Kim, RN; Jessica Levine, RN; Meredith Lynch; Jenn Harris, LICSW. Second row: Lynn Mazur, LICSW; Samantha Block, LICSW; Elyse Levin-Russman, LICSW; Bonnie Fishman, LICSW; Third row: Ali Rhodes, RN; Tayla Parker; Todd Rinehart, LICSW; David Browning, LICSW; (Not pictured, Dorrie Kaye, RN.)

(Photo provided by staff)

Cathy Gouzoule Oncology Scholarship

—by Julie Goldman, RN, professional development manager

On June 24, 2014, nursing director, Ellen Fitzgerald, RN, and staff of Lunder 10 welcomed family and friends to a gathering of remembrance and to celebrate the inaugural Cathy Gouzoule Oncology Scholarship, named in honor of a cherished colleague who passed away in the summer of 2011.

In her remarks, staff nurse, Caroline Callahan, RN, noted "We all have fond memories of Cathy. She loved coming to work and telling us stories about her husband, Abdel, and her children, Carissa, James, and AJ. She adored her mother and sister. And we all felt like we were part of her life. When I started nursing at MGH, Cathy was my mentor. I felt lucky to have started my career learning from the best. When we worked nights together, she gave me invaluable advice about how to handle various emergencies—advice I still use in my practice today. I'll always remember Cathy as that tall, beautiful lady who taught me to have faith in my nursing skills and to be a fierce advocate for my patients."

The Cathy Gouzoule Oncology Scholarship was established by staff of Lunder 10 to honor their friend and co-worker's commitment to education and life-long learning. Gouzoule encouraged nurses to explore different fields and specialties, to broaden their knowledge and strengthen their nursing skills. The scholarship is intended to provide an opportunity for continued education while honoring Gouzoule's memory. Scholarship money will support the recipient's efforts to advance his/her career in nursing. Appropriately, Lunder 10 staff selected Gouzoule's daughter, Carrissa, as the first recipient of the scholarship. Accepting on her behalf, Carrissa's father said "Thank-you for this wonderful recognition and for sharing your stories about Cathy."

For more information about the Cathy Gouzoule Oncology Scholarship, contact Julie Goldman, RN, professional development manager, at 617-724-2295.

Staff and leadership of Lunder 10 Oncology Unit with Abdel Gouzoule at the inaugural presentation of the Cathy Gouzoule Oncology Scholarship.

Couple renews vows on Phillips House 21

On July 3, 2014, patient, Anne Marie Gomez Amaru, and her husband, Steve, renewed their wedding vows from a hospital bed on Phillips 21. Anne Marie was gravely ill. In November, they would have been married 30 years. In the presence of their daughter, their grandson, and caregivers, staff chaplain, Father Joseph Owusu Boafo, performed the ceremony with great tenderness and compassion. Staff nurses, Morgan Panzenhagen, RN, Kristen Mondello, RN, and Cassandra McIntyre, RN, served as witnesses (and ad hoc wedding planners). Staff chaplain, Katrina Scott, who was instrumental in coordinating the ceremony, and staff chaplain, Shulamit Izen, who provided spiritual care to the couple throughout Gomez Amaru's hospitalization, were also in attendance.

When Father Joseph asked what the couple loved about one another, Anne Marie cited Steve's loving spirit and generosity; Steve said Anne Marie had been his trusted soulmate for three decades. When they got to the, "in sickness and in health," portion of the vows, Ann Marie spontaneously quipped, "Done that!" eliciting many smiles from the gathering.

Afterward, the couple played the song they had danced to at their first wedding 30 years before, bringing 'happy tears' to the bride and groom, and several others in attendance.

In the days following the ceremony, Gomez Amaru and her husband derived great pleasure from perusing pictures of the renewal ceremony. "It was so meaningful," she said, "to be able to formally express our love and commitment to one another again. It was a joyous moment in the midst of a terrible disease."

Anne Marie Gomez Amaru passed away, peacefully, on August 9, 2014, surrounded by kindness and love.

(Photos provided by staff)

Patient, Anne Marie Gomez Amaru, and her husband, Steve, renew vows on Phillips House 21; Father Joseph Owusu Boafo performs the ceremony.

Updates from the Munn Center for Nursing Research

Important dates for 2015 Nursing Research Day activities and awards

—by Sara E. Dolan Looby, RN

Nursing Research Day is held every May during Nurse Recognition Week, offering nurses and others a forum to network and an opportunity to exchange ideas about advancing patient care. If you'd like to participate, submit an abstract for your poster idea or apply for one of the research awards presented during Nursing Research Day.

Information about the application and submission process is available at: http://www.mghpcs.org/MunnCenter/index.asp.

