January 4, 2001

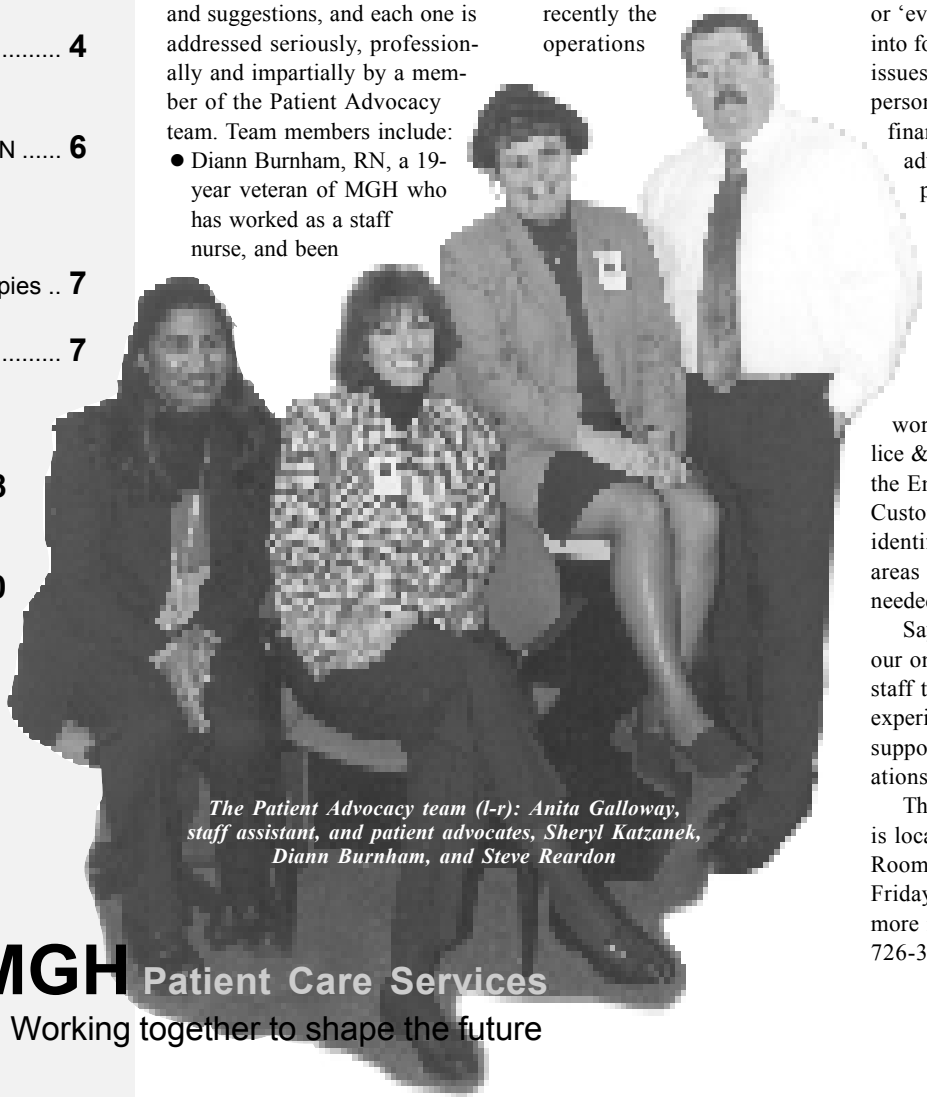
Caring HEADLINES

Patient advocates: serving patients, families, visitors, and staff

Inside:

Under the focused leadership of director, Sally Millar, RN, MBA, the Office of Patient Advocacy (OPA) handles approximately 2,000 cases each year. Calls and letters bring an array of complaints, compliments, questions, and suggestions, and each one is addressed seriously, professionally and impartially by a member of the Patient Advocacy team. Team members include:

- Diann Burnham, RN, a 19-year veteran of MGH who has worked as a staff nurse, and been involved in research and operations improvement
- Sheryl Katzanek, a 5-year veteran of the Patient Advocacy Office, and the MGH human rights officer
- Steve Reardon, MPH, an 11-year veteran of MGH, most recently the operations coordinator for Ellison 14
- Anita Galloway, staff assistant and notary public, a 10-year veteran of MGH with work experience in the Pharmacy, IMA, and the Physician Referral Service.



The Patient Advocacy team (l-r): Anita Galloway, staff assistant, and patient advocates, Sheryl Katzanek, Diann Burnham, and Steve Reardon

Says Katzanek, "Most cases, or 'events,' as we call them, fall into four main categories: clinical issues, operational issues, interpersonal-communication issues, or financial issues. Typically, an advocate will visit or call the person who made contact, speak with all parties involved, and try to facilitate a mutually desirable resolution. It's not always that simple," says Katzanek. "But that's the goal."

Members of the OPA work collaboratively with Police & Security, Risk Management, the Emergency Department, and Customer Service to troubleshoot, identify trends, and recognize areas where improvements may be needed.

