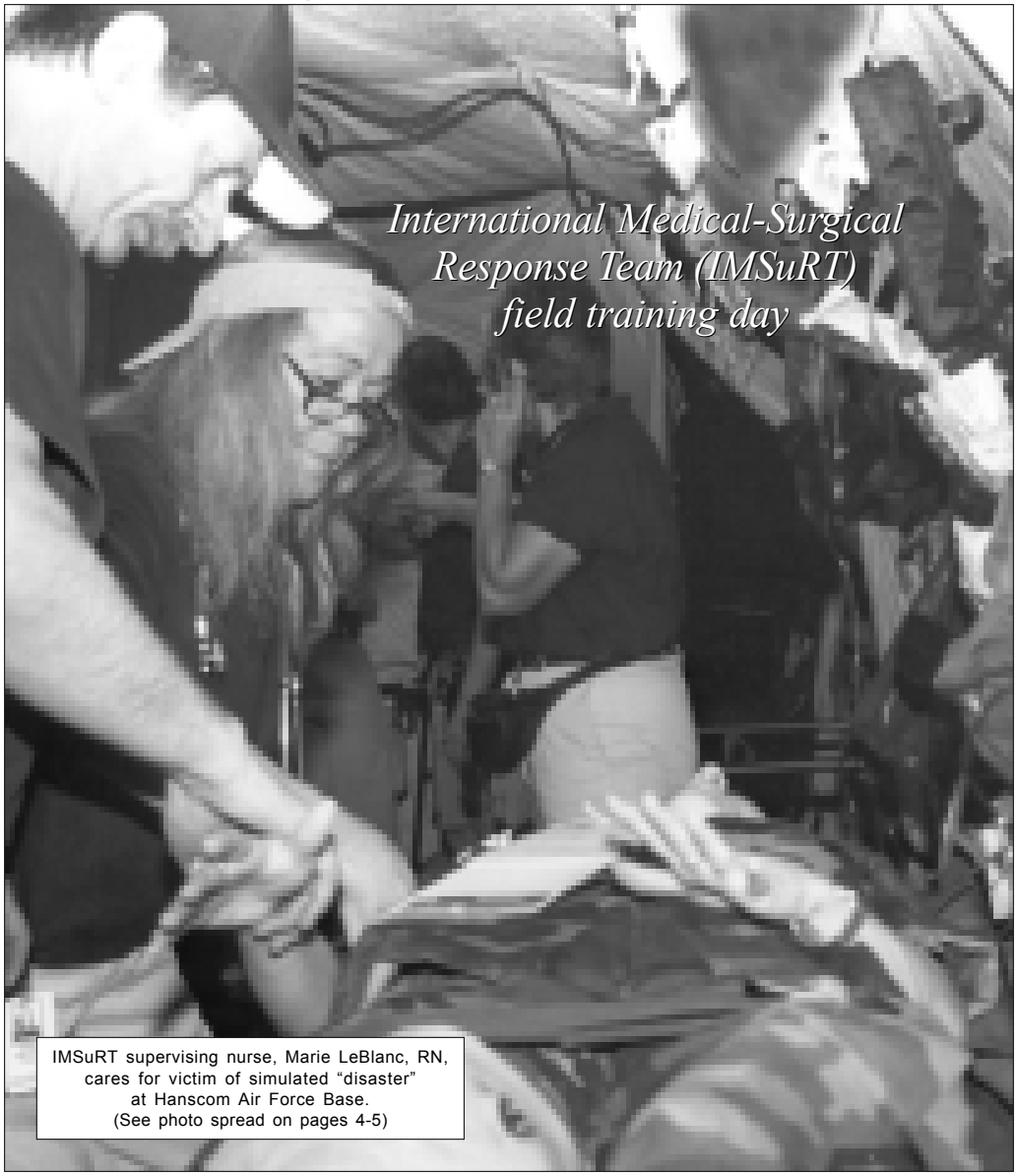
July 19, 2001

Caring HEADLINES

Ready for the call!

Inside:



IMSuRT supervising nurse, Marie LeBlanc, RN, cares for victim of simulated "disaster" at Hanscom Air Force Base.
(See photo spread on pages 4-5)

MGH Patient Care Services

Working together to shape the future

Staff perceptions survey renders good news... and guidance for future work

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

As you know, the third consecutive Staff Perceptions of the Professional Practice Environment survey was distributed this past February, and we have now had a chance to review staff's responses and put them into a meaningful context for our future work. Each year when we conduct this survey, we gain insight about what we are doing well, where we need to improve, and what direction our future efforts should take in order to continue to empower staff to provide exceptional patient care.

Each year's survey adds to our knowledge as trends begin to emerge, presenting us with a very effective tool by which to track our progress. It is my firm belief that this survey offers the truest measure of staff's perceptions of their practice environment. We can learn much by looking at this data with no preconceived assumptions about its 'meaning.' We have nothing to gain by spinning this information into an 'un-real' view of our practice environment; we can only benefit from it by looking at it honestly and letting it tell us what we are doing well, and where we need to improve.

In this column, I'd like to share just some of the results to give you a flavor of what we gleaned from your input. But I encourage you to attend one of the open forum discussions of the survey (one of which was held July 17th; the other) will be held on Friday, July 27th, at 7:30am in the Haber Conference Room. I also urge you to talk with your managers and directors for more unit-specific information.

Overall, 31% of clinicians in PCS responded to the survey, which, statistically, is very good. Feedback was both broad and specific, and revealed a wide spectrum of perceptions related to the practice environment. The survey sought to measure organizational characteristics such as: autonomy, clinician-physician relationships, clinicians' control over practice, communication, teamwork, conflict-management, internal motivation, and cultural sensitivity.

I can tell you that, compared with the first survey we conducted in 1999, there was improvement in every area except communication (and the decrease in that area was not statistically significant). This is very good news!

Some general comments we received indicate that our vision and strategic plan are in line with what staff want. Clinicians wrote:

- Administration has done an effective job of keeping MGH solvent during these uncertain times."
- In spite of what may sound like griping, I do love being an MGH nurse. It gives me a feeling of great pride."
- Our unit-level leadership is working. We have a very low turnover rate."

I am encouraged and invigorated by the feedback we received. I think we should all take a moment to acknowledge the good work we've done together. And in the coming months, these observations will become part of our future work. In this perpetually dynamic environment, we are always in the process of effecting change.

Our Strategic Goals

Goal #1 Enhance communication to promote employees' understanding of organizational imperatives and their involvement in clinical decisions affecting their practice.

