May 31, 2001

Caring HEADLINES

Celebrating the grace and greatness of MGH nurses

MGH's observance of Nurse Week included two weeks of special events, receptions, presentations and a gala outing to the Museum of Science, all geared at rewarding, enriching and renewing MGH nurses. This issue of *Caring Headlines* is exclusively dedicated to coverage of our Nurse Week celebration.

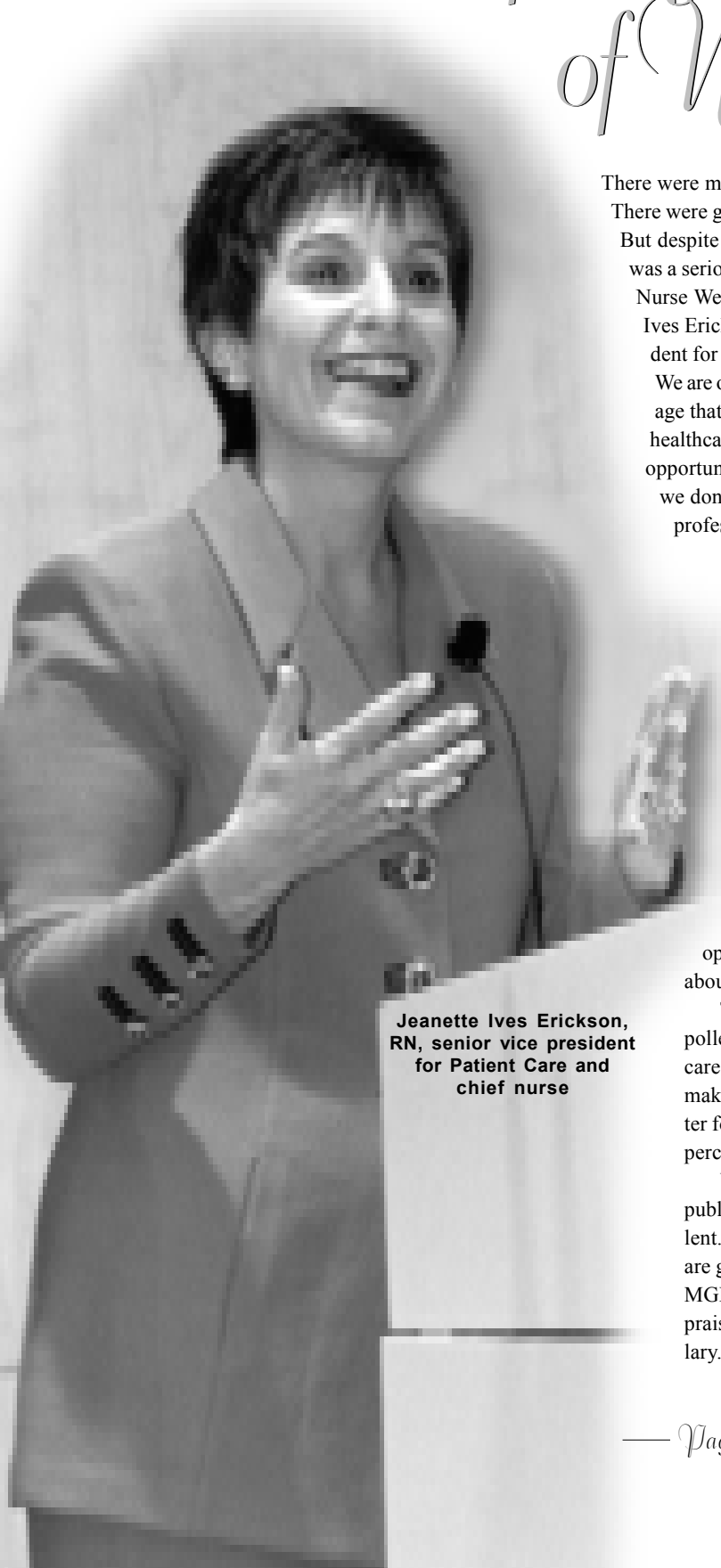
Neonatal Intensive Care Unit staff nurse, Lindsay Shannon, RN, with 9-week-old, Andrew Joseph Fitzgerald, Jr. (born at 25 weeks gestation)

Inside:

Special Issue

MGH Patient Care Services
Working together to shape the future

Defining the Future of Nursing



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

There were movies! There was popcorn! There were games, and there was laughter. But despite the mantle of levity, there was a serious message embedded in the Nurse Week presentation of Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse: We are on the verge of a nursing shortage that could precipitate a national healthcare calamity, and we have an opportunity to impact the future. If we don't define the future of our profession… who will?

Ives Erickson talked about how the public's perception of nursing is created. What informs people about nursing, and are they getting the right information? "Certainly," said Ives Erickson, "anyone whose life has been touched by a nurse knows the importance of nursing as a profession. But what are research studies, public opinion and the media saying about us?"

The 1998 Hart Report, which polled public opinion on health care, asked the question, "Who is making the healthcare system better for consumers?" Sixty-seven percent responded: nurses.

Within the walls of MGH, public opinion of nursing is excellent. Patient satisfaction surveys are good; letters received by the MGH Office of Patient Advocacy praise nursing practice as exemplary. "And I personally," said Ives Erickson, "can attest to the high quality of nursing care delivered at this hospital."

But what about the media? How are nurses portrayed on television and in the movies? To make her point, Ives Erickson showed a series of film clips from movies and television shows such as: *M*A*S*H*, *One Flew Over the Cuckoo's Nest*, *Cider House Rules*, *Meet the Parents*, *The English Patient*, *Wit*, and *China Beach*. You can well imagine the winces and groans that greeted nurse Rachet's presence on the big screen.

As the lights came back up, Ives Erickson looked out over the audience. "What is the message here?" she asked. "If we remain silent… others will portray us in whatever light they want.