Says Burnham, "Patients aren't our only customers. We encourage staff to contact us, too. We are experienced at intervening and supporting staff in difficult situations."

The Office of Patient Advocacy is located in the WACC Lobby, Room 018, and is open Monday–Friday from 8:30am–5:00pm. For more information, please call 726-3370.

More on the restructuring of Nursing/PCS leadership

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

As I announced in my last column on December 7, 2000, the unprecedented growth we are experiencing as an institution has caused me to make some changes at the executive level of Patient Care Services and within the department of Nursing. I have told you that Marianne Ditomassi will be assuming the position of executive director to the office of senior vice president for Patient Care. In this role, Marianne will lead our efforts in recruitment, staff retention, marketing, image presentation, PCS operations, and Nurse Recognition Week activities. She will work closely with me, staff, and leadership to streamline work processes.

We have already hired a person to take over leadership of The Center for Clinical & Professional Development. On January 2, 2001, Patricia (Trish) Gibbons, RN, DNSc, assumed the position of associate chief nurse for Clinical and Professional Development. Trish comes to us from Beth Israel Deaconess Medical Center, and brings with her a veritable arsenal of knowledge, experience, and commitment to excellence in patient care.

Trish assumes leadership of our collaborative governance structure, continuing-education programs, professional-development activities, and recognition programs. We are fortunate to have a professional of Trish's stature and reputation on our team.

Along with these changes, I have re-organized coverage of patient care units and services with the addition of a fourth associate chief nurse. Refer to the organizational chart below for specific coverage information.

I'm happy to announce the appointment of Jackie Sommerville, RN, to the position of associate chief for Surgery, IV Therapy, Oncology, Urology, Trauma, Orthopaedics, Neurology, Neurosurgery, Transplant, Burns, Plastic Surgery, OMF, and Vascular Nursing. Jackie also comes to us from Beth Israel Deaconess Medical Center where she was director of Peri-Operative Services. Jackie will assume her new position on January 29, 2001, and with her knowledge and commitment, add another level of richness to our team.

We also welcome Nancy McCarthy, RN, to the role of staff specialist, working with Chris Graf in PCS Management Systems. Nancy comes to MGH from Concord Hospital in New Hampshire where

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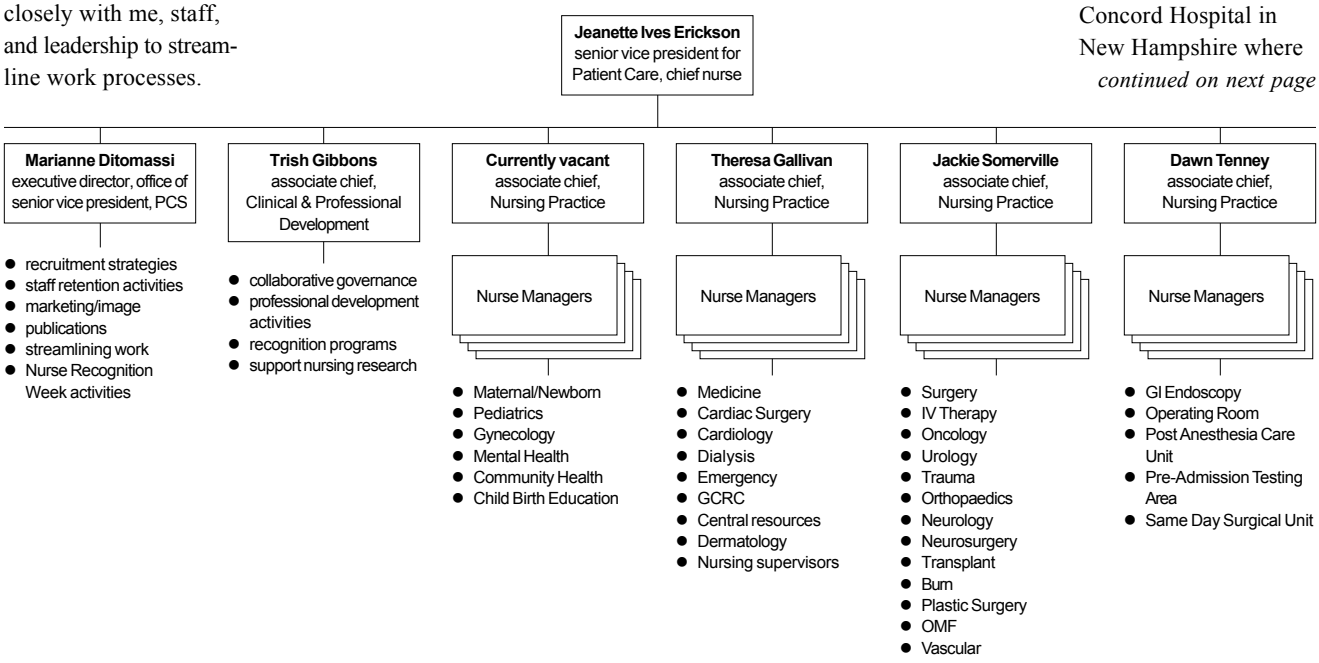
Department of Nursing & PCS
Leadership Re-Structuring (partial organizational chart)