Goal #2 Promote and advance a professional practice model that is responsive to the essential requirements of patients, staff, and the organization.

Goal #3 Assure appropriate allocation of resources and equitable, competitive salaries.

Goal #4 Position nurses, therapists, social workers and chaplains to have a strong voice in issues affecting patient care outcomes.

Goal #5 Provide quality patient care within a cost-effective delivery system.

Goal #6 Lead initiatives that foster diversity of staff and create culturally-competent care strategies supporting the local and international patients we serve.

Purpose of Staff Perceptions Survey

- To offer clinicians an opportunity to participate in setting strategic direction of Patient Care Services and influencing the entire organization
- To provide an annual assessment of organizational characteristics influencing clinicians' satisfaction with their professional practice environment
- To enable us to compare patterns of change related to organizational characteristics
- To identify opportunities to improve the environment for clinical practice

Ryan receives Cronin-Raphael award for patient advocacy

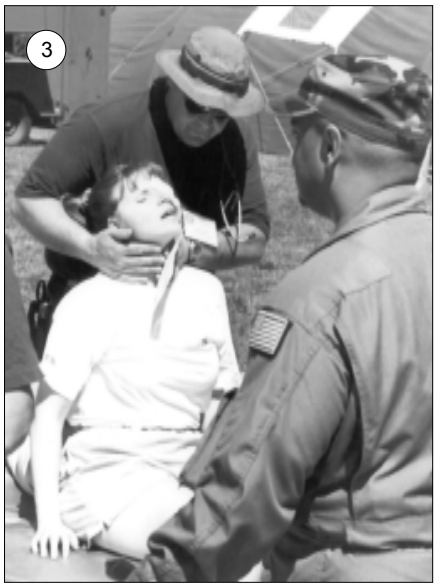
On Thursday, June 28, 2001, in the visitor's lounge on Phillips House 21, the second annual Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy was presented to staff nurse, Kathleen Ryan, RN. Phillips 21 nurse manager, Kathie Myers, RN, welcomed guests, including nurses, unit staff, representatives from the Development Office and The Center for Clinical & Professional Development, and several members of the Cronin and Raphael families. Associate chief nurse, Jackie Somerville, RN, spoke about the history of the award and the importance of continuing to recognize and celebrate the skills and qualities valued by Paul Cronin, Ellen Raphael, and their families.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, presented the award to Ryan, saying, "You haven't been a member of the Phillips 21 team for very long, but you chose this unit and you became a star. This is a moment you should carry in your heart forever; we're very proud of you!"

Accepting the award, Ryan acknowledged her colleagues and co-workers, saying, "This is a tremendous honor. If it wasn't for the support and collaboration of my fellow nurses, I would not be standing here today. Thank-you so much."

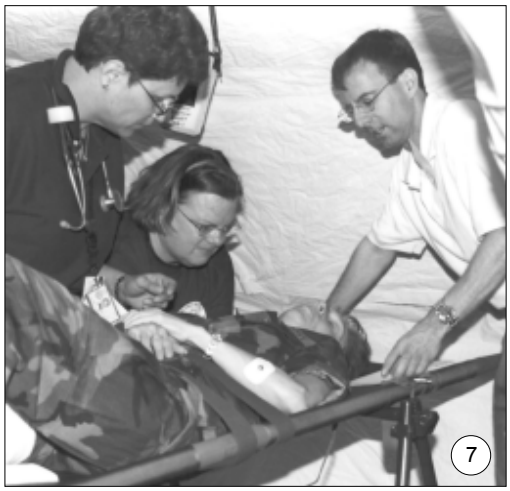
Ellen's sister, Jayne Raphael, reported that her father had recently become ill and was hospitalized for a short time at a local hospital. Said Raphael, "My respect for nurses was again renewed. I was reminded of how wonderful you all are, not only for patients, but for their families. Don't ever underestimate the importance of the services you provide. Your care and the attention you give are a gift."

Above: Ives Erickson (left) presents award to Kathleen Ryan; **At right**: Ryan and Ives Erickson with (l-r) John Cronin (Paul's brother); nurse manager, Kathie Myers; Jayne Raphael (Ellen's sister, in front); associate chief nurse, Jackie Somerville; and Jeff Simmons (Raphael's husband)



Photos:
1) Supervising medical officer of the International Medical-Surgical Response Team, Susan Briggs, MD, surveys the area
2) IMSuRT nurses, Lin Ti Chang (center), Sheila Burke (right) and Rick Kadilak, work in the field
3) Air Force and civilian team members with patient upon arrival at emergency medical site
4) Marie LeBlanc, RN (left) and Jackie Nally, RN, direct triage efforts
5) IMSuRT team member transports patient
6) Team member, John Hinds, EMT, stabilizes patient before transporting him to the OR
7) Katie Brush, RN (center), and anesthesiologist, Mike Fitzsimons, MD, at bedside in the ICU
8) Sheila Burke, RN (left), and Rischa Mayes, RN, care for patients in the ICU
9) After initial assessment, patient is transported to triage tent
10) MGH orthopaedic surgeon, Fred Mansfield, MD (center), simulates surgery in the OR tent
11) In triage, Ellen Walsh, RN, preps patient for surgery