"You all have stories. You all have made a difference in the lives of your patients. If each one of you here today told *one story* to just *one* young person, we could change the future. Tell someone about the difference you made today, and you plant the seeds for a new generation of nurses."

Enumerating ways to help define our own reality and influence the future of health care, Ives Erickson pointed to clinical narratives; a willingness to help recruit and retain new nurses; working as preceptors and educators of our young; valuing our practice and being the best we can be; and perhaps most importantly—using our voice!

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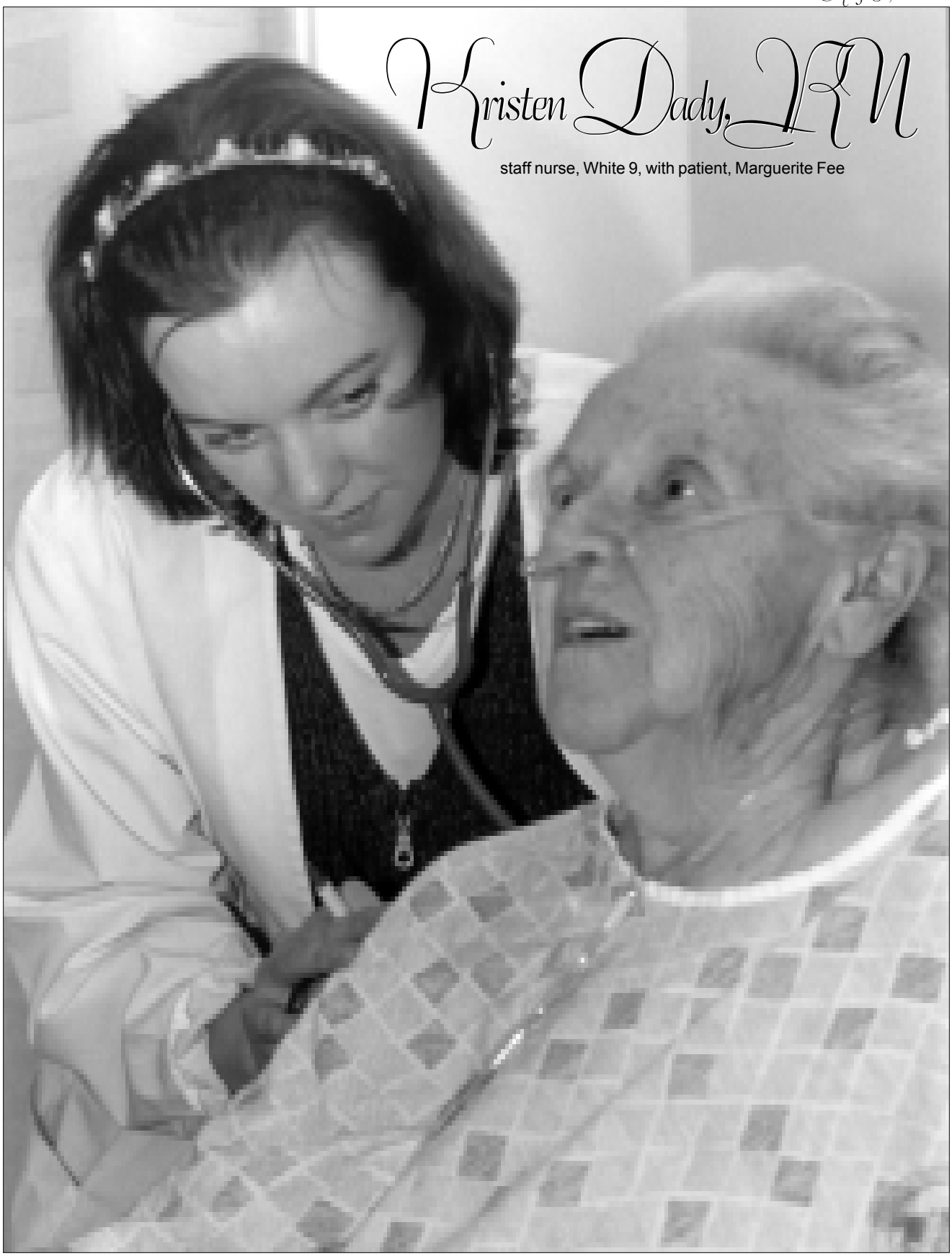

Kristen Dady, LPN

staff nurse, White 9, with patient, Marguerite Fee

Healing meditation

Colin Matthews, violinist, spiritualist

Violinist, Colin Matthews, began his presentation by sharing some of his own personal experiences in harnessing his inner power and the power of the universe to heal and uplift. He led the group in a series of stretching and abdominal-breathing exercises to begin the journey into calmness and meditation. Matthews punctuated his interactive presentation with a number of relaxing violin serenades to help participants reach, "that place that is no place, in a time where there is no time."

Leading the group in a visualization exercise, Matthews offered the following:

- Music is the universal language of the soul
- All healing takes place from a point of relaxation (which is why sleep is so important in the healing process)
- To begin the meditative process, imagine a bright white/violet light. As you inhale, imagine receiving this light through your "third eye" located above your eyes in the center of your forehead. Let it spill down your spine and fill a space in the center of your body (your solar plexus); feel this light like a warm, golden energy. As you exhale, release the light through the top of your head and let it flow through all the cells of your body.
- Feel yourself "shine" from the inside out with golden white light.
- Stay focused.
- Harness that energy and send it to whatever part of your body is suffering illness or discomfort.
- Use the energy to help heal, feel alive, and well, and healthy.
- Use the power of your own "intentionality" to send healing energy.
- Get in touch with love; when you acknowledge love, healing intensifies.
- Let healing be a joyous experience.
- Use this energy to heal yourself and others.

No doubt, all who attended this session were revitalized as the MGH Chapel reverberated with the strength and beauty of Colin Matthews' soothing words and music.