Nursing Research Day Abstract Submission

All MGH nurses are invited to submit abstracts for the interactive poster session.

- Initial call for abstracts: September, 2014
- Abstracts due January 12, 2015
- How to Write an Abstract classes held on:
  - September 15, 2014, 12:00–1:00pm, Founders 402
  - November 17, 2014, 12:00–1:00pm, Founders 325

For more information or to register, e-mail Sara Looby, RN, at slooby@partners.org.

Yvonne L. Munn Nursing Research Award

Munn Nursing Research Awards support research studies initiated by non-doctorally prepared MGH staff nurses for the purpose of advancing nursing science and improving outcomes for patients and families. Staff nurses select a mentor to work with during the award period.

- Formal call for proposals: September, 2014
- Letter of intent due October 10, 2014
- Application due December 12, 2014
- Two information sessions will be held in September, 2014. Details TBA.

For more information, e-mail Mary Larkin, RN, at mlarkin1@partners.org, or Kim Francis, RN, at kfrancis2@partners.org.

Yvonne L. Munn Fellowship in Nursing Research (pre- and post-doctoral)

Nurses currently enrolled in a PhD program who are pre-doctoral candidates in the dissertation phase of their research or who've completed a PhD degree and wish to conduct independent research are eligible to apply for the Munn Fellowship in Nursing Research.

- Formal call for proposals: November, 2014
- Dialogue with Munn Fellowship Committee and concept paper due on or before January 9, 2015
- Application due February 6, 2015

For more information, e-mail Mandi Coakley, RN, at abcoakley@partners.org, or Peggy Settle, RN at msettle@partners.org.

Munn Nursing Research Grand Rounds

Munn Nursing Research Grand Rounds take place quarterly and provide an opportunity for nurses to present their research to members of the MGH research community. Presenters include past Munn Nursing Research Award and Fellowship recipients. Watch MGH All User Broadcasts for speakers and topics on Thursdays at 1:30pm in O'Keeffe Auditorium (October 2nd; December 4th; February 5th; and April 2nd). For more information, call Linda Lyster at 617-643-0431.

Clinical Pastoral Education Program

—by Reverend Angelika Zollfrank, CPE supervisor

Clinical Pastoral Education (CPE) continues to be a valuable resource in preparing caregivers to recognize spiritual distress and to be able to respond in meaningful and compassionate ways. Clinicians from all disciplines are eligible to participate in the CPE Program, which combines classroom learning with hands-on pastoral care. CPE is an interfaith program that places participants in supervised encounters with individuals and families in crisis. Through their involvement with people in need and feedback from peers and supervisors, participants are able to develop a new awareness of themselves and bring that self-knowledge to bear in personal and professional encounters within and outside the hospital setting.

Reverend Patrick Cheng, a seminary professor and member of the spring cohort, says, "It was an incredible experience to be a part of a world-class inter-disciplinary healthcare team and learn how religious and spiritual care intersects with, and enhances, patient care."

Cheng was assigned to the inpatient psychiatric and surgical units. He recalls a patient who suffered from extreme psychosis who resided on both units during her extended stay at MGH. "At first it was daunting even to say hello to her," says Cheng. "But thanks to the guidance of my CPE supervisor and other members of the Chaplaincy team, I was able to form close relationships with this patient and her caregivers on both units, and contribute to her healing over the course of her hospitalization."

Thanks to the generous support of the Schwartz Center for Compassionate Healthcare, training in spiritual care is open to clinicians of all disciplines. For information, go to www.MGHChaplaincyCPE.org, or call Reverend Angelika Zollfrank, CPE supervisor, at 617-724-3227.

Reverend Angelika Zollfrank (below, left) with graduates of the winter and spring CPE programs (l-r): Tammy Hobbs Miracky; Judith Ring; Rana Chudnofsky; Michael Bousquet; Nancy Nicholson; and Patrick Cheng. And at right: Pedro Alberto; Matthew Pearson; and Jim Doran.

(Photos provided by staff)

Patients' rights and responsibilities

Aside from being mandated by state and federal law, providing patients with a copy of their rights and responsibilities sets the stage for effective collaboration between patients and healthcare professionals.

Question: How are patients informed of their rights at MGH?

Jeanette: Upon admission to the hospital, patients receive a copy of the brochure, Patient Rights and Responsibilities in their welcome packets. Parents or guardians receive the brochure for pediatric patients; healthcare proxies or other designated representative are given the brochure for adult patients who may not be able to understand or express their wishes. Posters and/or brochures are available in outpatient practices.

Question: Why is it important for patients to know their rights?