The DRASH (Deployable Rapid Assembly Shelter)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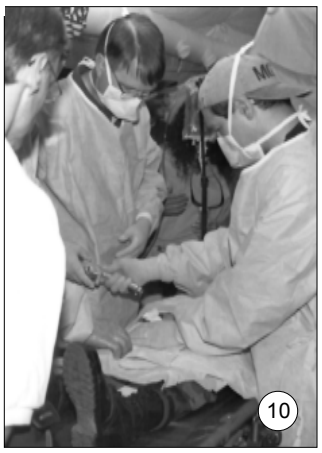
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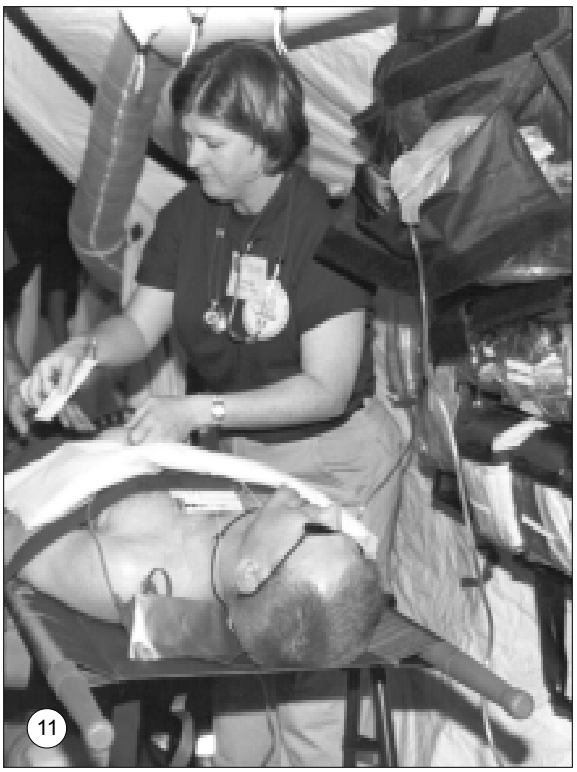
Portable shelter houses climate-controlled triage area, 2-bed operating room, and 8-bed ICU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On most parts of New England, the weekend of June 9, 2001, was a beautiful, sunny, tranquil time. But at Hanscom Air Force Base in Bedford, Massachusetts, it was *disaster!* —simulated disaster, that is. An early-morning, simulated catastrophe activated the International Medical-Surgical Response Team (IMSuRT), for an extremely realistic, 2-day field training exercise. The team, led by supervising medical officer, Susan Briggs, MD, is comprised of MGH nurses, doctors, pharmacists, anesthesiologists, and clinicians from other local hospitals, and is sanctioned by the US Department of State and the National Disaster Medical System. The IMSuRT team was deployed for a 'dry run' to practice field maneuvers and learn to act in unison with Air Force personnel under actual disaster circumstances.

Community volunteers of all ages served as disaster victims; each victim was coached on how to act based on his/her specific injury. The realism of their 'performances,' (screaming in pain, pleading for help, limping, and fainting) contributed to the desired atmosphere of urgency and devastation. Says nurse manager and IMSuRT supervising nurse, Marie LeBlanc, RN, "This was a very realistic simulation—they really duplicated the feel and 'chaos' of an

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Lucy is enjoying an ordinary childhood thanks to some extraordinary caregivers

Three-year-old, Lucy Coombs, has had more medical attention in her short life than most of us have had in a whole lifetime. But she's lucky, because she has two parents and a whole team of caregivers who are committed to giving her the best possible quality of life she can have.

Born at a community hospital, Lucy was brought to MGH in severe respiratory distress when she was only a few hours old. She spent the first four days of her life receiving ECMO therapy (extracorporeal membrane oxygenation), a life-saving technique that oxygenates blood outside the body, then re-circulates healthy blood back through a catheter. When that situation was stabilized, physicians were able to focus on the other issue Lucy presented with—she had been born without a tibia (the large supporting bone that connects the knee and ankle). A radically noticeable anomaly, her left foot was rotated 180º so that the sole of her foot faced upward.

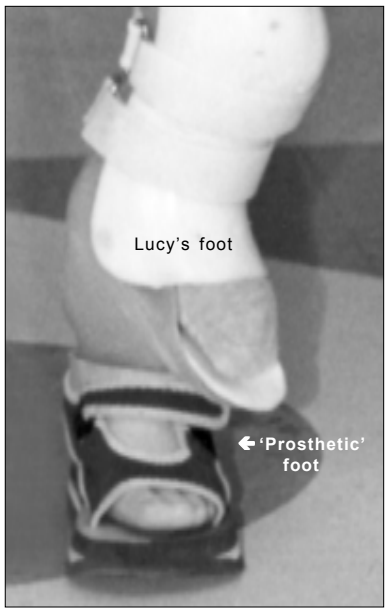
Enter Dr. David Zaleske, pediatric orthopaedist. Says Lucy's father, Bob Coombs, "Doctor Zaleske gave us options. Doctors at other hospitals were advising us toward amputation, but Dr. Zaleske did his level best to impartially present us with alternatives, both surgical and 'mechanical.' It was a difficult decision because there were questions about whether Lucy's leg would grow in proportion to her other leg if we chose corrective surgery."

When Lucy was six months old, Dr. Zaleske performed surgery to re-position Lucy's fibula (the smaller, stabilizing bone that usually runs parallel to the tibia) to take over as the tibia. Says orthotist, Mark Tlumacki, "Surgery involved breaking Lucy's ankle bone and fabricating a knee and ankle joint to connect to the re-aligned fibula. Keep in mind, that on a child that small, this was like working on a fine watch—it was an extremely difficult and sophisticated procedure."

Tlumacki has been at Lucy's side since day one, designing and creating various braces, casts, splints, shoe lifts, and other orthotic devices to accommodate Lucy's needs at every stage of her growth and development. Says Tlumacki, "Our goal is to give Lucy a quality of life where she can get out there and bounce around, be a regular kid, and have fun!

Almost 3-year-old, Lucy Coombs

Lucy had her second surgery when she was 18 months old, this one to try to help lengthen her leg. Using specially designed adult *hand* equipment, Lucy was fitted with a device that attached to her fibula at several critical points. Says Coombs, "It was an 'erector set' of external pins and nuts that literally stretched her bone. We would turn the pins four times a day, and after three months, we had added three inches to her leg. By the time she was two years old, her legs were just about even."



But of course, as children are known to do, Lucy had a growth spurt in the past few months that added three inches to her *other* leg. Says Tlumacki, "The bone in her left leg is solidifying nicely, but she hasn't had as much growth in that leg as we'd like." Back to the drawing board. Because of the marked difference in the length of Lucy's legs, Tlumacki needed to design a device that would compensate for that difference

