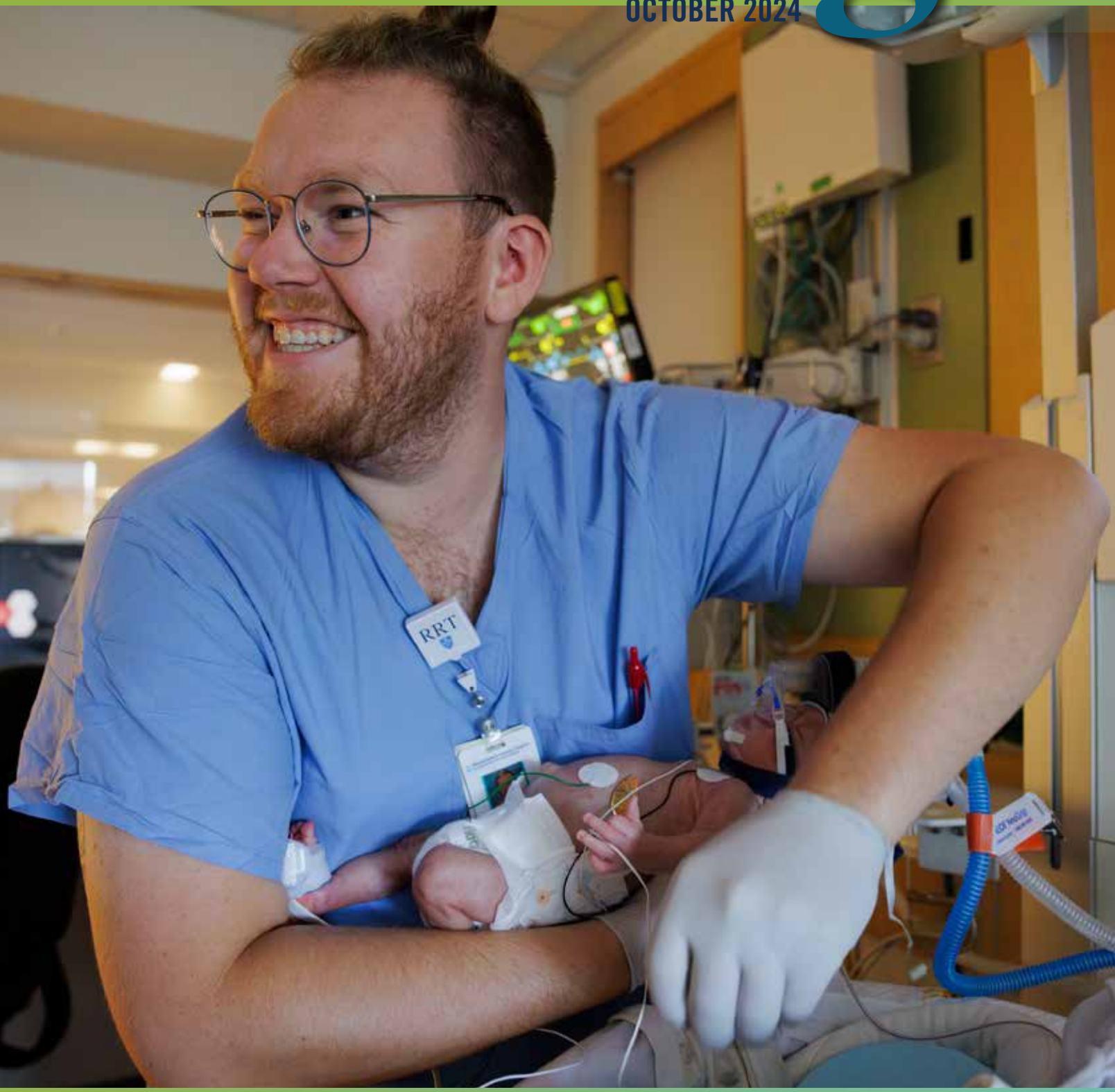
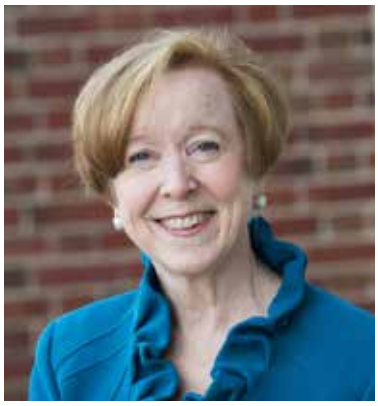
Caring

OCTOBER 2024



Coming together



Debbie Burke, RN, DNP, MBA, NEA-BC
Senior Vice President for Patient Care and Chief Nurse

A letter from Debbie

The CrowdStrike incident began in the early hours of July 19 and led to the outage of approximately 100,00 devices. A dreaded "blue screen" error effected thousands of devices used in patient care areas. Hospitals, unlike other businesses, cannot simply shut down. Our staff jumped into action, identifying issues, offering solutions, establishing new procedures and leading by example. The impacts forced a switch to paper record keeping – utilizing downtime procedures that clinicians must always be prepared for. Communication tools didn't work, supply chain operations were disrupted, and clinicians couldn't order labs or scans with normal systems.