Promoting nursing to a new generation

Moderated by senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, MS, this panel discussion focused on promoting nursing through media coverage and influencing public policy. Each panelist spoke briefly about issues related to her area of expertise, and a lively question-and-answer session followed. Below are some of the key points presented by:

Deborah Colton, director of Government Relations, Partners HealthCare System:

- Government has taken notice of the issues impacting health care. State and federal representatives acknowledge there is a problem, so we are in a key position to influence public policy.
- Some questions being considered are whether or not a separate fund should be established for nursing education within the Medicare Program. Or should a supplemental fund be created?
- At the federal level, there is an important bill in the works (The Kerry Nursing Bill) to help promote and advance nursing as a career, in direct response to the pending nursing shortage
- On the state level, The Moore Bill supports student loan repayment, signing bonuses, RN scholarship programs, and mentoring incentives.

Madge Kaplan, health desk editor, Marketplace and WGBH Radio:

- The RN shortage is being taken seriously by broadcast news agencies; and media coverage is important!
- Visibility in the press creates opportunities to advance the public's knowledge of issues and factors contributing to the shortage
- We need to make stories about nursing exciting and compelling in order to compete with the more high-profile stories; media is a crowded terrain.
- All of our public discussions need to include nurses with the same level of respect as doctors.
- Nurses need to learn how to "reach out" to the media, identify our spokespeople, and promote our own profession.
- Getting the word "out" may mean letting the media "in" more in order to enhance the public's understanding of nursing issues.

Patti McCook Rager, president and publisher, *Nursing Spectrum*:

- There is no doubt that the media shapes the public's perception of nursing.
- We need to be more visible in presenting nursing as a fulfilling career.
- *Nursing Spectrum* is the official media sponsor of a new national (soon-to-be international) campaign called, "Nurses for a Healthier Tomorrow."

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Panelists (l-r): Deborah Colton, Madge Kaplan, Patti McCook Rager, and Laura Watkins

Scientific Sessions

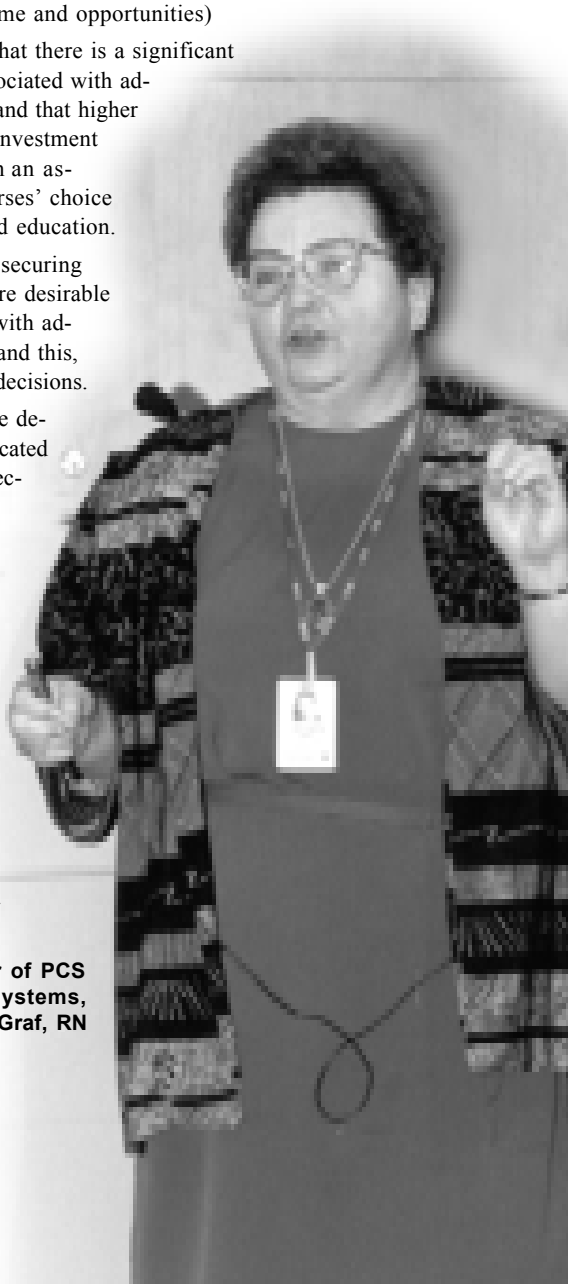
Ellison 9 staff nurse, Maryellen MacNamara, RN, BSN, presented an overview of her research study, "The Effects of Back Massage Before Diagnostic Cardiac Catheterization." Following is a brief summary of her presentation:

- Nurses are the first line of defense in reducing stressful responses to cardiac catheterization.
- This study looked at the effects of a 20-minute back massage on such factors as patients' heart rate, blood pressure, respiration, skin temperature, perception of pain, and other psychological variables.
- The study used a treatment group that received standard care as well as a 20-minute back massage, and a control group that received standard care only.
- Data was collected pre-massage, immediately following the massage, and 10 minutes after the massage.
- Forty-six subjects participated in the study; their mean age was 65 years old.
- The study found significant changes within subjects over time.
- Back massage as a nursing intervention appears to provide comfort and relaxing effects that can put patients in an optimal condition for cardiac catheterization.
- Nurses can create a caring, healing environment in which negative human responses can be reduced.

Staff nurse, Maryellen MacNamara, RN

Chris Graf, RN, PhD, FAAN, director of PCS Management Systems, reported on her research study, "Associate Degree Graduate Nurses' Pursuit of Further Education." Following are some key points of her presentation:

- The study looks at factors that influence associate degreed graduate nurses to pursue advanced degree nursing education.
- The study looks at net earnings, potential advancement, and type or sector of employment as they relate to associate degreed nurses' decision to pursue advanced education.
- Is advanced education a good investment in the future?
- Do future benefits outweigh current costs? (tuition, books, fees, lost time and opportunities)
- Findings indicate that there is a significant wage premium associated with advanced education, and that higher rates of return on investment can be influential in an associate degreed nurses' choice to pursue advanced education.
- The probability of securing employment in more desirable settings increases with advanced education, and this, too, can influence decisions.
- In order to meet the demand for more educated nurses, it will be necesasry to provide support and incentives for associate-degreed nurses to advance educationally.
- It is important to consider the shortage of advance-degreed nurses in tandem with the overall shortage of nurses facing this country.