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Lucy's story

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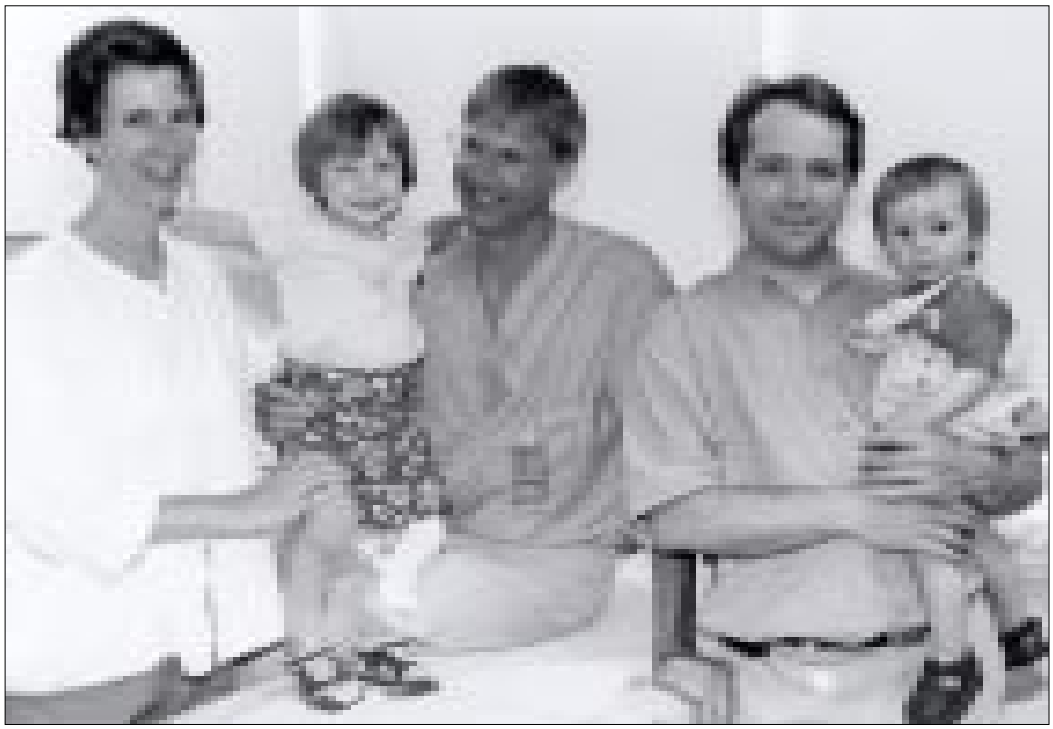

(L-r): Marita Coombs, Lucy, Mark Tlumacki, Bob Coombs, and Lucy's little brother, Thomas

and still give Lucy the stability she needs to get around. Says Tlumacki, "I went with a kind've prosthetic-orthotic combination. The trick was getting it so that it attached at the right angle and pitch to support her weight, gave her good heel contact, and held her leg in place to maintain that all-important vertical alignment." The result was a one-of-a-kind, highbred 'prosthetic' foot (see picture).

And how did Lucy react to this new foot? Mom, Marita Coombs, says, "She had a little emotional difficulty with it at first. Mark was very disappointed when she refused to try it on in the exam room. But we took it home with us, left it around the house and let her get used to seeing it." After some subtle coaxing, Lucy finally tried it on. Says mom, "Once she saw how light it was and realized she could wear different shoes with it… and even paint her prosthetic toe nails… I think she thought, 'Hmmm, this might not be so bad after all!' "

Tlumacki, who really *was* disappointed when he hadn't had the chance to see Lucy with her new foot, was thrilled when mom called to say, "She's wearing it, and she loves it!"

As Lucy continues to grow and develop, amputation still looms as a possibility. The Coombses and their team of caregivers are in 'wait-and-see' mode as their options continue to unfold. But as for Lucy, she runs and plays with the best of 'em, happy to have the quality of care, and the quality of life, every child should have.

Disaster Training Exercise

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actual disaster. It gave the whole team a valuable, hands-on learning experience."

In addition to the human response factor, this training exercise was also an opportunity to test state-of-the-art medical equipment and cutting-edge field survival supplies. Clinicians had access to miniaturized portable ventilators, monitors, handheld ultra-sound and diagnostic instruments, a miniature Doppler probe — equipment never before used in the field. Says LeBlanc, "Team members are told to bring only what we can carry on our backs. So it really helps to have this technology that duplicates what we do in the hospital, but in an amazingly small and compact form!"

Says pharmacist, Ron Gaudette, RPh, "I was very pleased at how well the civilian medical staff performed alongside military personnel. The training exercise shed light on some minor logistical issues we need to work out, but as far as working together as a cohesive unit, everyone performed beautifully!"

And providing medical treatment under field conditions wasn't the only hardship for these clinicians. Many team members ate self-heating MREs (Meals Ready to Eat) and stayed overnight in tents, sleeping on cots or on the ground to maintain the illusion of an actual disaster scenario.

The exercise culminated with the simulated evacuation of 12 critically ill patients when they were transported by ambulance to a runway where a C-9 evacuation aircraft sat waiting to take off. To date, the IMSuRT team has not been deployed to respond to an actual disaster, but based on this weekend training exercise… they're definitely ready for the call.

Empowered by trust to provide exceptional care

Colleen Dunbar, RN
staff nurse, Bigelow 11

My name is Colleen Dunbar, and I am a staff nurse on the Bigelow 11 medical unit. As nurses we define our patients by age, gender, disease, past medical history, and a multitude of other facts that we collect and pass on. To tell you that Mr. C was a 48-year-old gentleman diagnosed with dermatomyositis would be to tell you nothing. To share with you his passion for the outdoors, his love of sailing the open seas with his beloved brothers, of the weekly hikes he took with his wife, of his perception of the sunrise as God's presence in the day, this would only skim the surface, only provide you with the tiniest inkling of how amazing he truly was. To know Mr. C you would have to have witnessed the way his eyes smiled even through intense, unrelenting pain, and the way those same eyes, as blue as the waters he so loved fishing in, could become filled with fear and trust all in the same moment. To know Mr. C is to know the power of laughter and the face of courage.

I first cared for Mr. C last year during one of his initial admissions for dermatomyositis, a disease characterized by an extensive, painful rash over much of the body and irreversible muscular atrophy. Against horrible odds, he fought daily to preserve his dignity, his independence and his strength. He faced the frustrations of the unknown, asking nothing from his healthcare providers but honesty and a chance to once again enjoy an active life. To be Mr. C's nurse was extremely difficult. It was physically, intellectually, and emotionally exhausting. Nothing about his care was routine, and if not for the constant help and devotion of my fellow nurses, caring for Mr. C would have been completely overwhelming. Despite this fact, the overriding truth is that to be Mr. C's nurse was an amazingly rewarding experience and an honor I will not soon forget.

Recently Mr. C returned to our unit with another relapse, this time much physically weaker than he had been during prior admissions. His pain was so intense he was barely able to move, his muscles so weak that breathing was a tremendous task. He was discouraged and frustrated but had the generosity to share himself with us, to lend us his laughter and sense of humor. He shared his fears and looked to us, his team of nurses, for advice. More than anything, Mr. C wanted to live. As scared as he was of the future, which loomed so uncertainly, he clung to the hope that he would once again beat the odds. He fought harder than I thought humanly possible, and persevered when most others would have quit. He gave more than he took, and deserved only the best.