Returning our hospitals, clinics, labs, and facilities to normal operations required a herculean effort involving dozens of teams across the hospital and the system.

During this event and the restoration process I served as the Incident Commander, a role shared among hospital leadership and administrators who alternate assisting in coordinating efforts across hospitals. As always, our staff went above and beyond. To bear witness to the adaptability, flexibility and creativity of our hospital staff is something I never take for granted, even when all of the chaos is going on, everyone remains focused on one goal – keeping our patients and staff safe and providing compassionate care, regardless of the technology available to us.

Patient Care Services staff stepped up in so many ways. Some worked to educate colleagues about downtime procedures, some assisted as one-to-one aides when patients needed extra supervision due to technology failures, others even went one-by-one to devices on their units to patch the software and test fixes provided by our Information Systems teams. These are just a few examples, there were so many.

It is impressive to see the grit and genius of our staff – putting patients first and getting us back on track. Your commitment to patient care is evident every day, but it is reflecting on experiences like the CrowdStrike downtime that we can clearly see the strength of our team culture.

Caring

Editor
Mae Driscoll

Photography
Mass General
Photography Department

To submit story ideas to *Caring, the Mass General Nursing and Patient Care Services* newsletter, please contact Mae Driscoll, at mdriscoll0@partners.org

On the cover: Brian Collins, RRT, Respiratory Therapist with NICU patient.

CELEBRATE with Caring

Celebrate with Caring
June (continued from last edition): Clinical Support Staff Week
September: Surgical Tech Staff Week, Nursing Professional Development Week
October: Respiratory Care Week

Infection Interventionist Honored by MBTA for Saving Fellow Passenger's Life

Laurie Trezza, BSN, RN, an infection preventionist at Massachusetts General Hospital, finished work a little early on a Thursday evening in August and headed for the commuter ferry that would take her from Long Wharf to Hingham and Hull.

"I was feeling good about having caught that earlier boat! I was all set to put in my headphones, relax and enjoy the summer evening," she says.

That's when Trezza noticed a commotion on the boat. "I didn't think much of it at first. I thought maybe someone had fallen. It happens more often than you'd think to healthcare workers. You are out in public, and someone falls or faints or cuts themselves, and you're called on to help. We're like magnets for it. I watched to see if someone else would step in or if the person would just pop up, maybe a bit embarrassed, but not be hurt," she says.

But, as it turned out, the situation was far more serious.

"I heard them asking if there were any medical personnel on the boat and I knew it was time to step in," says Trezza.

When she arrived to where the commotion was taking place, Trezza could immediately see that a life was in danger. A fellow passenger had collapsed and was clearly in distress. Trezza knelt down to examine her just as another passenger arrived on the scene. Trezza identified herself as a nurse and the man said he was a doctor... an eye doctor.

"He seemed a bit uncomfortable with the situation. I reassured him we would manage this just fine together and we got to work. We quickly assessed the passenger had no pulse and was not breathing," says Trezza.

Trezza and Paul Cangiano, OD, who has a private practice in the North End, began CPR and requested emergency equipment from the ferry crew. They continued CPR and applied the leads of the onboard AED when it became available.

"We were very fortunate that the crew knew exactly where the AED was located and were able to retrieve it quickly," says Trezza. "They were also extremely

TREZZA

responsive to all of our emergent requests. They were able to immediately communicate to the captain to stop the boat and reverse us to the Long Wharf dock almost instantly, as well as call 911."

Despite being away from the bedside for some time, Trezza says her training kicked in immediately. "I actually began my nursing career on a cardiac unit. There I assisted in many codes, but always with a full team and a properly stocked crash cart at my side," she says. "Trying to resuscitate someone on the deck of a boat is a completely different thing. The infection preventionist in me knew it wasn't the safest choice to perform rescue breaths with CPR and there was no AMBU bag available to us on the boat, so we relied on hands-only CPR. When the AED arrived and the pads were affixed, we were advised the heart rhythm was shockable. While I was relieved we were going to be able to help the passenger, I hesitated before I pressed the button to release the charge. The metal ferry floor, covered by a very thin carpet, was concerning. I prayed it was enough to prevent the electrical current from the AED to travel from the passenger in distress to any of the many other passengers and crew — now spectators — as well as us the rescuers. But I held my breath, pressed the button to deliver the charge and prayed for the best."

Thanks to Trezza and Cangiano's quick action, within a few minutes of reaching the dock the patient was awake and breathing. They were met by an ambulance and the patient was transferred to the hospital.

"Had we not started CPR when we did, it is likely she would not have survived to the emergency room," explains Trezza.