Director of PCS Management Systems, Chris Graf, RN

Research Presentation

Boston College School of Nursing professor, Joellen Hawkins, RN, PhD, FAAN, proudly acknowledges that she is, "not a linear person," so not surprisingly, neither was her presentation, which focused on women's roles in the establishment of settlement houses and how the legacy of settlement houses still drives our work today. Non-linear, perhaps, but certainly illuminating, Hawkins shared some personal and historical occurrences that led her to pursue a career in nursing. Interweaving family anecdotes with nursing milestones over the years, Hawkins recounted the early history of the Visiting Nurses Association, settlement houses and the strong collaboration that has always existed between nurses and social workers.

- Hawkins credited many of her female relatives and ancestors for instilling in her a sense of optimism and a strong spirit of community service.
- She reminded listeners about the important contributions of nursing and social work pioneers: Jane Addams (founder of Hull House and the settlement-house care system), Ida Cannon (founder of medical social work), and Lillian Wald (home health care pioneer).
- Focusing on research, Hawkins observed that nursing research dates back to the early 1900s when settlement houses kept detailed records of mortality rates, documentation of patient care, and surveys related to home care, and the treatment and frequency of various diseases.
- She shared details about her research study on the care and management of victims of domestic violence; a model of collaboration between nurses, social workers and police.
- When planning a research study, Hawkins suggests fielding a team of researchers whose strengths, interest and expertise are closely related to the research topic.
- Always include students (at all levels) in research studies to ensure a constant pipeline of experienced researchers.
- Identify leadership and clearly identify the role of every member of the research team.
- Whether or not you decide to work alone or field a team should depend on your personal style, the focus of the study, the funding source, philosophy of the study, size of the study, etc.
- The mission and philosophy of settlement houses continue to guide our work today in terms of services delivered and embracing a collaborative approach to patient care and research.

Professor Joellen Hawkins, RN

SummerWorks 2001

Can your department provide a meaningful workplace experience for a curious, motivated student this summer?

This program is a career-exploration/summer internship opportunity for eighth-grade graduates of the James P. Timilty Middle School in Roxbury. SummerWorks 2001 combines weekly interactive workshops with real work experience. Students spend 23 hours a week at the work-site.

If you are interested in participating, and can provide a supportive work environment, please e-mail a brief description of the job opportunity you can offer to: timilty@partners.org

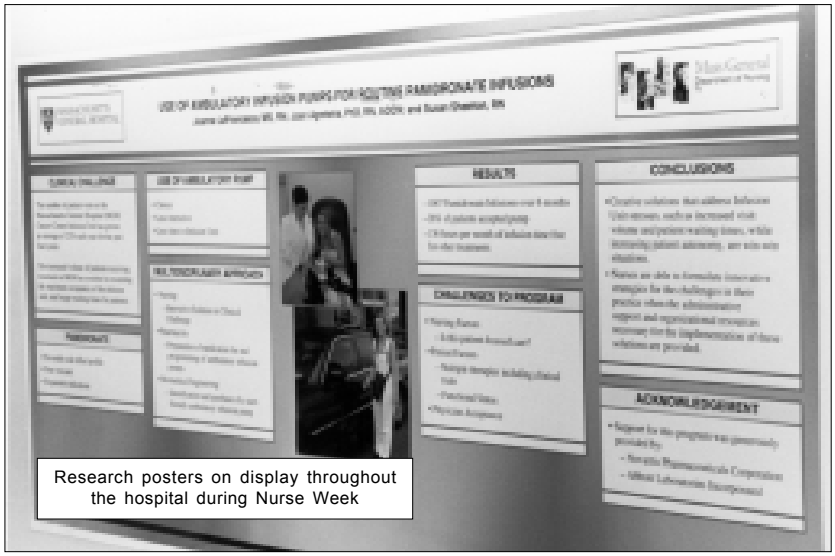
For more information, please call 6-8197