Though faced with a terminal condition, Mr. C was steadfast in his belief that the number of days one lived was not as important as the quality of those days. He often looked to us, his trusted caretakers, to re-affirm these ideals. He knew that as his nurses we would advocate for his best interests, stand by him, and support him as he was forced to make those decisions that would impact his future and the future of his loved ones. By placing his trust in us, he empowered us to provide him with the exceptional care he so needed and deserved. Eventually Mr. C was intubated, and moved to the Intensive Care Unit. Though he wanted nothing more than to live, the quality of life he wanted was now unattainable. I will never forget his unselfishness as he chose to be extubated fearing, not death, but that those who loved him—his friends, his family and his nurses—would think him a coward.

Never have I witnessed a greater act of bravery, and never have I so admired another person. He chose, not death, but dignity. His life was a gift to all who knew him and, though tremendously sad, I will forever be grateful that my career as a nurse led me to such an amazing person, patient, and friend.

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

This is a beautiful narrative. Colleen captures the dichotomy clinicians face everyday: The physical and emotional struggle of caring for a desperately ill patient, and the honor we feel at having that privilege. Pain management, mobility, nutrition, the prevention of respiratory complications—Colleen and her colleagues dealt with all of these issues, but they never lost sight of the man, the person. Colleen's narrative is filled with admiration for Mr. C. And even though she doesn't say it, we know that he had great respect for her, too. He trusted her with his greatest fear, and she honored that trust. This really is a beautiful narrative.

Thank-you, Colleen

New Ethics Support Pilot Program:

centralized access to MGH ethics-related resources

At some point in every clinician's career, he or she encounters a patient-care situation where the solution lies deep in that 'grey area' of ethical uncertainty. While MGH is rich in resources to help caregivers navigate through the labyrinth of ethical considerations, assistance in finding the *right* resource for your particular situation is sometimes the most difficult step in the process.

In an effort to simplify and speed up this process, and ensure that clinicians connect with the proper resource, The Ethics Support Pilot Program has been established by the MGH Task Force, with funding by the MGH-MGPO Make a Difference Grant Program.

Effective immediately and running through September 15, 2001, The Ethics Support Pilot Program will help clinicians and other members of the MGH community identify and clarify ethical questions and direct them to the appropriate MGH resource. The program is staffed by a number of volunteers from various existing ethics committees throughout the hospital. Ethics Support can be accessed Monday through Friday, 8:00am–5:00pm, by calling pager #3-2097. After-hours requests should be left on the voice-mail answering service for response the next business day.

It is hoped that The Ethics Support Pilot Program will improve access to MGH ethics-related resources for all members of the MGH community. An ethics website is also in development to provide answers to commonly asked ethical questions and provide information about state and federal guidelines. For more information about The Ethics Support Pilot Program, call Matt Girotto at 724-4136.

Pharmacy-Nursing Performance Improvement Committee

—by Janet Duffy, RN project manager

The work of the Medication Process Improvement Task Force, initiated in January of 2000, has concluded with the identification of specific recommendations for improvement (reported in the September 21, 2000, issue of *Caring Headlines*) along with "clinician owners" to lead the implementation plan for each recommendation. The task force has reported on a number of these initiatives, most recently, the placement of medication records (in individual binders) in or near patients' rooms, and the implementation of standard medication administration times (SMATs). We will continue to inform you of other initiatives as they become ready for implementation.

The success of the task force highlighted the need for a formal mechanism for ongoing communication and problem-solving between Nursing and Pharmacy. Toward that end, the Pharmacy-Nursing Performance Improvement Committee was recently convened. The committee brings representatives from the departments together on a monthly basis to discuss and analyze issues related to ensuring a safe, efficient, and effective drug-delivery system. The committee is co-chaired by a staff nurse and a staff pharmacist, and has representation from all role groups involved in drug distribution.

Members of the original Process Improvement Team will continue to provide support to ensure continuity between the work of the task force and new Pharmacy-Nursing Performance Improvement Committee.

Feedback from staff will be vital to the success of our improvement efforts. All committee members are on e-mail and would welcome comments, suggestions, or observations on how the medication system is working.

***Co-chairs*:**
- Steve Haffa, RPh
- Suzanne Algeri, RN, Ellison 10

***Members*:**
- Scott Belknap, PT
- Grace Good, CNS, White 9
- Lisa Bouchard, RPh
- Laurin Kenney, RPh
- Debbie Burke, RN, nurse manager, Bigelow 14
- Loretta Marioni, RPh
- Kathy Carr, RN, Ellison 11
- Angela Merchant, RPh
- Michelle Chan, RPh
- Motuma Nataee, RPh
- Colleen Collins, RPh
- Kathy Sweezey, RN, Ellison 8
- Melissa Dion, RN, Blake 8
- Carolyn Washington, OC, Bigelow 13, Blake 6
- Angela Solis, OA, Ellison 9
- Brenda Whelan, RN, SICU
- Jane Galley-Reilly, RN, Blake 6

***Support team*:**
George Reardon
Meg Clapp
Ray Mitrano
Jan Duffy, RN

The peri-natal CNS' role in facilitating progression from novice to expert

—by Patricia Connors, RN
peri-natal clinical nurse specialist

Patricia Connors, RN
peri-natal clinical nurse specialist

In the September 21, 2000, issue of *Caring Headlines*, Gino Chisari, RN, addressed the feelings of new nurses and aptly described the role that CNSs play in helping novice nurses address their frustrations and insecurities. Being in the "real world," sometimes causes nurses to doubt whether or not they made the right career choice. They no longer have that cushion of being the student "cocoon," and it's essential that there be a support system in place to help them.

It's only within the last few years that a new graduate nurse has been able to start his or her career in a speciality area. The usual path after graduation was to a Medical-Surgical setting for at least one year before applying for a position in a specialty setting. With this change come some unique challenges for both the novice and the clinical nurse specialist (CNS) who wants to see this nurse succeed.

The first challenge for the peri-natal CNS is to keep in mind that nursing schools are limited in their ability to offer students experience on maternity units. Maternal-Child Health may be taught in only one semester for seven or eight weeks. Often, there is great competition among schools to find placements for students, and Maternal-Child Health nursing experience is at an even greater premium since not all hospitals have an Obstetrical service. (One college in the area focuses exclusively on outside placements; no experience is offered in a hospital setting at all.) So nursing programs have to do their best to expose students to at least the general principles of Maternity and Newborn Care.