Trezza says the incident is a good reminder of the power of basic life support training in the community. In this instance, the patient was incredibly fortunate to have

(Continued on page 11)

From left: David Perry, director of Ferry Operations; Noah Stec, deckhand; Jack Foley, captain; Neil Guerra Bardales, deckhand; Karen Nesbitt, survivor; Paul Cangiano, OD; Laurie Trezza, BSN, RN; and Phil Eng, MBTA General Manager. Photo courtesy of the MBTA's Customer and Employee Experience Department

CELEBRATING SUPPORT STAFF

Good Jobs Leading to Great Jobs

Mass General Brigham is part of the U.S. Department of Commerce's Good Jobs Challenge (GJC) initiative. Funded by President Biden's American Rescue Plan, the program awards grants to industry-led partnerships focused on workforce development. Through the GJC, Mass General Brigham partnered with UMass Global to offer a self-paced training program for aspiring medical assistants and patient care technicians — critical roles within the hospital system.

The collaboration with UMass Global aimed to create new career pathways for unemployed, underemployed, incumbent workers, community college students and Black, Indigenous and people of color individuals in the Greater Boston area.

At Massachusetts General Hospital, Grace Jackson, a recent UMass Global medical assistant program graduate, credits the program as being transformational for her career path. "Keep persevering, focus on your goal and take it one step at a time," she advises. She says the program equipped her with valuable healthcare knowledge, and she particularly enjoyed the flexibility of virtual sessions and independent learning. The in-person lab sessions further solidified her skills.

Jackson has connected with peers on similar journeys and now serves as a Primary Care medical assistant. Her enthusiasm extends to essential skills like blood pressure measurement, EKGs and medication knowledge. Most importantly, she enjoys interacting with her patients. Jackson's educational aspirations continue as she plans to pursue nursing school while working as a medical assistant.

Pictured from left: GJC participant Cristian Bonilla, medical assistant, Primary Care; Erin Sheehan, BSN, RN, ambulatory nurse manager, Massachusetts General Medical Group and Bulfinch Medical Group; GJC participant Grace Jackson, medical assistant, Primary Care.

Cristian Bonilla, another medical assistant graduate, enjoys most the human connection aspect of his role. He values helping patients get better and has learned skills like taking vitals and performing EKGs. His goal is to become a physician scientist. He encourages others to pursue their dreams saying, "No matter where you are in life, go for your goals and don't let anyone tell you it's too late."

Erin Sheehan, RN, Primary Care nurse manager, Massachusetts General Medical Group and Bulfinch Medical Group; discovered the GJC program through Human Resources and was impressed by Jackson and Bonilla's professionalism and communication skills – qualities that set them apart. "They are admired for their maturity and professionalism," she shared. Her advice to Jackson, Bonilla and others considering health care: "Don't be afraid to get your hands dirty, ask questions and embrace learning opportunities." As a manager, she finds joy in coaching her team towards their goals, whether certifications or departmental moves.

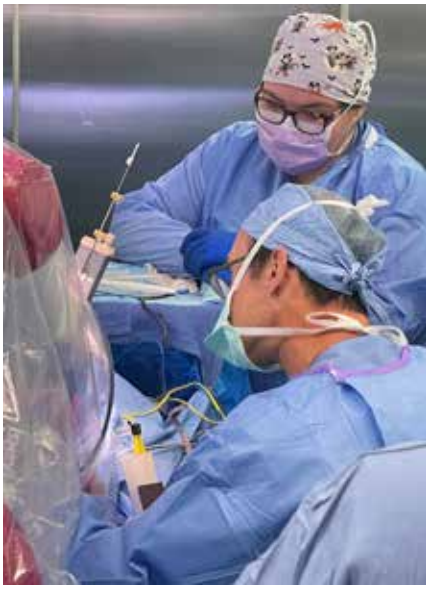
Since the program's launch, Mas General Brigham's partnership with UMass Global has resulted in over 310 hires, with many more expected within the remaining grant period.

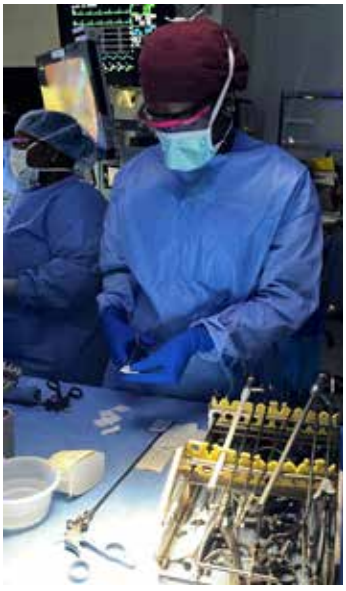
If you have questions about the Medical Assistant training program, email workforcedev@mgb.org. Employees can visit the Workforce Development page on Vitals for more program information.

Transition to Practice Program Successfully Re-Accredited

On May 21st, MGH was notified that the hospital's Transition to Practice Program had achieved, for the second time, accreditation by the American Nursing Credentialing Center's Practice to Transition Accreditation Program.