Bilodeau contributes to web-based learning program

Bigelow 13 clinical nurse specialist, Maryliz Bilodeau, RN, MS, CCRN's, presentation, "Inhalation Injury," has been selected for inclusion in a new web-based learning program offered through the American Association of Critical-Care Nurses (AACN).
Staff can access the program by going to website: www.softconference.com\aacn\

Mian publishes in *Clinical Nurse Specialist*

Emergency Department psychiatric clinical nurse specialist, Tricia Mian, RN, MS, CS, published, "The Role of the Clinical Nurse Specialist in the Development of a Domestic Violence Program," in the September, 2000, issue of *Clinical Nurse Specialist*.

Blake 12, White 12 nurses receive Neuroscience certification

The following Blake 12 nurses have received certification in Neuroscience nursing: Elizabeth Sgueglia, RN, CNRN; Oliver Cachero, RN, CNRN; Brenda Ecklund, RN, CNRN; Janice Healey, RN, CNRN; Lori Schatzl, RN, CNRN; Maryellen Robertson, RN, CNRN; Danielle Salgueiro, RN, CNRN; and Lisa Daly, RN, CNRN. White 12 nurses, Beth Fortini, RN, CNRN; Martha Lausier, RN, CNRN; and Nora Shea, RN, CNRN, also received certification in Neuroscience nursing.

Jeanette Ives Erickson

continued from previous page

she held a number of positions, including clinical project coordinator and clinical nurse specialist. We are delighted to have her on board.

I am working closely with Marianne Ditomassi, Steve Taranto, leader of the PCS Human Resources team, and PCS directors and managers to define new ways to fill the remaining vacant positions. We have contracted with an outside search firm, Management Recruiters, Inc., to assist us in finding, screening and presenting qualified, experienced, critical care nurses. We are also aggressively recruiting to fill the positions of:

- associate chief nurse for Maternal/Newborn, Pediatrics, Gynecology, Mental Health, Community Health and Child Birth Education
- coordinator of the Yvonne Munn Nursing Research Program
- nurse managers for IV Therapy, Endoscopy, the new Ventilator Step-Down Unit, the Cardiac Step-Down Unit, and Phillips House 20 and 22
- clinical nurse specialists

Hiring a coordinator for the Yvonne Munn Nursing Research Program is a high priority. We have assembled an advisory board to help define the role and assist in the recruitment process.

You may have heard that Joan Fitzmaurice, RN, director of PCS Quality, has been named director of the new MGH Office of Quality and Safety along with Cy Hopkins, MD, and co-director, Elizabeth Mort, MD. This office will provide leadership and support to all quality endeavors throughout the hospital, including investigations of potentially serious incidents; training for clinical and support staff; and the development, implementation, and tracking of quality-improvement and patient-safety activities.

As we embark on my fifth year as leader of Patient Care Services, I am planning a retreat to review our accomplishments and set new goals for the future. I am still finalizing the agenda, but a major focus will be retention and recruitment. The retreat is scheduled for Wednesday, January 10, 2001, and I look forward to sharing our new goals with you in a future issue of *Caring Headlines*.

Palladino receives BSN from Salem State

Ellison 16 staff nurse, Sandra Palladino, RN, recently graduated from Salem State College with a bachelor's degree of Science in Nursing

EAP Work-Life Seminars

"Home-buying: be an informed consumer"

presented by
Beth Dickerson, RM Bradley

Buying a house or condo for the first time can be a stressful and intimidating process. This two-part seminar will offer important information on buying a home. Part I will provide an overview of all phases from search to closing. Part II will concentrate exclusively on financial aspects, including the steps necessary to secure a mortgage and a pre-qualified certificate.

Part I
"Search to closing"
Thursday, January 11, 2001
12:00–1:00pm
Wellman Conference Room

Part II
"Financing your new home"
Thursday, February 8, 2001
12:00–1:00pm
Wellman Conference Room

Both sessions will be presented at the BWH and Part II will be presented at SRH.

For more information, call the Employee Assistance Program at 726-6976

Multi-cultural observances bring big smiles and spirit of inclusion to MGH

Linda Bracey, RN, Main Operating Room nurse liaison (and Santa's helper!)

Members of the MGH Muslim community break day-long fast at annual Ramadan celebration held in the Trustees' Room. Muslim staff, patients, visitors, and non-Muslim guests enjoyed a sumptuous meal of traditional home-made delicacies, moments of prayer, and informal education about Muslim customs and beliefs.

The Giving Tree brought the spirit of the season into warm and vivid focus with hundreds of hats and turbans donated for use by women undergoing chemotherapy or radiation treatment at MGH. The tree, decorated with many different styles and colors of hats, was a gift from the Friends Fighting Breast Cancer organization in conjunction with The Fabric Place (chain of crafts and fabric stores). Cancer patients were invited to select any hat of their choosing, some of which were accompanied by notes of encouragement from the hats' creators.