Jeanette: Aside from being mandated by state and federal law, providing patients with a copy of their rights and responsibilities sets the stage for effective collaboration between patients and healthcare professionals. Open and honest communication, sensitivity to differences, respect for values, and understanding the partnership are essential ingredients for optimal patient care.

Question: I understand there have been some revisions to the brochure. What has changed?

Jeanette: The language in the brochure has been updated to be more easily understood by patients and families. We incorporated some of the lessons we've learned on Innovation Units, such as promoting quiet time for rest and healing, identifying family members and others who will be included in care and decision-making, and proactively asking questions and informing staff when situations arise that may impact a timely discharge.

We ask patients and families to partner with us in creating a safe environment. Verbal and physical threats of harm are not tolerated, smoking is prohibited, and minimizing loss of property can be fostered by leaving valuables at home and keeping cell phones or laptops in close proximity.

Question: What if my patient has a question about their rights or needs them explained in another language?

Jeanette: If patients have questions about their rights and responsibilities, or would like a copy of the Massachusetts Patient Bill of Rights, contact the Office of Patient Advocacy at 617-726-3370. The brochure is available in Spanish, and interpreters can be requested whenever necessary.

The Blum Patient & Family Learning Center can assist if copies are needed in Braille. For other special needs, contact the Office of Patient Advocacy.

Question: How can I order a copy of the Patient Bill of Rights and Responsibilities for my unit?

Jeanette: Copies are available through Standard Register: item # 82764 for brochures; #84829 for posters.

SAFER FAIR

Join champions from our collaborative governance committees to learn how we're working to make a SAFER environment for patients, families and the MGH community.

Games, refreshments, and prizes!

September 17, 2014
11:00-2:00pm
under the Bulfinch Tent

For more information, contact Mary Ellin Smith, RN, at 4-5801.

Marjorie K. Ionta Symposium

The MGH Institute of Health Professions and MGH Physical Therapy present the annual Marjorie K. Ionta Symposium. This year's theme: "Innovations in Rehabilitation of Lower-Extremity Amputees from Blast Injuries."

Target audience is rehabilitation caregivers, including physical therapists, occupational therapists, physical therapy assistants, occupational therapy assistants, and nurses.

$125 for the general public
$75 for MGH Institute alumni, employees, and MGH employees.
Includes registration, continental breakfast, lunch, and networking event

September 27, 2014
8:00am–5:00pm
MGH Institute of Health Professions
Charlestown Navy Yard

CEUs are available
For more information, call Stephanie Gomez at 617-643-3821

ACLS Classes

Certification:
(Two-day program
Day one: lecture and review
Day two: stations and testing)

Day one:
September 12, 2014
8:00am–3:00pm

Day two:
September 22nd
8:00am–1:00pm

Re-certification (one-day class):
October 8th
5:30–10:30pm

For information, call 617-726-3905.

Class locations will be announced upon registration.
To register, go to: http://www.massgeneral.org/emergencymedicine/assets/Library/ACLS_registration_form.pdf.

New Fibroid Program at MGH

Radiology and Obstetrics & Gynecology are introducing the new Fibroid Program to provide access to a multi-disciplinary team of specialists who collaborate to offer a full range of treatments for women with uterine fibroids. A nurse coordinator helps navigate care throughout the course of treatment, including scheduling and connecting patients to available resources.

Treatments and services include:
- Diagnostic imaging
- Minimally invasive surgery
- Image-guided procedures

Consultations are available on Tuesdays from 8:00am–12:00pm in the the Yawkey 4 OB-GYN suite.

For more information go to: massgeneral.org/fibroids.
For appointments, call 857-238-4733 or submit an on-line appointment request.

Disability Champion Award

Call for Nominations

Join the MGH Employee Disability Resource Group (EDRG) for the second annual MGH EDRG for the presentation of the Disability Champion Award at the:

Breakfast of Champions
October 21, 2014
8:00am
East Garden Dining Room

Nominate someone who:
- goes above and beyond to help individuals with disabilities
- always takes time to make sure patients have the resources they need

Nominees must have at least one year of continuous service and be full- or part-time employees in good standing. Nominees must meet at least one of the following criteria:
- Shows extraordinary commitment to disability issues/persons with disabilities beyond the duties and responsibilities associated with their job
- Enhances the experience of patients, staff, families, and visitors with disabilities
- Fosters relationships to strengthen the hospital's commitment to persons with disabilities

Nominations due by September 10, 2014

To nominate a colleague, go to: sharepoint.partners.org/mgh/mghedrg, or e-mail MGHEDRG@partners.org for more information.

HAZMAT Response Program

Looking to add some excitement to your career?