It is the role of the peri-natal clinical nurse specialist to ensure that new graduates are given the support and guidance they need for a successful transition. They will need to build on their basic nursing knowledge and expand it to encompass the intricacies of specialized nursing. The philosophy of the Mother and Child Center is based on a cross-training model. Nurses must be skilled in caring for a woman in the birthing process as well as being cognizant of the needs of the newborn. Neonates come with their own unique anatomical, physiological and emotional needs—they require a customized standard of care and cannot be looked upon as miniature adults. For this model to be successful, and for patients to receive the best care MGH has to offer, added responsibilities for staff-education and development are taken into consideration. The CNS helps new nurses maneuver toward proficiency by offering suggestions to enhance their knowledge through science-based literature, conferences, and one-on-one consultation.

Since this specialty represents a metamorphosis of two individuals into a family, or the expansion of an existing family, an understanding of family dynamics is essential. Acquiring the skills to meet the needs of the entire family takes time, patience and a desire to continuously avail yourself of learning opportunities.

This is also a time when nurses gain an appreciation of all the other disciplines who help a new family to achieve an optimal start. In addition to the labor nurse and the obstetrician (or midwife), the anesthesiologist, pediatrician, social worker, nurse practitioner, visiting nurse, dietitian and chaplain also play vital roles. A new nurse may need some direction on consulting these team members so that making the appropriate referrals will eventually become part of his or her practice (for instance, a patient who is at risk for postpartum depression would greatly benefit from an assessment by a social worker and a follow-up visit from our home care department.)

The acceptance of new graduate nurses into the maternal-child arena has been both challenging and extremely rewarding. They are eager to learn and bring energy and enthusiasm to the department. As a peri-natal CNS, I benefit greatly from their presence as I'm stimulated to find new and innovative ways to help them achieve the level of nursing practice to which they aspire.

Nursing Grand Rounds

"Haitian Women's Health Issues"

presented by Karen Hopcia, RN
and Suzelle Saint-Eloi, RN

August 2, 2001
1:30–2:30pm
O'Keeffe Auditorium

For more information, call The Center for Clinical & Professional Development at 726-3111.

Capasso receives NINR training grant

Vascular clinical nurse specialist, Virginia Capasso, RN, PhD, is the recipient of a National Institutes of Nursing Research (NINR) training grant for her proposal, "The Cost and Efficacy of Three Topical Wound Treatments."

Endoscopy nurses present at annual meeting

Endoscopy staff nurses, Sandra Hession, RN, and Jane Harker, RN, presented at the annual Society of Gastroenterology Nurses and Associates Meeting, held May 19–23, 2001, in Tampa, Florida. Hession presented, "Clinical Experience with a High-Level Disinfectant Solution: Cidex OPA Solution;" Harker presented a hands-on tutorial entitled, "Enhance your Knowledge of Endoscopic Ultrasound."

Empoliti and Myers present at National Association of Orthopaedic Nurses Conference

Clinical nurse specialist, Joanne Empoliti, RN, MSN, and nurse manager, Kathleen Myers, RN, MSN, presented clinical narratives at the 21st annual Congress of the National Association of Orthopaedic Nurses NAON), held in New Orleans, June 10–13, 2001.

MGH has strong representation in the national association with the following nurses currently holding office:

President: Kathleen Myers, RN
President elect: Pamela Tobichuk, RN
Secretary: Jill Taylor Pedro, RN
Treasurer: Joanne Davis, RN
Board members: Ann Austras, RN, and Barbara Levin, RN

Goll-McGee receives Sigma Theta Tau Excellence in Clinical Practice Award

Emergency Department staff nurse and forensic nurse consultant, Barbara Goll-McGee, RN, MS, received Epsilon Beta's chapter of Sigma Theta Tau's award for Excellence in Clinical Practice at an induction ceremony on April 29, 2001, at Fitchburg State College. The award recognizes clinical expertise and expansion of the scope of nursing practice.

Good passes NP exam

Clinical nurse specialist, Grace Good, RN, recently passed her Acute Care Nurse Practitioner exam.

Free receives CNRN certification

Ellison 12 staff nurse, Kim Free, CNRN, has received her Neuroscience certification.

New program rewards PCS employees who recruit or refer clinical staff for hire within Patient Care Services

- PCS Referral Program rewards PCS employees who refer individuals for hire into specific roles between now and September 29, 2001
- All current PCS employees are eligible (excluding directors, leadership and HR staff)
- $1,000 will be given to employees whose referrals are hired into PCS clinical positions of 20 hours per week or more

For more information, contact Steve Taranto at 724-2567

Negotiation Skills for Those Not Born to the Table

presented by Phyllis Kritek, RN, PhD, FAAN, internationally recognized author and scholar

Working in today's complex healthcare environment, negotiation skills are essential for our ability to manage conflicts between individuals of different ages, cultures, disciplines and departments. Conflict-management can also be a catalyst for change. Negotiation skills are key for those working in management or administrative positions.

November 2–3, 2001
8:30am–5:00pm
O'Keeffe Auditorium

For more information, contact Brian French at 724-7843, or Deborah Washington at 724-7469

Cross-cultural care: a patient-based approach

—submitted by Suzelle Saint-Eloi, RN clinical educator

Dr. Joseph Betancourt, senior scientist at the MGH Institute of Health Policy, and director of Multicultural Education for the Office of Multicultural Affairs, presented, "Cross-cultural care: a patient-based approach," at Nursing Grand Rounds on Thursday, June 21, 2001. The focus of Betancourt's presentation was the significance of understanding patients' social and cultural backgrounds. By developing this knowledge, he advised, better comprehensive care can be provided to all patients.

Betancourt began by giving attendees some background information about a cross-cultural curriculum that was implemented for residents at Cornell University, "to provide a framework for analysis of an individual patient's social context and cultural health beliefs and behaviors."

To illustrate this concept, Betancourt introduced a number of specific case scenarios. Attendees were asked to provide feedback about any mitigating circumstances that might have impacted the patient interaction and/or outcome. Betancourt identified five major themes of the curriculum:

- identifying basic concepts
- identifying core cultural issues
- understanding the meaning of illness
- determining the patient's social context
- negotiating across cultures.

Betancourt suggested that this framework could be used as a guide for patient interactions and incorporated into patient-clinician dialogues.

Identifying basic concepts means having a basic understanding of "culture" and being able to identify the patient's culture. This goes beyond ethnicity to include patterns of learned behaviors, community, age, gender, etc.

Exploring core cultural issues is key to a cultural encounter. This means focusing on the unique differences that contribute to an interaction, such as communication styles or family roles. By examining core cultural issues we can acknowledge potential barriers to the interaction and develop a system for asking questions without creating conflict.

Understanding the meaning of a patient's illness is essential in a cultural encounter. Clinicians need to acknowledge that patients may have their own explanations for the cause of their illness that might be grounded in history, culture, and/or religion. How patients interpret illness can influence their response and participation in traditional Western health care.