The Transition to Practice Program (TPP) has welcomed over 800 newly licensed nurses since the program's last accreditation four years ago. Since the first accreditation in Spring 2020, MGH has welcomed over 850 nurse residents. Jen Curran, DNP, RN, NPD-BD, TPP program director; stated, "Our TPP accreditation results from a collective effort by many people at MGH who work collaboratively to ensure that all newly licensed nurses can experience a robust residency program focused on nursing excellence, make the transition from student to independent Registered Nurse easier, and improve patient outcomes." Curran also recognizes the efforts of Debbie Burke, DNP, RN, MBA, NEA-BC, chief nurse and senior vice president for Patient Care; Marie Borgella, DNP, RN, executive director of Learning & Development in Nursing; and all of the MGH nurse directors, clinical nurse specialists, nursing practice specialists, and nurse preceptors for their support and commitment to the program.





A VITAL RESOURCE

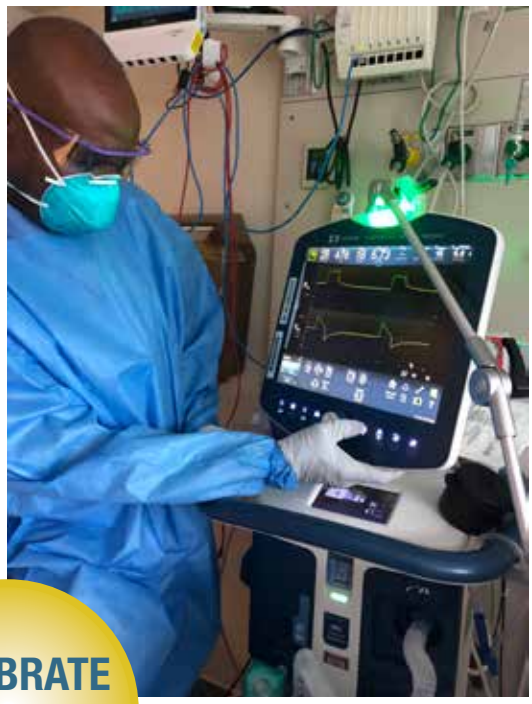
Surgical technologists serve as a vital resource in operating and procedural areas across the hospital, ensuring the safe and proper use of surgical tools, preparing and organizing rooms for procedures, and assisting patients and colleagues during surgeries. During the month of September, the hospital recognizes its surgical techs for their valuable contributions to clinical care. The photos above offer a narrow view into their daily environment.

Respiratory Care Services Receives Apex Award

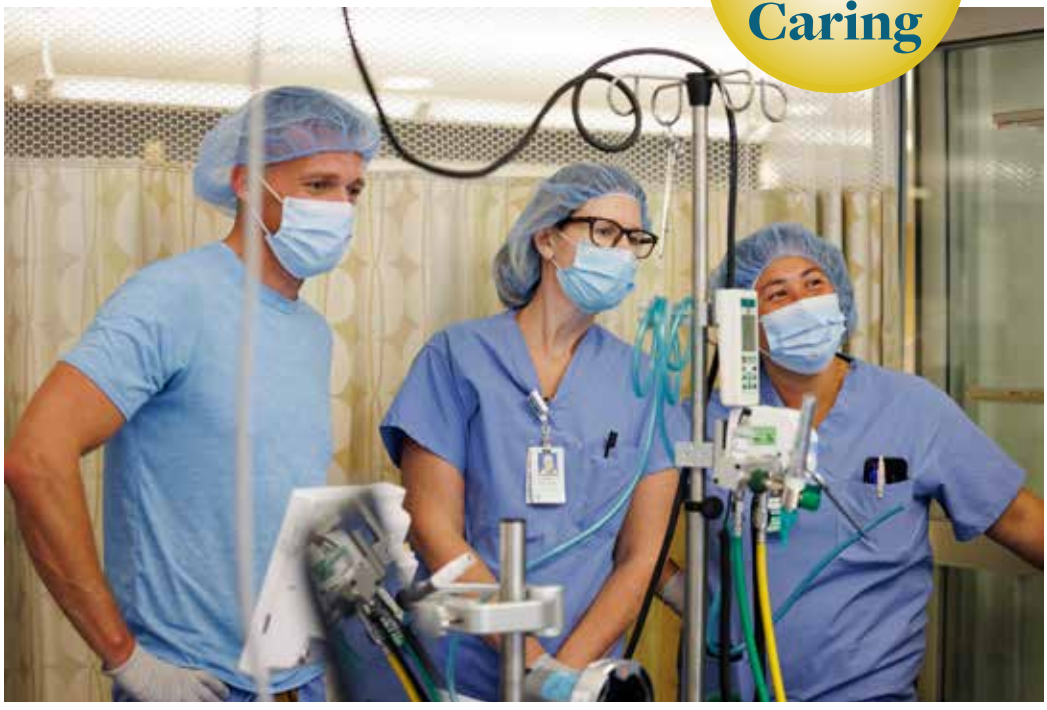
MGH Respiratory Care Services has been named a recipient of the 2025-2026 Apex Award for Acute Care by the American Association for Respiratory Care. An Apex designation for a respiratory care department exemplifies best practices in the profession. It demonstrates that the hospital's department enhances patient care and outcomes through access to respiratory therapists who deliver invaluable, high-quality respiratory therapy.