The Giving Tree

Reverend Mary Martha Thiel, director, MGH Chaplaincy

Reverend Ana Ruth Higbee-Barzola

A Multi-cultural holiday song-fest, sponsored by the MGH Chaplaincy, drew hundreds of MGH employees and visitors to the Main Lobby for an afternoon of uplifting music and seasonal songs for the soul!

(L-r) Bobbi Evans of the Ladies Visiting Committee; Deborah Washington, RN, director, PCS Diversity; and Father Felix Ojimba of the MGH Chaplaincy, display "Honoring Traditions" banners. The banners, each representing a different cultural or religious tradition, are the culmination of a collaborative undertaking that grew out of an employee-driven desire to celebrate the holidays in true multi-cultural fashion. Individuals from diverse backgrounds and departments pooled their creativity and resources to realize a holiday vision that embraced all religions, cultures and nationalities. The group, including Beverly Lasovick (Human Resources); Mary Martha Thiel (Chaplaincy); Bill Banchiere (Environmental Services); Greg Doyle (Buildings & Grounds); Helen Doherty (Food & Nutrition Services); Pat Rowell (Volunteer Services); Bill Belton (Buildings & Grounds); and Bobbi Evans and Phoebe Coues (Ladies Visiting Committee), received funding and support from Patient Care Services, Materials Management, and the office of the MGH president. What began with a handful of individuals, a simple idea, and a commitment to diversity, brought a spirit of unity and inclusion to MGH in the form of colorful banners recognizing Hanukkah, Kwanzaa, Ramadan, Chinese New Year, Epiphany, and Christmas.

Bonnie Zimmer, LICSW, Social Services

Myriam Grosso, Ambassador Services

Jeanette Ives Erickson, RN, senior vice president for Patient Care (second from right), with members of the PCS Diversity Steering Committee at this year's "Holidays Around the World" celebration and annual gift-giving event.

For White 10 nurse, holistic care means getting to know patient despite barriers

Jennifer Schoerner, RN
staff nurse, White 10

My name is Jennifer Schoerner, and I am a staff nurse on the White 10 Medical Unit. I took care of Mr. W for several weeks throughout his complicated hospital stay. Mr. W had suffered a stroke one year ago that resulted in right-sided weakness and expressive aphasia that limited his vocabulary to 'yes' and 'no.' While caring for Mr. W, he expressed very little emotion other than frustration and anger, and made little attempt to communicate.

One afternoon, a friend of Mr. W's visited and began to tell me about the kind of person Mr. W was prior to his hospitalization and stroke. Mr. W was a very intelligent man who had been a professor and dean at Columbia University. He was always very articulate and highly regarded in his knowledge of library science. He had been in the process of writing a book and was just a chapter away from finishing when he had the stroke.

Afterward, with the resulting expressive aphasia, Mr. W had become depressed and isolated himself from many of his former friends and colleagues. His wife had been supportive but was dealing with her own mental illness; she had been undergoing treatment on both an inpatient and outpatient basis. These stressors and the lack of necessary emotional support due to Mr. W's deliberate social isolation had been a great source of emotional distress for him.

Over the next few days I began to see more expression in his face, and he was making more of an effort to communicate and respond to my questions. As I was getting ready to leave one afternoon, I checked in on Mr. W one last time to say good-night. He reached out his hand to hold mine, and for the first time, he smiled. To some that might seem minor or insignificant, but to me it was an important indication of our improved communication and my better understanding of his emotional needs.

He reached out his hand to hold mine, and for the first time, he smiled... to me it was an important indication of our improved communication and my better understanding of his emotional needs.

Having this new understanding of Mr. W's social background and built-up frustration gave me an increased sensitivity to his emotional needs. I began spending more time talking to him, explaining events and procedures, letting him know how well he was healing, and what his plan of care would be.

Often when we care for patients who have difficulty or are unable to communicate, we don't have the ability to learn about their lives. We don't know about the current events and stresses influencing their emotional well-being. Without this knowledge, we run the risk of neglecting an important aspect of patient care. As I advance my practice, I strive to address the emotional as well as the physical well-being of my patients. I have found that this makes a difference, not only in the care my patients receive, but in the sense of satisfaction I derive from the care I provide.

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

The first thing we learn in nursing school is to know our patients. And as Jennifer shows us, that means more than just knowing their vital signs and test results. It means understanding *who the patient is*. Our greatest gift as clinicians is seeing beyond the illness to the individual.

Mr. W's friend's description of him gave Jennifer insight into who Mr. W was. And Jennifer used that knowledge to connect with Mr. W, to lay the foundation for a trusting relationship. Mr. W is a learned, accomplished professional coping with a debilitating illness. In Jennifer, he saw more than a caregiver; he saw someone who took the time and the initiative to see *him* as more than a patient. Jennifer was able to care for and advocate for Mr. W in a much more meaningful way because she took the time to get to know her patient.

This is not a long narrative, but its lesson is a pure and powerful one. Thank-you, Jennifer.