Ellen Daley, LPN

staff nurse, Ellison 8, walks with patient, William Jackson

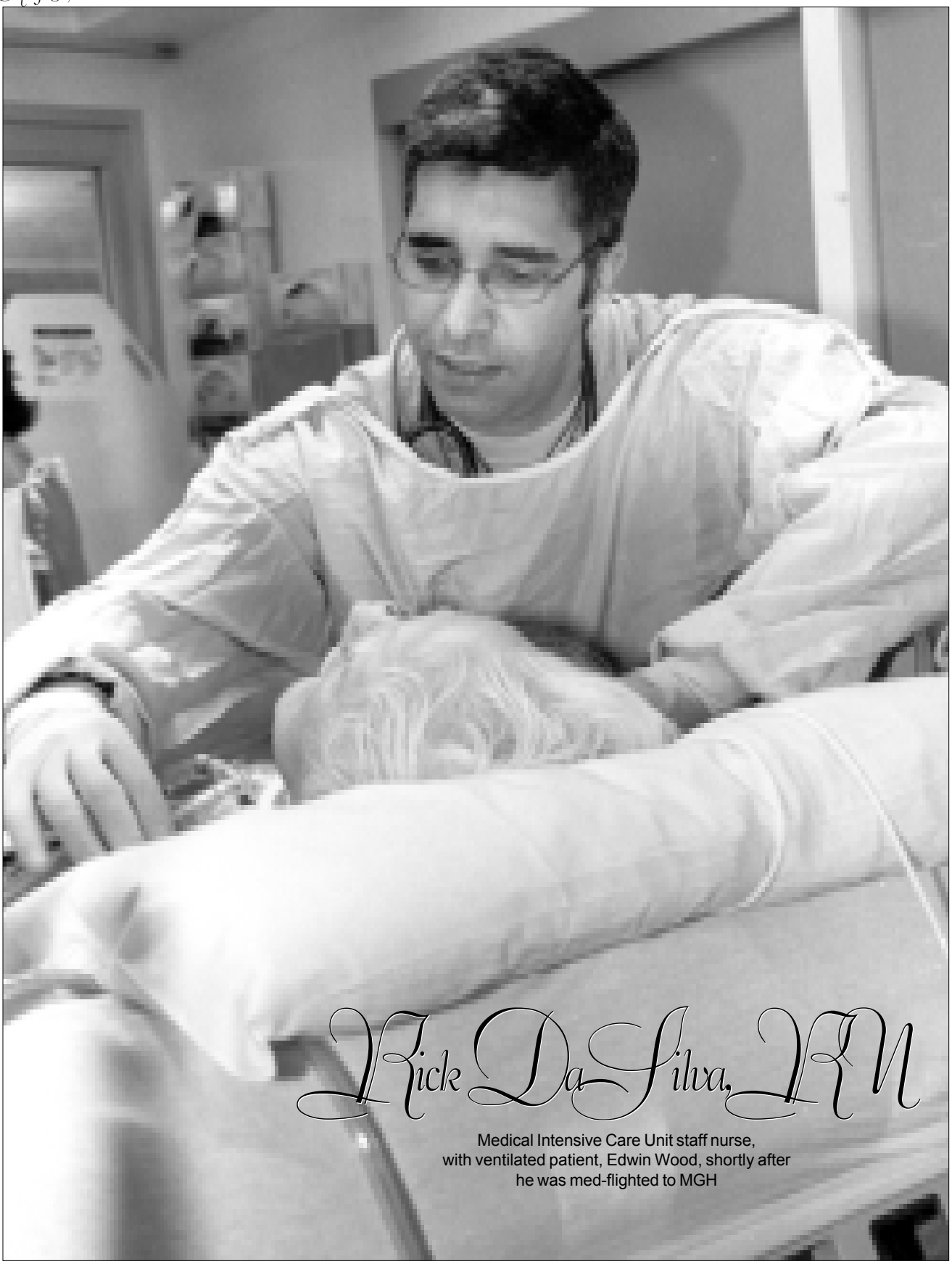
Research on Display!

Among the many other Nurse Week events vying for nurses' attention was the hospital-wide display of nursing research posters, sponsored by the Nursing Research Committee. Maps and abstracts of posters were available to help staff locate specific posters. A record 20 poster presentations were on display throughout Nurse Week, including:



Research posters on display throughout the hospital during Nurse Week

- *Hormone Replacement Therapy: To Be or Not To Be?*
  Laura Mylott RN, PhD, CS
- *Treating Tobacco Use and Dependence, A Review of the Clinical Practice Guideline II*
  Susan Jaster, RN, MSN, AOCN
- *Exploration of Energy Expenditure Between Provider and Recipient of Therapeutic Touch (TT) During a Treatment and the Response to TT on Healthy Individuals*
  Amanda Bulette Coakley, RN, PhD
- *Arterial and Diabetic Wound Healing: A Comparison of the Cost and Efficacy of Two Wound Treatments*
  Virginia A. Capasso, RN, PhD, CS-ANP
- *Nursing Workload: Critical Management Information*
  Christina M. Graf, RN, Sally Millar, RN
- *A Comparison of Measurements from a Temporal Artery Thermometer and a Pulmonary Artery Catheter Thermistor: Preliminary Results*
  Diane L. Carroll, RN, PhD, Cindy Finn, RN, Stephanie Gill, RN, Joanne Sawyer, RN, Beth Judge, RN, MSN
- *Hyper-perfusion Injury vs. Stroke*
  Mary McKenna Guanci, RN, MSN, CNRN, Joan O'Donnell, RN, CNRN, Daria LeSanto, RN
- *Changes in Satisfaction with Physical Functioning after Myocardial Infarction: The Influence of Gender in the Elderly*
  Diane L. Carroll, RN, PhD, and Sally H. Rankin, RN, PhD, FAAN
- *The Boston Collaborative Model: An Innovative Partnership*
  Leanne Espindle, RN, MSN
- *Health Status and Quality of Life at Initial Treatment in Two Cohorts of Survivors of Life-Threatening Arrhythmias*
  Diane L. Carroll, RN, PhD, Glenys A. Hamilton, RN, DNSc
- *Capacity for Direct Attention and Psychological Distress in Patients Undergoing Percutaneous Coronary Intervention*
  Diane L. Carroll, RN, PhD, Lynne Chevoya, RN, CS
- *Clinical Experience with a New High-Level Disinfectant Solution: CIDEX OPA Solution*
  Sandra M. Hession, RN, BSN
- *Considerations for Replacement Solutions and Anticoagulation in CVVH: Efficacy and Complications*
  K. Laliberte-Murphy, R. Palsson, J.L. Niles
- *Use of Ambulatory Infusion Pumps for Routine Pamidronate Infusions*
  Joanne LaFrancesca, RN, MS, Susan Sheehan, RN, BS, Joan Agretelis, RN, PhD
- *Wives' Struggle in Living Through Treatment Decisions for Their Husbands with Advanced Alzheimer's Disease*
  Ellen M. Robinson RN, PhD
- *The Emerging Role of the Chief Nurse Executive in Integrated Delivery Systems*
  Jeanette Ives Erickson, RN, MS
- *An Opportunity for Explicating the Role of the Advanced Practice Nurse*
  Lisa M. Sohl, RN, MS, OCN, and Ruth J. Bryan RN, MSN, CCRN
- *A Model for Multidisciplinary Evaluation of the Professional Practice Environment*
  Joan B. Fitzmaurice, RN, PhD, Jeanette Ives Erickson, RN, MS, Marianne Ditomassi, RN, MSN, MBA
- *Continuous Veno-venous Hemo-filtration (CVVH): Alternative Methods for Delivering CVVH in a High-Risk Pediatric Liver Transplant Recipient: Case Report*
  K. Laliberte-Murphy, R. Palsson, J.L. Niles
- *Health Literacy and Patient Education: The Role and Responsibility of Nursing*
  Taryn J. Pittman, RN, MSN, C, Ann Martin, RN, MS, CS-ANP