As a 2025-2026 Apex Award recipient, the MGH Respiratory Care Services joins an elite group of respiratory care departments from around the world that have met the stringent quality and practice criteria of the award. MGH is the first and only department in New England to receive this designation.

> *"It is an honor to be recognized by the AARC with this exciting designation. Each day, our staff provides not only excellent care, but comfort to patients. We work with colleagues across the hospital to ensure safe, effective, and cutting-edge respiratory care. This designation is an example of what I see every day – staff, who take pride in their work and pride in the care they provide, going above and beyond to be the best of the best! MGH Respiratory Care Department has long been a pillar and leader in this profession, and we are proud to continue that."*
>
> *- Carolyn LaVita, MHA, RRT, director of Respiratory Care Services.*



CELEBRATE with Caring



RECOGNIZING TEAMWORK: At left, Griffin Devine, RRT, RRT-ACCS, RRT-NPS; Michelle Young, RRT; and Amie St. Laurent, RRT; on Blake 12 ICU. Above: Fred Romain, RRT, MDiv, DMin.

A Nursing Perspective: Transplant Team

NURSING TEAM: Erin Laing, RN; Yoon, Fitzgerald and Mattola-Kiatos

In March of 2024, MGH announced the world's first successful transplant of a genetically-edited pig (porcine) kidney into a 62-year-old man living with end-stage kidney disease (ESKD). The surgical team from the Mass General Transplant Center conducted the four-hour-long surgery on March 16, marking a milestone in the quest to provide more readily available organs to patients.

Under the leadership of Leonardo V. Riella, MD, PhD, medical director for Kidney Transplantation; Tatsuo Kawai, MD, PhD, director, Legorreta Center for Clinical Transplant Tolerance; and Nahel Elias, MD, interim chief of Transplant Surgery and Surgical Director for Kidney Transplantation; a genetically-edited pig kidney with 69 genomic edits was successfully transplanted into a living patient.

Unfortunately, eight weeks following the successful transplantation, the patient passed due to causes unrelated to the transplant.

In this feature, *Caring* interviewed members of the care team within Patient Care Services about the transplantation including their roles, how they prepared for the procedure and how the experience fits into their career so far. Shin Hae Yoon, DNP, MBA, RN, CNOR, NEA-BC, clinical nurse manager, General, Oncology, Transplant & Trauma Surgery; Melissa Mattola-Kiatos, RN, BSBA, MSN, nursing practice specialist; and Christine Fitzgerald, RN, BSN, CNOR, Operating Rooms, share their thoughts.

What role did you play in the transplant?

HOON: My role is a clinical nurse manager for transplant service in MGH. I was with the interdisciplinary team to ensure we follow all policy, protocol and preventative practices prior to this case. I also helped to set up the OR nurse schedule and calls to ensure the case is covered all throughout the weekend. During the case, I mainly monitored the OR traffic to prevent infection and maintain security.

MATTOLA-KIATOS: I am a Nurse Practice Specialist in the OR and I support Transplant surgery. The surgeons brought this to me, and I was the one that asked the more logistical questions, including "How are we going to document this to meet United Network for Organ Sharing standard in EPIC, the electronic medical record?" or "What about Infection Control?" After many meetings and lots of follow up, we were able to address all the concerns and figure out some workarounds for the documentation piece. Because this was being done as part of an FDA compassionate care case, the FDA also had some requirements for us that I was able to facilitate with all the staff in the room.

FITZGERALD: I was the primary circulator for this procedure. I met with Melissa Mattola Kiatos to go over the chronological details of the procedure and familiarize myself with the contact personnel that were set up to partake in the case. I have over 40 years of perioperative experience, most of which involved working with the transplant team in the operating room. Transplant surgery has always been one of my favorite specialties to work for. The day of surgery, for me, was just doing what I always do. The entire surgical team was prepared and laser focused.

What preparation were you involved in prior to the surgery itself?

MATTOLA-KIATOS: I'm not sure that anyone other than Dr. Elias and the nurses that I worked with on this case can ever really understand the amount of prep work that went into making this case successful. Nursing played a huge role, and it took weeks of planning and testing dry runs to make sure this was seamless. I put together a timeline of the

(Continued on page 10)

Clinical Narrative: Stephanie Scibilia, MS, CCC-SLP MGH Speech, Language and Swallowing Disorders

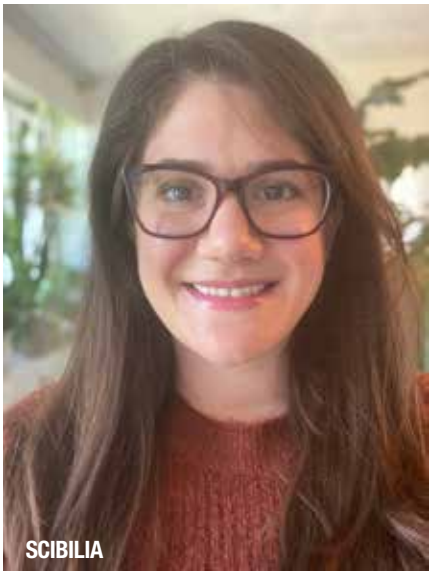
As a clinician, I am humbled on a regular basis by the opportunity to assist our patients during some of the most vulnerable times in their lives. I recently had a case that epitomized this condition, one that was particularly unforgettable because of who the patient was and the journey she endured. I was privileged to support both her swallowing and augmentative communication needs over the course of two admissions as she approached the end of her life.