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Phlebotomy and cultural competence

—submitted by Suzelle Saint-Eloi, RN clinical educator

On Thursday, June 7, 2001, the focus of discussion at Nursing Grand Rounds was, "Phlebotomy and cultural competence," presented by Philip Waithe, RN, clinical educator for The Center for Clinical & Professional Development.

The relationship between phlebotomy and cultural competence may not be obvious to some, but stressed Waithe, "Our ability to provide culturally competent care includes, among many other things, knowledge and sensitivity around the issues of drawing blood. It's about valuing different cultures, going beyond ethnicity to include age, class, beliefs, physical characteristics, and many other factors."

To stimulate audience participation, Waithe conducted a 'pop quiz.' Questions pertained to correct needle size, placement of tourniquets, insertion site, proper disposal of needles, and maintaining universal precautions.

Waithe focused on quality as he led into a discussion of phlebotomy as it relates to three patient populations. The first group was the elderly. Waithe noted that among elderly patients there is often a lack of fatty tissue to support veins, and the sheerness of the skin can lead to tears and skin breakdown. He stressed the need for patient education as many elderly patients lack knowledge about invasive procedures. It's also a good idea to remember that this may be a first hospitalization for some, while other elderly individuals may only be familiar with nursing home care.

Next, Waithe talked about people of color. Many clinicians assume that because this population has darker skin, it is automatically going to be a difficult draw because of an inability to see the "blue vein." This is a *wrong assumption*, and Waithe offered some examples to demonstrate the importance of not operating under false assumptions.

The last group Waithe discussed was the obese population. This group is sometimes labeled "difficult" when clinicians make snap judgements that these patients' veins will automatically be hard to find. This is also a false assumption.

In conclusion, Waithe cautioned caregivers not to oversimplify the level of expertise required for good phlebotomy skills, especially where culturally competent care is concerned. Said Waithe, "Let's be careful not to let assumptions overshadow good clinical practice."

Two local shelters benefit from good-will projects spearheaded by MGH case manager

Good intentions turned to good deeds when Catherine Castronova, of MGH Case Management, suggested that a nice summer project for her department would be to collect food, clothing, and other necessities, and donate them to two shelters she works with. The beneficiaries of her suggestion were the Greater Boston Food Bank, and The Women's Lunch Place, a day shelter for more than 150 homeless or financially deprived women that offers a morning and afternoon meal and a place to rest and take a shower.

Castronova asked everyone in the department to donate groceries, underwear, shampoo, toiletries and small trinkets that might be used as birthday gifts for the women who come to the shelters. Donation boxes were placed at strategic locations, and it wasn't long before they had collected quite a trove of much-needed supplies.

I'm always reminded how little it takes to make someone's day here.

In a thank-you letter Castronova sent to her co-workers, she wrote: "I was at the Food Pantry and Women's Lunch Place over the weekend, and I wanted to share this with you. At the Women's Lunch Place I was greeted with huge smiles and overwhelming thanks… the person working in the kitchen couldn't believe we had brought paper towels! The bags of women's and children's shoes and clothing were especially appreciated.

"On Sunday, I worked at the Food Pantry. A man came in the heat and humidity wearing a wool shirt buttoned to the top and a sport jacket. I got him a cup of cold water and he sat speaking with one of the volunteers in Russian. After a while, he pulled out a food wrapper and asked if we had any more. The wrapper was clean and neatly folded. It was from a bag of Ocean Spray cranberries, and he treated it like it was gold. He had used the cranberries three or four months ago, and he'd been carrying the bag around ever since. He told me that he had cooked the cranberries, let the water cool, and then drank the 'juice.' He used the cooked cranberries for his cereal. I'm always reminded how little it takes to make someone's day here.

"All of your donations have been put to good use. Thank-you for your generosity; it is a pleasure to work with all of you.

"One last thing… many people have asked me about opportunities to volunteer in the area. There is going to be an annual Volunteer Fair at the Boston Marriott at Copley Place on Thursday, September 20, 2001, from 4:00 to 8:00pm. More than 200 organizations will be represented, all offering opportunities to volunteer."

Grand Rounds (Cross-cultural care)

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Clinician need to listen to patients in order to elicit their understanding of their illness. Once this understanding is established, clinicians can incorporate that interpretation into the plan of care.

Another important aspect of a cross-cultural encounter is determining the patient's social context. Social context explores factors such as socio-economic status, environment, social class, and level of literacy, all of which influence the healthcare experience.

The ability to negotiate across cultures is the hallmark of a successful cultural encounter. This involves finding a balance between bio-medical interpretation and the patient's own explanation of his or her illness. At this stage, clinicians and patients come to a mutually acceptable understanding that embraces the differences in their belief systems.

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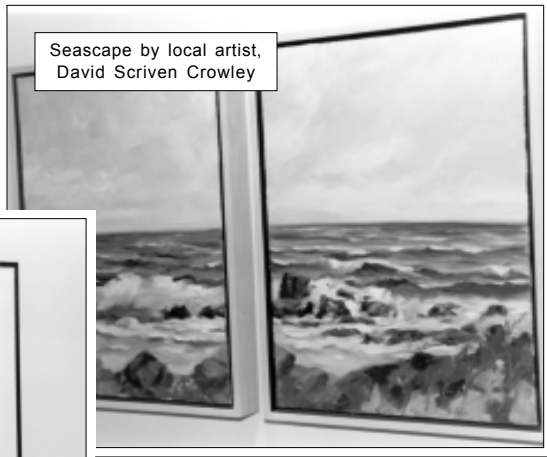
by fax: 617.726.4133
or by e-mail: ssabia @partners.org