Rick Da Silva, RN

Medical Intensive Care Unit staff nurse,
with ventilated patient, Edwin Wood, shortly after
he was med-flighted to MGH

Ask the associate chiefs

Moderated by executive director to the office of senior vice president for Patient Care, Marianne Ditomassi, RN, MSN, this question-and-answer driven panel discussion gave attendees an opportunity to meet associate chief nurses, Theresa Gallivan, RN, MS; Trish Gibbons, RN, DNSc; Jackie Somerville, RN, MS; and Dawn Tenney, RN, MSN. Questions posed by Ditomassi and audience members allowed panelists to share their thoughts on a variety of subjects. Below are some highlights of the discussion:

The first question, asked by Marianne Ditomassi, was: How does your role as associate chief impact nursing practice? Panelists responded as follows:

- *Gallivan*: One area where associate chiefs impact practice is through our participation in the selection of nursing leadership. We have direct influence over decisions that shape our front-line patient care team.
- *Gibbons*: In my role as director for The Center for Clinical & Professional Development, the most visible impact I have on nursing practice is by helping to create a learning environment. Developing new programs, assessing workforce needs, and answering the demand for educational offerings are central to my work.
- *Somerville*: Nursing practice is made up of very complex issues and some very simple issues. I think that associate chiefs' input into program development is key to preserving a team approach that crosses all disciplines.
- *Tenney*: A large part of what we do involves professional development and embracing our professional practice model. I think we impact practice by providing encouragement and support, helping staff "open doors," and seize opportunities. Some of that happens in the form of external exposure through attendance at national conferences, empowering staff to go out, hear new ideas, and bring new concepts back to MGH.

Some of you have recently come to MGH from other hospitals. How do you think MGH compares with other institutions?

- *Gibbons*: It's clear to me that something very special is happening here. I think the feeling both within and outside the walls of MGH is that this is a good place to be a nurse.
- *Tenney*: I know I felt a very strong pull to come (back) to MGH; I really wanted to be part of what's happening in nursing practice here.
- *Somerville*: Nurses are wonderful no matter where they practice; but I think what distinguishes nursing care are the experiences that patients and families have with that care. From all my observations, nursing at MGH is exquisite!

Did any of you have a mentor; are there any memories you can share with us about your experience with a mentor?

- *Gibbons*: I was fortunate to have two very special mentors. One was a chief resident at Boston City Hospital. He was a young physician who saw something in me that I didn't see in myself. He instilled in me a strong sense of patient advocacy, leadership, and the importance of risk-taking. We are still good friends to this day.

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Panelists (l-r): Theresa Gallivan, Trish Gibbons, Jackie Somerville, and Dawn Tenney

Exemplar

Trauma death of a 28-year-old: two clinicians help a family to view the body and keep a lock of hair

—by Alice Gervasini, RN, trauma program nurse manager, and Suzanne O'Connor, RN, ED psychiatric clinical nurse specialist

The following exemplar was published in the April, 2001, issue of the Journal of Emergency Nursing. *It is re-printed here, in its entirety, with no editorial changes.*

At 8:00am the advanced life support crew radioed that they were en route with a patient in traumatic arrest. The patient was a 28-year-old male construction worker who fell approximately 13 stories at a high-rise job site. Advanced life support responders found him in full arrest with fixed and dilated pupils. The patient was intubated, large bore IV lines were inserted, a right chest needle thoracostomy was performed, and chest compressions were started. Estimated rime of arrival was 5 to 8 minutes.

Recollections of the advanced practice trauma nurse

Upon arrival, the patient had no vital signs, and his pupils were fixed and dilated. The physical examination, consistent with high-energy impact, revealed significant head, chest, abdominal, pelvic, and extremity trauma. Shortly after arrival, the patient was pronounced dead. The field crew provided the name of the patient, as well as the names of a friend and his on-site supervisor who were en route to the hospital.

At our hospital, an advanced practice trauma nurse (APTN) is involved with the care of trauma patients from resuscitation through discharge. In this case, I focused on notifying the patient's family and supporting the co-workers who were on site when the accident occurred. One worker had already been taken to another hospital with stress-related complaints.

Because the patient's family was from out of state, following a discussion with the trauma attending physician, we decided to inform the family by phone. I spoke with the patient's mother about the incident, the scene, and our care of her son. She was distraught but asked relevant questions; she described her family and expressed a need to see her son. The patient's brothers would travel a distance to the mother's home and they would join her to come as a family. The mother wanted to see and touch her son and asked where he would be when they arrived in about six hours. I told her that because of the time frame, we would be unable to keep him in the Emergency Department. He would be transferred to the hospital's morgue and then to the medical examiner's office.

I wondered how I could best support this grieving family. Remembering how a lock of hair had been helpful to another family, I grabbed scissors and an envelope as the patient's family and I began to walk toward the morgue.

The mother was concerned about where and how she would see her son. She did not want to "view" him through a glass wall or see him "pulled out of a wall refrigerator." We talked about the possibility of seeing him at the medical examiner's office or the funeral home, but she wanted to see him before he left the hospital and have direct contact with him. I explained that because this was a medical examiner's case, by law I had no control over that office, but that I would try to keep him at the hospital until she saw him. She then gave permission for me to let his friend and supervisor know of her son's death. I spoke with the staff in the hospital morgue and they agreed to try to keep the patient on site until the mother arrived. I also asked the ED reception staff to page me when the family arrived.

At 4:30pm I was notified of their arrival. I quickly checked with the morgue to make sure the patient was still on site and then met the family in the grief room. Present were the mother, her two sons, and a family friend. While talking with them, I was asked to take a phone call about the patient. It was his fiancee. The patient's mother took the call, and although they had never met, shared the devastating news of their loved one's death.