Join the MGH HAZMAT team. Volunteers are trained to respond to large-scale disasters involving hazardous materials; protect patients and employees from HAZMAT contamination, help decontaminate victims, and be the first line of defense in keeping patients and staff safe.

Volunteers are on-call every third month. Those who qualify receive 24 hours of initial training, participate in regular practice exercises, and maintain annual competencies to ensure their safety and preparedness to respond in the event of an incident.

To learn more, attend an informational session:

Tuesday, September 9th
10:00am–11:00am
Haber Conference Room

For more information, go to: http://sharepoint.partners.org/phs/hazmat/default.aspx, or call Jacky Nally RN, at 617-726-5353.

Senior HealthWISE

"Benefits of Regular Exercise"
Thursday, September 4, 2014
11:00am–12:00pm
Haber Conference Room
Speaker: Cliff Seeto, general manager, The Clubs at Charles River Park

Studies show that regular exercise helps increase energy throughout the day, uphold balance stability, and maintain independence. Learn how to make exercise part of your lifestyle and develop an exercise plan so you're better able to perform daily tasks.

Free for seniors 60 and older.
For more information, call 4-6756.

Professional Achievements

McNulty certified

Francis McNulty, RN, staff nurse, Intensive Care Unit, became certified in critical care nursing by the American Association of Critical Care Nurses, in June, 2014.

Falzo certified

Laurie Falzo, RN, staff nurse, Burn, Plastic, and Reconstructive Surgery, became certified in plastic surgical nursing by the Plastic Surgical Nurses Certification Board, May 17, 2014.

Poliquin certified

Cathleen Poliquin, RN, nurse practitioner, Hematology-Oncology, became certified in blood and marrow transplant nursing by the Oncology Nursing Certification Corporation, in June, 2014.

Kelleher and Cummings honored

Arlene Kelleher, RN, and Brian Cummings, MD, received the CPIP Alumni Symposium Award for "Reducing Variation of Length of PICU Rounds to Improve Timeliness of Patient Care," from the Clinical Process Improvement Leadership Program, June 18, 2014.

Nurse practitioners present

Nurse practitioners, Allison Kilcoyne, RN, Lynn Community Health Center; Gail Gall, RN, Chelsea HealthCare Center; and Lorraine Murphy, RN, Lynn Community Health Center, presented, "Improving Access to the US Healthcare System: the Role of the SBHC in Connecting Migrant Youth to Health Insurance and Essential Services," at the School-Based Health Alliance Convention in Seattle, June 30, 2014.

Aylward certified

Teri-Ann Aylward, RN, staff nurse, Hematology-Oncology, became certified in blood and marrow transplant nursing by the Oncology Nursing Certification Corporation, in June, 2014.

Cheung certified

Amy Cheung, RN, staff nurse, Hematology-Oncology, became certified in blood and marrow transplant nursing by the Oncology Nursing Certification Corporation, in June, 2014.

Amirhosseini and Crowley present

Zary Amirhosseini and Andrea Crowley presented, "Tracking Equity: New Frontiers in Data-Collection," at the Healthcare Quality and Equity Action Forum of the Disparities Solutions Center, June 20, 2014.

Convery presents

Mary Susan Convery, LICSW, social worker, presented, "Story-Telling as a Therapeutic Tool; Assisting Cancer Patients Coping with Advanced Disease," at the Journey of Grief Conference at the School of Social Work at Bridgewater State University in Bridgewater, May 12, 2014.

HealthCare Center staff present

Chelsea HealthCare Center nurse midwives, Katherine Rushfirth, CNM, and Angela Ferrari, CNM, and Somali interpreter, Kaftun Ahmed, presented, "Pathways to Understanding: Group Prenatal Care for Somali Bantu Women in Chelsea, Massachusetts," at the International Confederation of Midwives Triennial Congress, in Prague, the Czech Republic, June 5, 2014.

Whalen presents poster

Kimberly Whalen, RN, staff nurse, Pediatric ICU, presented her poster, "Analysis of Nursing Clinical Decision Support Needs and Strategic Plan," at the New England Informatics Nursing Consortium, in Waltham, May 9, 2014.

Whitney honored

Kevin Whitney, RN, associate chief nurse, received the Elaine Sherwood Service Award, from the Organization of Nurse Leaders of Massachusetts and Rhode Island at their annual meeting in Portsmouth, New Hampshire, June 5, 2014.

Welch-Costantino honored

Maureen Welch-Costantino, RN, staff nurse, Obstetrics and Gynecology, received the Jeanette Ives Erickson Award for Invaluable Contributions to Resident Life and Teaching from the Vincent Obstetrics and Gynecology Service, June 23, 2014.