E came to the hospital because her speech was slurring and for three weeks she had been finding it difficult to swallow. She said, "It feels like my tongue is thick." Her MRI revealed numerous hyperintensities in the corticospinal tracts, including the brainstem. The neurology team started their work-up to understand the cause. I completed a video swallow study while the work-up continued.

The following week her symptoms worsened. It was hard to understand her speech most of the time due to a progressive bulbar dysarthria, or impairment to muscles needed to speak. Meanwhile, family always filled the room, and it felt like someone was by her side around the clock. It was not long before the medical team broke the news to them – she had numerous non-operative infiltrating gliomas, or tumors, in her brain. Upon hearing her diagnosis, her first inclination was to return home to spend as much time with her family as possible.

Two weeks after E returned home, I was at work late wrapping up my documentation and saw her name appear on my patient list. She was in the Emergency Department. It was the Friday before a holiday weekend with low staffing, and I thought a familiar face would be reassuring for her and her family and a clinician with perspective on the case would help the team with management. I paged the responding clinician, gave the background, and asked for a consult, and went to see her. I tried to talk with E, but her speech was nearly anarthric, meaning minimal to no movement or understandable speech. Then, we got the difficult news that the scans proved the gliomas were more aggressive than anticipated.

My goal was to design a communication strategy that maximized E's function and gave her the ability to be an active participant in her care and hopefully reduce some of the stress that she incurred from remaining severely restricted in her ability to communicate. To achieve that goal was a team effort. E had radiation and there were certain times during the day when her cognition was better optimized, a side effect of the treatments, pain medication, and general fatigue. Palliative Care provided insight on the types of questions they would ask of E at the upcoming meeting. In a pre-session huddle with Occupational Therapy (OT), we determined our plan for access modes, tools, and placement. The solution was ultimately two-fold: E would have an augmentative communication system to use at those times of the day when she was at her best and her communication partners would utilize strategies that did not rely on that system for those times of day that E's abilities waned.


SCIBILIA

Multiple systems and combinations were tested. The most successful system was E's idea, and we were thrilled to follow her lead. E accidentally grabbed something that resembled a mouse while staring at a touch- screen computer. She tried to move the "mouse" around. It turned out resting her hand on a single-click mouse was more comfortable and was more accurate for selecting long messages than pointing. The screen was loaded with an alphabet board. The colors were made black and yellow (a suggestion from OT). The high contrast color would help with visual challenges. Even with some spelling errors, E was able to say more than she had in recent days. It was effortful, but also a relief for her.

Even though E was becoming too weak and discoordinated to write, she could point from a short list of options if the interaction was brief. This was the impetus behind the second approach to communication: providers could format questions to have three or four choices that could be written with a thick dark marker so E could then point to her response. A back-up, no-technology system was also established. This included

(Continued on page 11)

A Family Portrait

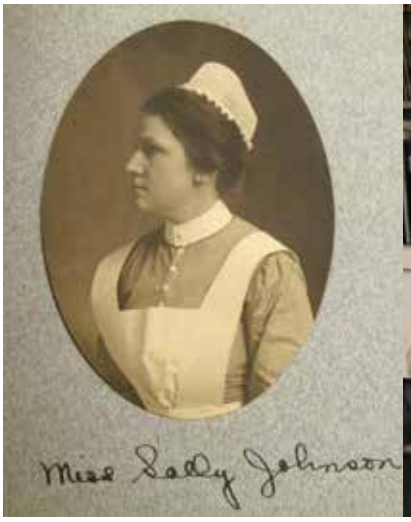
On September 20, family members of Sally Johnson, RN, (1880-1957) visited the MGH to view the portrait of their relative and learn about her professional life during her tenure as both a student and later superintendent and principal of the Massachusetts Hospital General Training School for Nurses from 1920 to 1946.

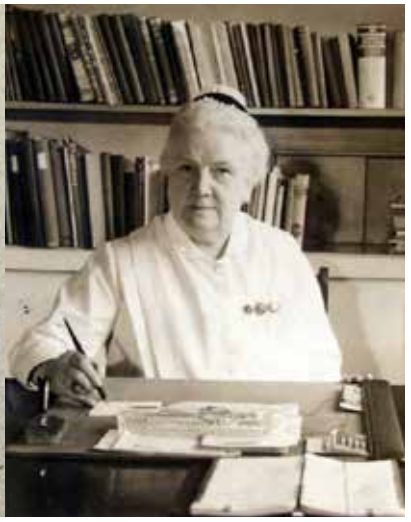
During Johnson's 25 years of service, the nursing school tripled in size. She also pioneered plans which ultimately relieved nurses of non-nursing functions by employing the services of ward helpers, secretaries, and other helpers. Johnson standardized ward equipment using weekly and monthly inventories, in addition to adding a public health nurse and a supervisor of clinical instruction and staff education to the faculty.