HOPES committee makes complementary therapies more accessible

Once considered 'bogus,' taboo, or ineffectual, complementary therapies are now being embraced by many patients and caregivers as viable supplements to traditional medicine. In response to this growing interest, the Complementary/Alternative Therapies Committee, under the auspices of the Cancer Center's HOPES Program (Helping our Patients and families through Education and Support), was formed in October of 1998 to explore complementary therapies as they may relate to the care of cancer patients.

The committee, comprised of nurses, social workers, dieticians, psychologists, physicians, and other professionals, has developed a new brochure entitled, *Are you thinking about complementary/alternative therapy?*

The brochure is designed to help patients make informed decisions, in partnership with their care providers, if they are considering complementary therapy. Complementary therapies is a broad term for therapies that are often viewed as 'complements' to mainstream medicine and can include such things as Therapeutic Touch, Yoga, or support groups.

The Complementary/Alternative Therapies Committee is developing fact sheets about the health-benefit claims of an array of complementary/alternative therapies along with tips on how to access providers, and licensing and cost information. There is a database of natural medicines housed in the Cancer Resource Room. This database has been compiled and reviewed by licensed pharmacists, and provides information about herbs and natural remedies.

The popular HOPES Program seminar series now features one seminar each month dedicated to complementary therapies. During the one-hour presentation, the speaker provides information about a specific therapy and then provides a short demonstration. To date, seminars have focused on Therapeutic Touch, meditation and Reiki. Seminars are free of charge and offered on a drop-in basis. When space allows, staff are welcome to attend.

The brochure, *Are you thinking about complementary/alternative therapy?* is now available in the Cancer Resource Room. For more information, please call the HOPES Program at 72-HOPES (724-6737), or the Cancer Resource Room at 4-1822.

Provider order entry expands to GYN service

In a continuing effort to improve the quality and efficiency of care to all patients, provider order entry (POE) is expanding to include inpatients on the GYN service at MGH. The target date for implementation, which will include the electronic discharge module, is late January, 2001.

The ability to order chemotherapy for oncology patients has been added as a new function of provider order entry. This new function will become available when POE is implemented on the GYN service.

Training sessions will be available starting in January for all new users of provider order entry. If you are interested in more details about training, please contact Michele Cullen, project manager, at 726-6874, or by e-mail.

In-house support staff will be available to assist staff in using both POE and the electronic discharge module. Support is also available by calling the Help Desk at 726-5085.

Share your practice

Share your knowledge

Write an exemplar

for *Caring Headlines*

Understanding pain medication: the equi-analgesic doses of opioids

—by Annabel Edwards, RN, MSN, NP and Elizabeth Ryder, RN, MSN

You just admitted a new patient who has been taking Oxycontin at home for the last 2 months. He is now NPO (no food by mouth) in preparation for surgery. Should a continuous IV infusion of an opioid be ordered? And if so, how much should be given per hour?

If a patient has been tried on Morphine but became nauseated despite Compazine, and the decision is made to try Hydromorphone (Dilaudid) instead, how do you know how much hydromorphone to administer?

These questions and others can be answered by applying the concept of equi-analgesic dosing. "Equi-analgesic" means, "equal relief of pain." but the term is used to imply *approximately the same pain relief*. That's because different opioids are not exactly the same chemically. Even though all the opioids work basically the same way in the body, they are not all created equal. For instance, 1mg of Demerol does not have the same analgesic potency as 1mg of Morphine. The concept of equi-analgesic dosing is important because it gives us a guideline to follow if we want to change from one opioid to another to counteract increased pain, medication side-effects, or some other treatment issue.

Studies have been performed to try to establish dosing relationships between different opioid medications. Because of its long-standing use and almost universal availability, Morphine is used as the standard for comparing the analgesic potency of the various opioids. The analgesic effects of Morphine 10mg IM is the standard used for comparison. Because medications vary chemically, and because many studies are single-dose studies, it is essential to realize that equi-analgesic doses are not perfect. This is especially true when evaluating sustained-release preparations.

Patients often require many changes in doses, routes, and/or medications to help resolve persistent painful syndromes. Having a basic understanding of equi-analgesic dosing principles allows nurses and physicians to order and administer various opioids with greater confidence.

Important points to remember about equi-analgesic charts:

- An equi-analgesic chart is only a guide!
- An equi-analgesic chart is a helpful guide when switching from one drug to another, or from one route to another.
- The dosages cited in the chart do not necessarily represent starting doses; they only suggest a ratio for comparing the analgesic potency between one drug dose and another.
- The longer the patient has been receiving a specific opioid, the more conservative the starting dose of a new opioid should be, i.e., start with less than the equi-analgesic amount. This may seem counter-intuitive, but it has been demonstrated consistently in clinical settings.

Perhaps the simplest way to demonstrate the need for, and use of, equi-analgesic dosing is through a case example.

Mr. R is a 27-year-old, obese gentleman who underwent gastric by-pass surgery. For the last two years, he had been taking a total of 16 Oxycontin 40mg tablets each day for low back pain. Postoperatively, he was NPO and given a PCA (patient-controlled analgesia) Morphine pump with the usual PCA settings of 1mg every 6 minutes, no basal rate. Was this man comfortable after his surgery? The obvious answer is no, but let's look at his opiate requirements using equi-analgesic dosing concepts.