Jacobsohn presents

Lorrie Jacobsohn, RN, clinical nurse specialist, Emergency Department, presented, "Yoga as Transformation for Nurses, Patients, and Self-Care," at the 34th annual conference of the American Holistic Nurses Association in Portland, Oregon, June 9, 2014.

Team presents poster

Gail Gall, RN; Karey Kenst; and Alexander Green, MD, presented, their poster, "Improving Quality and Safety for Diverse Populations: an Innovative Inter-Professional Curriculum," at the All Together Better Health VII Conference at the University of Pittsburgh and the National Center for Inter-Professional Practice and Education, in Pittsburgh, June 6, 2014.

Published by
Caring Headlines is published twice each month by the department of Patient Care Services at Massachusetts General Hospital

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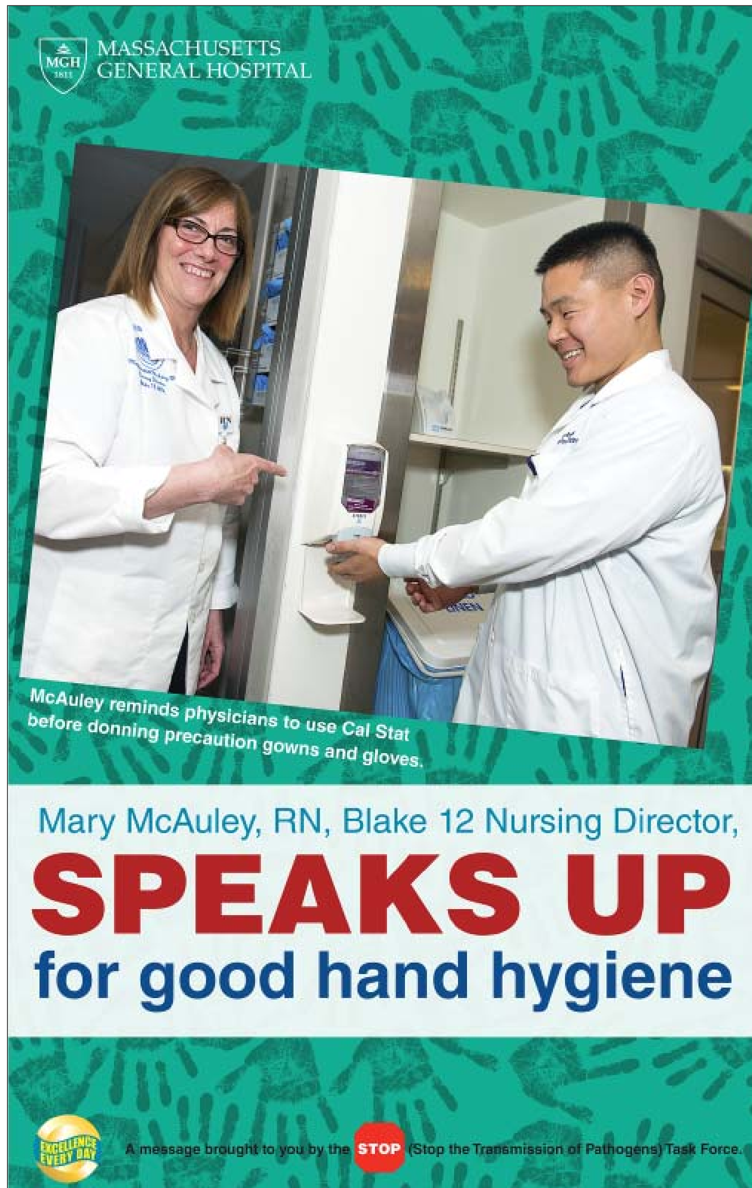
For more information, call: 617-724-1746

Next Publication
September 4, 2014



Speak Up!

See something, say something

Clean hands can help stop the spread of germs and reduce the risk of infection. Clean hands are especially important in the hospital setting. MGH is committed to achieving excellence in hand hygiene through vigilance and collaborative practice.

At MGH, healthcare workers are required to use Cal Stat, an alcohol-based hand sanitizer, before and after contact with patients or patients' environments. Patients, families, and visitors are encouraged to do the same, and sometimes a polite reminder is appreciated.

Help spread the message. Speak up for hand hygiene and promote Excellence Every Day.

Mary McAuley, RN, nursing director, Blake 12 ICU, is committed to good hand-hygiene practices on her unit, reminding staff to Cal Stat at all appropriate junctures in the continuum of care.

Caring Headlines
August 21, 2014

Returns only to:
Bigelow 10 Nursing Office,
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Boston, MA 02114-2696

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