Johnson's great nephew, with the help of the Paul S. Russell, MD Museum of Medical History and Innovation at Massachusetts General Hospital and the MGH Nursing School Alumni Association, organized a viewing of Johnson's portrait which hangs in Bulfinch 222. The Russell Museum pulled historical documents, photographs and transcriptions of speeches and diaries written during Johnson's tenure at the MGH for the family to review, sharing digital copies for the family to add to their historical records. While looking upon the portrait, Susan Fisher, member of the MGH Nursing Alumni Association, read aloud some favorite quotes offering insight into Johnson's life while serving at the MGH.

More history about Sally Johnson, and her portrait can be found on page 11.

Above, relations of Johnson gathered to enjoy her portrait including Johnson's great nephew, second from left, who is the last in his family to have known her personally. He was joined by his son, far left, and cousins and nieces. Below left, Johnson as a student nurse, circa 1909; below right, Johnson during her tenure as superintendent and principal of the MGH Training School for Nurses.





'Tools of her every day activity'

An excerpt from memories collected in a newsletter following Johnson's death. The quote is from Johnson's successor in the MGH Nursing School, Ruth Sleeper, who served as Johnson's assistant during her tenure.

"Unfortunately, because her Yankee philosophy buried her emotions so deeply, the undiscerning student often missed this warm and lovable side of her character. Yet it was she who remembered to hang the candy cane on the door one Christmas morning to greet a weary night supervisor who could not go home. She never forgot a student or a graduate who had a personal, a family, or a professional problem. She never ceased to be concerned over the students' health. It was she who linked the under-apron towels with the increasing incidence of septic fingers. It was she who saw to it that these towels were replaced with cleaner, safer equipment.

She understood so well the needs of youth. She saw the necessity for, although she could not provide,the recreational facilities which would have made the student life more normal. She recognized the tensions building up from long hours, fatigue, too little opportunity to be an adolescent. "It's time to have a party," she would say. And invariably it was just what some students needed. All too often we think of guidance and counseling in schools of nursing as modern methods. While Miss Johnson was in charge at MGH these tools were part of her every day activity."

- Xenotransplant (continued)

(Continued from page 7)

day and all the steps and contact that would need to be made throughout the day to make sure we were ready. It wasn't only the staff for the day of the surgery, we also had backup staff in the event it was needed. Because of all the prep work that went into this and making sure all our concerns were addressed, there were no surprises on the day of surgery.

In your opinion, what was the most interesting aspect of the transplant?

HOON: In my opinion, I find the transplant surgery to be a lifesaving and life-changing procedure. I feel blessed to be part of the MGH transplant team who shows passion and dedication for all patients.

MATTOLA-KIATOS: No matter how many kidney transplants I have been apart of, I am still in awe every single time that we remove the clamp and we reperfuse the kidney, it immediately turns pink and starts making urine. It never gets old for me. In the xenotransplant, I was most amazed by the kidney itself. If I didn't know it was a pig kidney, I would have assumed it was a human kidney – it looked the same, felt the same, was the right size. Once again, I was in awe as the kidney started to function. All the weeks of planning and the dedication of the team just made the moment a little sweeter. Everyone in the OR erupted into applause when the kidney started working. We all knew that we were part of something great and that it was just the tip of the iceberg for the future of transplant.

FITZGERALD: For me, the science behind this is fascinating. The brilliance of Dr. Kawai and Dr. Riella as well as the rest of the team involved with this was awe-inspiring. To be able to genetically modify animals to serve as a bridge to human transplant is something out of a science fiction movie and yet it is now reality. To be a part of that is something I will always be proud of and grateful for.

How did this experience fit into your practice?

HOON: For me, working with the MGH OR Transplant team brings me a humble purpose and I personally appreciate coming into work every day because of them.

MATTOLA-KIATOS: Folks don't often realize the "behind the scenes" things that are necessary for transplant: the scheduling and organization, the safety requirements, standards for documentation. Helping to prepare for the xenotransplant was an extension of the work that I am already involved in with my collaboration with the Transplant Center. I have seen transplants from all angles and roles and I know that it is only going to continue to grow and evolve from here.

As a side note, this truly was a phenomenal collaboration between transplant surgery, nephrology, anesthesiology and nursing (the OR, ICU and inpatient unit). There was mutual respect and everyone had the same goal – to take the best care of our patient.

FITZGERALD: As far as fitting into my usual work it is exactly what I do on a regular basis. To be able to apply my knowledge, experience and expertise along side of those whom I work with daily is a gift.

- Clinical Narrative (continued)

(Continued from page 8)

a book of typed phrases (determined collaboratively with E and her family) organized by category, including two pages dedicated to pain and feelings.