Recollections of the psychiatric clinical nurse specialist

An ED psychiatric clinical nurse specialist (PCNS) was also involved in this case from the beginning. When the patient's friend and supervisor arrived at the hospital, they were upset and aware of the gravity of the situation. Because the patient's next of kin had not been notified of his death, we avoided telling them of his death, but did say, "After a fall like this, it is not likely that he can survive." They wanted to be useful, so they were asked to help get phone numbers of the patient's family.

As the oncoming PCNS, I received report from the APTN and the day PCNS and wondered how I could best support this grieving family. Remembering how a lock of hair had been helpful to another family, I grabbed scissors and an envelope as the patient's family and I began to walk toward the morgue. As with any medical examiner case, we knew the body should be left intact and disturbed as little as possible. We felt we

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could meet the medical examiner's needs and still honor the family's request to be with him.

Nearing the morgue, I went ahead to prepare the patient's body as the APTN explained to the family what to expect. The mother clutched a photo album, and while waiting for me, she showed the album to the APTN. I wheeled the patient from the refrigerator to a viewing room with curtains, chairs, and dim lighting and prepared the body as I normally do—uncovering the plastic sheet from his face to his shoulders and placing a cotton sheet over his body and towels under his head. I also uncovered his hand (which I do if there is no injury to it) and lowered the side rails. The endotracheal tube and nasogastric rube had been cut to behind his lip line. The family entered the room, took a moment to adjust to seeing him, and then moved closer. As they began sobbing, talking to him and each other, the APTN and I took this as a cue to retreat outside the door and allow them privacy. About 10 minutes later, as their conversations diminished (another cue), we re-entered. I approached the mother and the APTN approached the sons. I hugged her and, as she sobbed, she asked if I was a mother. With tears in my eyes I nodded yes. After a few minutes, she sighed and as we gazed at her son, she said, "I'm surprised how peaceful he looks." I then asked if she wanted a lock of his hair. Without hesitating, she said yes. When asked if she wanted to cut the lock herself, she did, and so I handed her the scissors.

Trauma program nurse manager, Alice Gervasini, RN (left), and Emergency Department clinical nurse specialist, Suzanne O'Connor, RN

As we left the morgue, the family seemed more peaceful. We asked if they wanted to sit and talk, but they were meeting with the patient's fiancee, who lived a distance away. As we walked toward the exit, the mother again opened her photo album, as if to introduce me to her son. She said he had a sad childhood after his father died and that she was relieved he had finally found happiness with his recent engagement and new love, the woman they were about to meet for the first time. Reminiscing and telling us about his life was very important; they wanted us to know him as they had known him. This situation was similar to the situation we often encounter in the ICU, when families display pictures around a comatose or dying loved one. When a patient dies in the Emergency Department, our PCNSs routinely call the family to ask how they are, to answer any questions, and to offer support and referrals for grief work, if indicated. After about six weeks we reached the mother. She was grateful for our bereavement call and told us that two things were most helpful—being able to see and touch her son in the dignity of the (viewing) room and obtaining the lock of his hair. She thanked us for both and said that being able to cut and keep the lock of hair made her feel like "I was mothering him again." She said these two things helped give her strength during the past six weeks to face all of her pain.

Conclusion

In the future, I will document for the medical examiner and medical record that the family viewed the body and that a lock of hair was cut, noting the precise location and amount of hair cut. Before other ED nurses incorporate this procedure into their practice, they may want to contact the state medical examiner's office to ensure that the practice is not in violation of their standards and to determine how they would like to have it documented in the medical record. Looking back, allowing the mother to see her son's body without a barrier between them was the right thing to do, as was offering the lock of hair. Although we routinely offer a lock of hair to the parents of infants and children who die, we don't often think to do it with adults, let alone older patients—mothers or fathers, for example. After sharing this experience with ED staff and other colleagues and clearing our intentions with the medical examiner's office, we now plan to offer this opportunity to all families of ED patients who die.

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

Reading this narrative, I am reminded of the immeasurably difficult and important work clinicians do while caring for families at a time of loss and in its aftermath. Legal considerations in these situations are of utmost concern, and as you see in this narrative, Alice and Suzanne were able to help assuage the grief of this family while at the same time being mindful of, and adhering to, all necessary legal requirements. What better way to speak to the 'art' and 'science' of nursing?

As this mother and family emerge from the stinging pain of loss, I have no doubt that they will carry the memory of Alice and Suzanne's kindness and compassion with them, and draw comfort from it.

Thank-you, Alice and Suzanne.

Culturally Competent Care

Culturally Competent Care: Understanding our Patients, Ourselves and Each Other, is part of the on-going curriculum offered by The Center for Clinical & Professional Development. The program provides a forum for staff to learn about the impact of culture on our lives and on our interactions with patients, families and co-workers. Topics generally include: principles of cultural competency; understanding the dynamics of difference; Western medicine; language services; and more.

However, on Wednesday, May 16, 2001, the Culturally Competent Care workshop included a newly introduced exercise led by Deborah Washington, RN, director of PCS Diversity. The exercise was called, "Five Tricks," and it involved a simple game of cards.

Participants were seated at different tables, with approximately five or six players per table. Washington handed out an instruction sheet explaining the rules of the game. Participants were told they couldn't speak to one another once they finished reading the instructions (sign language was okay).

Play began and each table silently completed a game of cards.

After the first game, Washington asked one or two players from each table to move to a different table and play with a different group of people.

Play began again. Only this time, it didn't go quite as smoothly. Players cast questioning looks. There was a noticeable increase in sign language. There was laughter and some confusion. But players completed the game, and again, Washington asked one or two players from each table to switch to a new table.

Once again, play began. There was more confusion. More sign language. More laughter. Some tables threw in their cards, perplexed.