First, we need to figure out the total amount of oral Oxycontin (sustained released Oxycodone) Mr. R was taking in a 24-hour time period (16 pills x 40mg/pill = 640mg of Oxycodone per 24 hours).

We now have a choice between 2 techniques to calculate the equi-analgesic dose of Morphine.

Technique 1: Convert the amount of oral Oxycodone to oral Morphine.

If we look at the chart on this page, we see that 30mg of oral Oxycodone is equal to 60mg of oral Morphine which is a 1:2 ratio. So we multiply the total amount of Oxycontin taken in a 24-hour period by 2 to get the equivalent amount of oral Morphine. (640mg x 2 = 1,280mg of oral Morphine)

We want to know how much Morphine Mr. R should be getting via his IV PCA per day. The chart tells us that 60 mg of oral Morphine is equal to 10 mg of IV Morphine, a 1:6 ratio. So we need to divide the daily oral dose by 6 to get the daily IV dose. (1,280mg ÷ 6 = 213.3 mg).

This is the total given in a 24-hour period, so we want to divide it by 24 to calculate the hourly infusion rate. (213mg ÷ 24 = 8.8mg of IV Morphine per hour).

continued on next page

Sample equi-analgesic chart

Drug (generic)	Parenteral (mg)	Oral (mg)
Morphine	10	60
Codeine *	130	200
Hydrocodone **	-	5 TO 10
Hydromorphone (Dilaudid)	1.5	7.5
Levorphanol	2	4
Meperidine (Demerol)	75	300
Methadone	10	20
Oxycodone ***	15	30
Fentanyl	0.1 OR 100 mcg	-

* Codeine is in Tylenol #2, 3, 4
** Hydrocodone is in Vicodin
*** Oxycodone is in Percocet

Let's think about this. *Before* surgery, Mr. R needed approximately 1,280mg of oral Morphine a day, so *after* surgery he's going to need even more medication for his post-operative pain. For this reason, his PCA basal rate should be close to his typical baseline oral dose. It isn't very often that we see PCA settings with a beginning continuous basal rate of 8mg/hr, but remember this is roughly what he was taking before surgery as calculated using the equi-analgesic chart.

Technique 2: Set up an algebraic equation

Another technique clinicians use, is to set up ratios based on the equi-analgesic chart. We still need to figure out what Mr. R was taking in a 24-hour period, which was 640 mg of oral Oxycodone. Using the chart, we set up ratios and cross multiply as follows:

$$\frac{\text{10mg (parenteral Morphine)}}{\text{30mg (oral oxycodone)}} = \frac{\text{x mg (parenteral Morphine)}}{\text{640mg (oral oxycodone)}}$$

If we work the equation, we arrive at the same hourly infusion rate as with Technique #1—8.8mg of IV Morphine per hour.

Clearly, a PCA dose of 1mg every 6 minutes with no basal rate was totally inadequate and may have resulted in Mr. R experiencing withdrawal syndrome within a day.

When a patient has been taking one particular opioid (in this case Oxycontin) for a long period of time, and is changed to another (in this case, Morphine), we have to take into consideration a factor called, "incomplete cross-tolerance." Because every opioid varies slightly in its chemistry and in the way it works in the body, we cannot assume that a patient who has developed a tolerance to one opioid will be equally tolerant to a new one.

When changing a tolerant patient to a new opioid, the new opioid should usually be started at 50–66% (1/2 to 2/3) of the calculated equi-analgesic dose. In the case of Mr. R, his actual baseline continuous infusion should be started at about 4mg/hr (~50% of 8mg) with orders to allow for an increase if needed. As always, a close pain assessment should be ongoing to ensure that patients are as comfortable as possible. Remember to encourage patients to use PCA demand doses to help control nociceptive (post-operative) pain. The concept of incomplete cross-tolerance does *not* apply to patients who have just recently started to use an opioid.

Suppose Mr. R, now on a Morphine PCA basal rate of 4mg per hour, developed significant nausea overnight and it was thought that the Morphine was the major contributing factor. We want to change the medication to an appropriate continuous infusion of Hydromorphone. How do we do it?

We set up an equation using the current setting of Morphine (note that the incomplete cross-tolerance factor does not apply here as Mr. R has not been taking Morphine for an extended period of time). From the equi-analgesic chart we see that 10mg of parenteral Morphine = 1.5mg of parenteral Hydromorphone. We also know that Mr. R is on at least 4mg of Morphine per hour, which, multiplied by 24, means he is receiving 96mg of IV Morphine per day. The equation looks like this:

$$\frac{\text{10mg (parenteral Morphine)}}{\text{1.5mg (parenteral Hydromorphone)}} = \frac{\text{96mg (parenteral Morphine)}}{\text{x mg (parenteral Hydromorphone)}}$$

And it works out to be 0.6mg of Hydromorphone per hour.