Next Publication Date:
August 2, 2001

When/Where	Description	Contact Hours
August 2 7:30–11:30am, 12:00–4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Successful completion of this program re-certifies staff in AHA Basic Life Support. Priority will be given to staff required to have AHA BLS for their job. Others are encouraged to complete unit-based, age-specific mannequin demonstration to meet requirements. Participants must review the new AHA Health Care Provider Manual, which may be borrowed from the CCPD for a returnable $10 deposit. (Note: class has been extended to 4 hours due to changes in AHA requirements.) Pre-registration is required, as is proof of AHA certification within the last two years. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
August 2 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, "Haitian Women's Health Issues," presented by Karen Hopcia, RN, and Suzelle Saint-Eloi, RN. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
August 3 8:00–11:15am VBK601	**Intermediate Arrhythmias** This 4-hour program is designed for the nurse who wants to expand his/her knowledge of arrhythmias. The program focuses on atrial arrhythmias junctional arrhythmias and heart blocks, and prepares staff to take the level B arrhythmia exam. For more information, call The Center for Clinical & Professional Development at 726-3111.	3.9
August 3 12:00–4:30pm VBK601	**Pacing and Beyond** This new and exciting workshop will discuss indications for initiating therapy, fundamentals of the pacemaker system, pacer implantation, international codes/modes of pacing and nursing care. Rhythm-strip analysis will focus on normal functioning and basic trouble-shooting. The session will conclude with a discussion of current and future technology. For more information, call The Center for Clinical & Professional Development at 726-3111.	5.1
Aug. 8, 8:00am–12:30pm August 10 (Exam) 8:00–9:30am Bigelow 4 Amphitheatre	**Transfusion Therapy Course (Lecture & Exam)** For ICU nurses only. Pre-registration is required. For information, call 6-3632; to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
August 8 8:00am–4:30pm Training Department Charles River Plaza	**Introduction to 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
August 8 8:00am–2:30pm Training Department Charles River Plaza	**New Graduate Seminar I** This seminar assists new graduate nurses (with the guidance of their mentors) to transition into the role of professional nurse. Seminars focus of skill acquisition, organization and priority-setting, communication and conflict-management, caring practices, and ethical issues. For more information, call The Center for Clinical & Professional Development at 726-3111.	6.0 (contact hours for mentors only)
August 8 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, "Caring for Patients in Restraints." Pre-registration is not required. For more information, call The Center for Clinical & Professional Development at 726-3111.	- - -
August 9 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, "A Conceptual Model of Nursing and Health Policy," presented by Gail Russell, RN, director of Doctoral Nursing at UMass, Boston. For more information, call 726-3111.	1.2
August 13, 14, 15, 20, 21, 22 7:30am–4:00pm West Roxbury VA	**Critical Care in the New Millennium: Core Program** For ICU nurses only. This program provides a foundation for practice in the care of critically ill patients. Pick up curriculum books and location directions from the Center for Clinical & Professional Development on Founders 6 before attending program. For more information, call The Center for Clinical & Professional Development at 726-3111.	45.1 for completing all six days

When/Where	Description	Contact Hours
August 14 7:30–11:30am, 12:00–4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Successful completion of this program re-certifies staff in AHA Basic Life Support. Priority will be given to staff required to have AHA BLS for their job. Others are encouraged to complete unit-based, age-specific mannequin demonstration to meet requirements. Participants must review the new AHA Health Care Provider Manual, which may be borrowed from the CCPD for a returnable $10 deposit. (Note: class has been extended to 4 hours due to changes in AHA requirements.) Pre-registration is required, as is proof of AHA certification within the last two years. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
August 14 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
August 16 8:00am–5:00pm Wellman Conference Room August 20 8:00am–5:00pm Wellman Conference Room	**Advanced Cardiac Life Support (ACLS)—Provider Course** Provider course sponsored by MGH Department of Emergency Services. $120 for MGH/HMS-affiliated employees; $170 for all others. Registration information and applications are available in Founders 135, or by calling 726-3905. For course information, call Inez McGillivray at 724-4100.	16.8 for completing both days
August 16 1:30–2:30pm O'Keeffe Auditorium	**Nursing Grand Rounds** Nursing Grand Rounds are held on the first and third Thursdays of each month. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	1.2
August 22 8:00am–2:30pm Training Department Charles River Plaza	**New Graduate Seminar II** This seminar assists new graduate nurses (with the guidance of their mentors) to transition into the role of professional nurse. Seminars focus of skill acquisition, organization and priority-setting, communication and conflict-management, caring practices, and ethical issues. For more information, call The Center for Clinical & Professional Development at 726-3111.	5.4 (contact hours for mentors only)
September 4 8:00am–5:00pm NEMC	**Chemotherapy Consortium** This program lays the foundation for certification in chemotherapy administration. Staff must complete a pre-test and pre-reading packet before attending program. (Materials available in The Center for Clinical & Professional Development on Founders 6). Post-program test and clinical practicum required for certification. For more information, call Joan Gallagher at pager #2-5410. Pre-registration is required. To register, call The Center for Clinical & Professional Development at 726-3111.	TBA
September 6 7:30–11:30am, 12:00–4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Successful completion of this program re-certifies staff in AHA Basic Life Support. Priority will be given to staff required to have AHA BLS for their job. Others are encouraged to complete unit-based, age-specific mannequin demonstration to meet requirements. Participants must review the new AHA Health Care Provider Manual, which may be borrowed from the CCPD for a returnable $10 deposit. (Note: class has been extended to 4 hours due to changes in AHA requirements.) Pre-registration is required, as is proof of AHA certification within the last two years. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
September 6 1:30–2:30pm O'Keeffe Auditorium	**Nursing Grand Rounds** Nursing Grand Rounds are held on the first and third Thursdays of each month. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	1.2
September 7 8:00am–4:30pm O'Keeffe Auditorium	**2001: A Diabetic Odyssey** This program is designed to enhance nurses' knowledge around the care of patients with diabetes. Topics will include patho-physiology of Type 1 and Type 2 diabetes; pharmacological interventions, monitoring and management of diabetes; nutrition and exercise; complications; and caring for special populations such as pediatrics, geriatrics, critically ill, and pregnant women. No fee for MGH employees. $30 for Partners employees. $75 all others. Pre-admission is required. For more information, call The Center for Clinical & Professional Development at 726-3111.	8

Healing art work 'illuminates' MGH Cancer Center


Seascape by local artist, David Scriven Crowley

Coming to the hospital for treatment of any kind is never fun. But thanks to the efforts of some local artists and funding from the Friends of the MGH Cancer Center, coming to the Cox 2 outpatient Hematology-Oncology Unit just got a whole lot better!

Beginning this summer, Illuminations, a rotating art exhibit will grace the walls of the MGH Cancer Center in an effort to provide a more healing, comforting, and uplifting surrounding for patients and families coming to the center for treatment. Art work will rotate seasonally and focus on tranquil themes that celebrate nature and rejuvenate the human spirit.

The works of two MGH artists are featured in the debut showing of the Illuminations art exhibit. They are: director of publications for MGH Public Affairs, Arch MacInnes; and the Cancer Center's own Ellen Patton, executive secretary to the clinical director of the Cancer Center.


China '99, a photograph by Ellen Patton

For more information about the Illuminations art exhibit, call Joelle Reed at 726-2689, or stop by the MGH Cancer Center and treat yourself to a little culture!


MacInnes and his daughter alongside one of his collages.

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