When it came time for the team meeting to plan discharge, wishes, and next steps, I attended to help facilitate communication. E was able to express her desire to go home, spend time with her children, and try to continue treatment. Her family and friends would mobilize to provide around-the-clock care and pivot to de-escalate when she worsened. All of E's providers were so invested and supportive. It was a wonderful and dignified display of end-of-life planning.

The next challenge was getting E home with a communication system that was ready to use without delay, which presented our team with a novel dilemma. The device being used was on loan to MGH, so it was not within our power to re-lend it to E. Although it was an unprecedented situation for us, I decided to reach out to the group who provided MGH with the device to request that it be compassionately loaned to E for use at home. The organization graciously agreed, and we were able to send E home with the tools she needed to communicate with her family.

E's case certainly impacted me as a clinician because of how dramatic her diagnosis turned out to be, how quickly her condition declined, and that she was only in her 40's when she passed away. But it was also because working with her family, seeing the support they provided, confirmed for me, as it always does, my core philosophy as a clinician: that each of my patients is the most important person in someone's life, is loved by somebody, and deserves the same high-quality care that I would expect for myself and the people I love. I strive to treat each patient I see with kindness and benevolence. For me this means taking extra steps beyond evaluation and treatment: advocating, collaborating, working with the patient's family, learning, and sharing knowledge with teammates. I believe that while it's a simple ethos, it is a profound way to practice. Moving forward, I remain passionately dedicated to this work, as I have witnessed the peace and calm our patients can experience when they feel supported and are able to effectively communicate and participate in their care.

- MBTA Emergency (continued)

(Continued from page 3)

well-trained healthcare providers on the ferry with her that day. But Trezza says anyone could have saved her life.

"Even if you took a CPR class in high school and you're no longer certified, if you can remember any of it, it's better than nothing," she says. "And you don't necessarily need to perform rescue breathing. Hands-only CPR can be enough to bring someone back."

Trezza says there were a number of lessons learned that day. Since the incident, she has been in contact with officials from the MBTA to talk about simple improvements they can make, like adding AMBU bags to their AED kits, training staff in basic life support and working with EMS to better identify exactly where boats dock in the event of an emergency.

MBTA officials were so impressed by the actions of Trezza and Cangiano that they hosted a special recognition event during a recent Board of Directors meeting.

Fellow passengers were also impressed.

"It's actually quite endearing. Often, when I get on the boat now, some of the regular commuters who recognize me from that day will nod and smile in my direction. It's a little embarrassing to be known as the nurse who saved a woman's life on the boat, but it's also totally worth it. I'm so glad she's ok," says Trezza.

- Johnson portrait (continued)

(Continued from page 9)

Johnson's portrait was painted by Emil Pollak-Ottendorff in 1939 from funds raised by the school's alumni association. The unveiling of the portrait coincided with the opening of the White Building and was first on display there before getting installed in Johnson's office. The newsletter at right, The Nursing School's Quarterly Report, outlines the portrait and the presentation.

In the photo above, Johnson leads a cohort of nurses during a celebration on Volunteer Day in June 1944.

THE PORTRAIT

The Alumnae Association presented Miss Johnson's portrait to the Hospital on Sunday afternoon, October fifteenth. Bishop Sherrill accepted it for the hospital, and Miss Mary Gilmore, President of the Student Cooperative Association, unveiled it. More than two hundred attended the presentation, and enjoyed meeting Miss Johnson and renewing other friendships. Pourers at the tea were Miss Carrie Hall, Miss Helen Wood, Mrs. Lillian Balboni, Miss Helen Potter, Miss Alvira Stevens, Miss Elspeth Campbell, Miss Dorothy Tarbox, and Miss Anna Griffin.

On the following day, the portrait travelled to Miss Johnson's new office in the George Robert White Building, where others who came to the formal opening of the new building might see it. It has returned now to Walcott House, and is hanging in its permanent location. Alumnae will want to see it here. We hope that all will find an opportunity to do so. We are proud to have completed our undertaking.

The Presentation

Bishop Sherrill, Members of the Alumnae, and Our Many Friends:

Those who have been connected with the Massachusetts General Hospital in any capacity during the years since 1920 will understand readily why we wanted a portrait of Miss Johnson. We were quick to say "yes" when the suggestion came, and quick to contribute. It is not that we who know her need to have a portrait as a reminder of her, although we shall enjoy seeing it here. But we want the nurses of the future to know her, if not in person, then through this portrait. Seeing it, they may, in a measure, know why we of our generation love and admire her.

I have a sympathetic feeling for the student in the history of nursing class in any school of nursing, who tries to match the faces, names, and good works of the nursing leaders about whom we expect her to be informed. I should like to have the student of this particular school able to single out Miss Johnson from the rest of them; I should like to think of her reading about Miss Johnson's achievements, and then standing before the portrait and seeing there some of the qualities that made these achievements possible. Even when the student no longer remembers the specific contributions, she can still come to this portrait and see a woman with ideals, with courage and persistence to work for those ideals, and perhaps she will be inspired herself to carry on the torch.

A portrait should be a very personal thing. The artist, with skill, has trained his eye to see more than the physical lines of his subject. He must know something of her life, of her philosophy,

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