You'll be surprised at how often the equi-analgesic chart can be used to your patients' best interests. Be diligent in knowing what pain medications your patients are taking at home. Being able to utilize an equi-analgesic chart will help you to maintain, if not improve, your patients' pain management.

"Ethical Challenges in the Context of Rehabilitation"

Rehabilitation care involves the integrated services of an extended multi-disciplinary team. The ethical challenges faced by rehabilitation clinicians often involve quality-of-life and social-justice issues.
This interactive session will provide an overview of ethical issues in rehabilitation and illustrate dilemmas in a case-based discussion.

Refreshments will be provided

January 10, 2001
4:30–6:30pm
Walcott Conference Rooms

For more information, call 724-4136

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

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by telephone: 617.724.1746
by fax: 617.726.4133
or by e-mail: ssabia @partners.org

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Educational

When/Where	Description	Contact Hours
January 16 8:00am–12:00pm and January 18 3:30–7:30pm VBK607	**Congenital Heart Disease: a Review of Defects, Repairs and Management** This program is designed for nurses who work with neonatal and pediatric patients diagnosed with CHD and nurses interested in learning more about heart disease in children. Topics will include anatomy and physiology of the heart; cyanotic and acyanotic heart defects, open and closed heart surgical repairs; temporary pacing; and post-operative management. For more information, call The Center for Clinical & Professional Development at 726-3111.	TBA
January 17 7:45am, 1:00pm, 4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Registration is required by 12:00 noon of the day *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
January 18 10:00–11:30am O'Keeffe Auditorium	**Social Services Grand Rounds** "Men and Anger," presented by Steve Simmer, LICSW, PhD, clinical social worker, Medical West Associates, Springfield, MA. All staff are welcome. For more information, call 724-9115.	CEUs for social workers only
January 18 1:30–2:30pm O'Keeffe Auditorium	**Nursing Grand Rounds** Nursing Grand Rounds are held on the first and third Thursdays of each month. This presentation will focus on, "The International Program: a Link to Culturally Competent Care," presented by Leila Carbunari, RN, MEd, international clinical coordinator. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
January 22 7:30am–4:30pm at West Roxbury VA Medical Center January 23 8:00am–4:30pm at MGH (VBK6)	**Intra-Aortic Balloon Pump Workshop** This two-day workshop sponsored by the ICU Educational Consortium is for ICU nurses only. The program will provide a foundation for practice in the care of critically ill patients requiring balloon-pump therapy. Day one hosted by and ICU Consortium hospital; day two held at MGH for MGH staff. To register, or for more information, call The Center for Clinical & Professional Development at 726-3111.	14.4 for completing both days
January 22 7:30–11:30am Wellman Conference Room	**Pediatric Advanced Life Support (PALS) Re-Certification Program** Limited to 25 people; registration is on a first-come, first-served basis. Fee: $80 for Partners nurses, therapists, residents; $110 for all others. For more information, call 726-8287. To register, call The Center for Clinical & Professional Development at 726-3111.	TBA
January 24 8:00am–4:30pm Training Department Charles River Plaza	**Psychological Type & Personal Style: Maximizing Your Effectiveness** In this dynamic workshop, participants will engage in a journey of self-discovery using the Myers-Briggs Type Indicator (MBTI). Participants will learn about their: psychological type and leadership style; preferred methods of communication; preferred work environment; effectiveness as a team member. Following, participants will learn about: the impact of 'psychological type' in problem-solving and decision-making; how to work with opposite types; the implications of type in managing conflict. Registered nurses at all levels of experience are welcome. For more information or to register, call The Center for Clinical & Professional Development at 726-3111.	8.1
January 25 & 26 7:30am–4:30pm Shriners Hospital Auditorium	**Pediatric Advanced Life Support (PALS) Provider Course** Limited to 45 people; registration is on a first-come, first-served basis. Fee: $150 for Partners nurses, therapists, residents; $225 for non-Partners nurses, therapists, residents; $275 for physicians. For more information, call 726-8287. To register, call 726-3111.	TBA
January 25 8:00am–4:30pm Training Department Charles River Plaza	**Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other** Program will provide a forum for staff to learn about the impact of culture in our lives and interactions with patients, families and co-workers. Topics include understanding and defining the importance of culture; the principles of cultural competency; understanding the dynamics of difference; the culture of Western bio-medicine; and the appropriate use of language services. A variety of interactive exercises will help to illustrate the concepts presented. For more information, call The Center for Clinical & Professional Development at 726-3111.	7.2
February 1 7:45am, 1:00pm, 4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Registration is required by 12:00 noon of the day *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -

When/Where	Description	Contact Hours
February 1 1:30–2:30pm O'Keeffe Auditorium	**Nursing Grand Rounds** Nursing Grand Rounds are held on the first and third Thursdays of each month. This presentation will focus on, "Special Issuees in Health Care for Jehovah's Witnesses and Christian Scientists," presented by Reverend Mary Martha Thiel, director, Chaplaincy. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
February 2 8:00am–4:00pm O'Keeffe Auditorium	**Strategies to Maximize Organization and Time-Management at Work for OAs and PCAs** This program will provide participants with tools to learn effective time-management and strategies to approach complex work responsibilities. This workshop will review brain functions related to attention, memory, and executive skills such as planning, organization, and self-regulation. Target audience: OAs and PCAs, but all are welcome to attend. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	---
February 5 8:00am–4:30pm O'Keeffe Auditorium	**Nurses and the Law: Knowing the Vital Signs of the Legal System** This program is designed for clinicians employed in the hospital or community setting. The day will provide a forum for discussion of specific legal topics and the impact they may have on health-care delivery. Topics include: legal terminology and claims overview, the nurse's role in evidence-collection, Security's role in risk-management, medication errors, confidentiality and patients' rights. The day will conclude with a mock trial involving a medication error. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	7.8
February 6 7:30–11:30am and February 8 3:30–7:30pm VBK607	**Congenital Heart Disease: a Review of Defects, Repairs and Management** This program is designed for nurses who work with neonatal and pediatric patients diagnosed with CHD and nurses interested in learning more about heart disease in children. Topics will include anatomy and physiology of the heart; cyanotic and acyanotic heart defects, open and closed heart surgical repairs; temporary pacing; and post-operative management. For more information, call The Center for Clinical & Professional Development at 726-3111.	TBA
February 13 7:30–8:30am Patient Family Learning Center	**On-Line Patient Education: Tips to Ensure Success** This program is geared toward clinicians who have basic Internet navigational skills. The goal is to give staff the tools to find quality patient-education materials to enhance clinical practice and discharge teaching. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
February 13 7:45am, 1:00pm, 4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Registration is required by 12:00 noon of the day *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
February 14 8:00am–4:30pm Training Department Charles River Plaza	**Preceptor Development Program: Level II** Program is geared toward experienced nurses who have functioned as clinical preceptors. This workshop provides participants with an opportunity to further advance their knowledge and skills in developing effective strategies to meet the challenges of precepting, managing conflict, thinking creatively, and coaching for success. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	7.8
Feb. 14, 8:00am–12:30pm February 16 (Exam) 8:00–10:00am Bigelow 4 Amphitheatre	**Transfusion Therapy Course (Lecture & Exam)** For ICU nurses only. Pre-registration is required. For information, call Sue Pauley at 6-3632; to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
February 14 1:30–2:30pm Bigelow 4 Amphitheater	**OA/PCA/USA Connections** Continuing education session offered for patient care associates, operations associates, and unit service associates. This session is entitled, "Spiritual Care of the Patient." Pre-registration is not required. For more information, call The Center for Clinical & Professional Development at 726-3111.	- - -
February 14 5:30–7:00pm O'Keeffe Auditorium	**Advanced Practice Nurse Millennium Series** This new series provides an opportunity for advanced practice nurses from throughout MGH to network and attend clinical, management and professional development presentations for continuing education. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2

For information about Risk Management Foundation educational programs, please check the Internet at http://www.hrm.harvard.edu

Mothers' Corners, lactation services, valuable resources for breast-feeding mothers

In a predominately female work force, lactation support is an important and increasingly more sought-after resource available to MGH employees. In the past 8 years the Partners Employee Assistance Program, in collaboration with numerous departments throughout the Partners network, has worked to provide comprehensive educational, consultative, and tangible services to employees who are breastfeeding. One of those services is the availability of Mothers' Corners, a number of private, comfortable lactation rooms where new mothers can go to express milk after returning to work.

Research shows many benefits associated with breast-feeding, including fewer respiratory illnesses in babies in the first 6 months of life; less diarrhea, coughing, wheezing, vomiting, and fewer doctor visits; a decrease in the incidence of breast cancer in women who breast-feed; heightened bonding experience with babies; and many other benefits.

Women report that being able to return to work while continuing to breast-feed is an important employee benefit. It has been shown to reduce staff turnover, sick time and healthcare costs, and contribute to higher productivity, employee satisfaction and morale.

Mothers' Corners can be found:

- in the Vincent Burnham Kennedy Building (supported by EAP staff and Kim Wedge of Partners Occupational Health)
- at the Charlestown Navy Yard; (Building 149, and One Constitution Center, supported by Rebecca Coburn, MGH Police & Security)
- at the Revere Health Center (supported by Debra Jacobson, MGH Administration)
- at BWH in the Mary Horrigan Center for Women (supported by Tansy Walker-Bois, Lactation Support Services)

In addition to Mothers' Corners, Lactation Support Services provides information on breast-milk storage, engorgement, returning to work after maternity leave, pump rentals, and a list of resources available to breast-feeding mothers. A lending library is also available.

Four times a year educational programs are offered, presented by Germaine Lambergs, IBCLC, Labor and Delivery, entitled "Nourishing Your Newborn," and "Working and Breast-feeding."

Mothers' Corners and these valuable lactation services are just some of the services made possible through collaboration among Partners-affiliated hospitals. For more information, contact the Employee Assistance Program at 726-6976.

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