What players didn't realize was that every table had been given a different set of instructions. Each table had a

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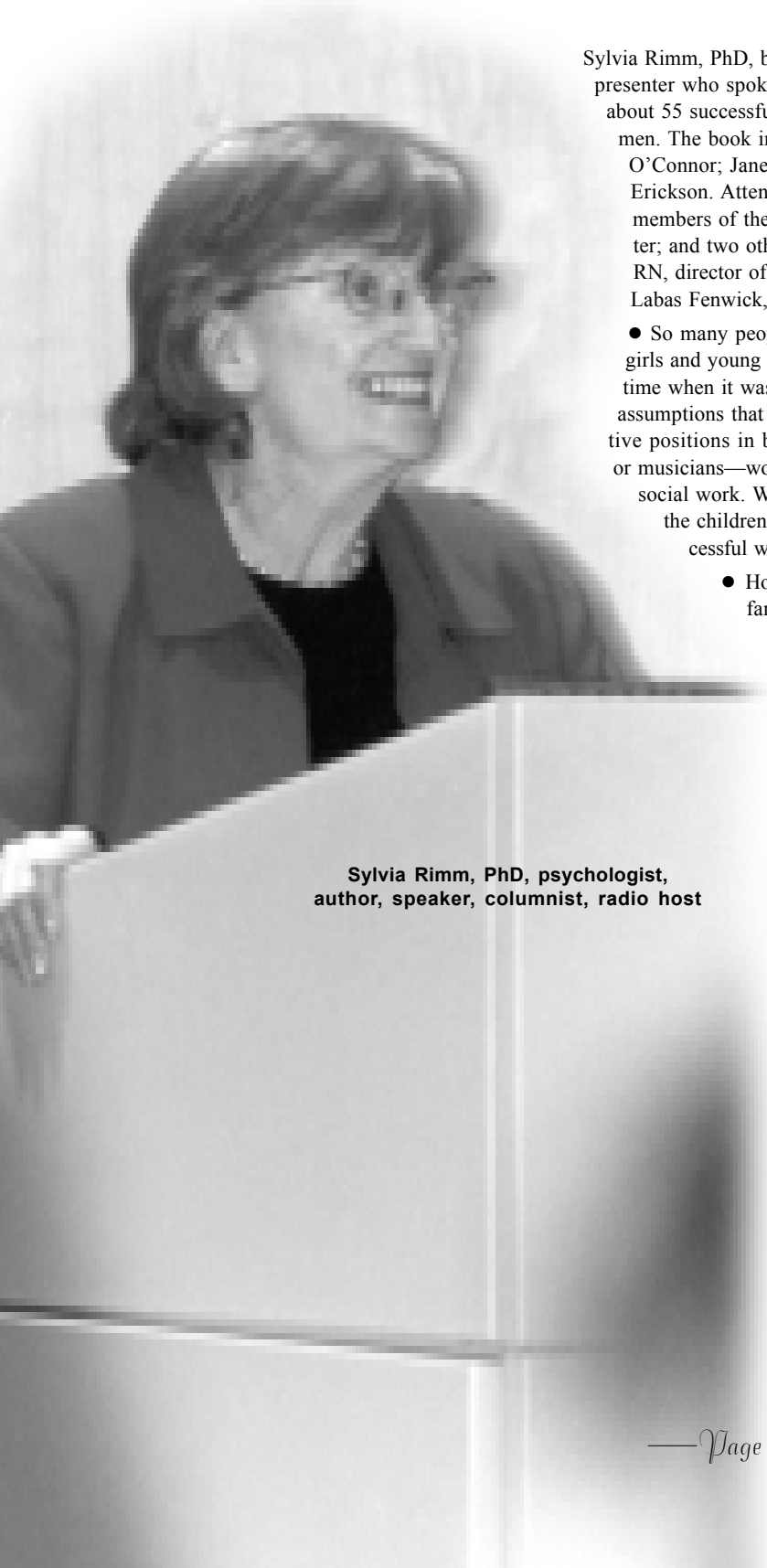
Director of PCS Diversity, Deborah Washington, RN, observes as players try to figure out... the game!

Janet Allen, RN

triage nurse and nurse manager of MGH Everett Family Care, provides patient education for Vincenzo Pesce following urgent visit to the health center

How Jane Won

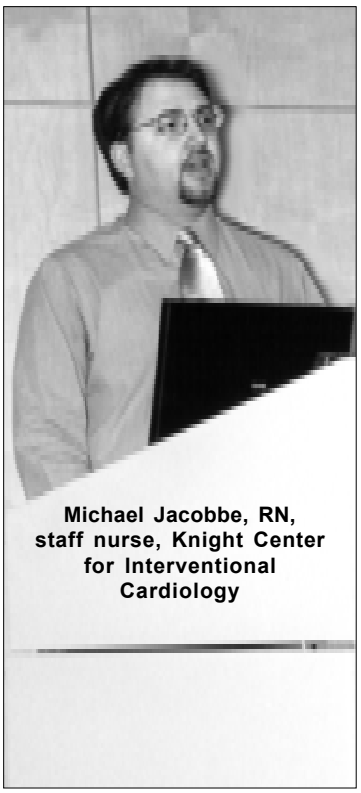


Sylvia Rimm, PhD, psychologist, author, speaker, columnist, radio host

Sylvia Rimm, PhD, bestselling author of *See Jane Win,* was a special Nurse Week presenter who spoke about her latest book, *How Jane Won*, a compilation of stories about 55 successful women who grew from 'ordinary' girls to extraordinary women. The book includes interviews with such successful women as Sandra Day O'Connor; Jane Pauley; astronaut, Cady Coleman; and our own Jeanette Ives Erickson. Attending the session were Dr. James Mongan, president of MGH; members of the Women in Management Group; Ives Erickson's mother and sister; and two other distinguished women featured in the book: Pauline Robitaille, RN, director of Surgical Services at New England Baptist Hospital; and Sandra Labas Fenwick, chief operating officer of Children's Hospital. Said Rimm:

- So many people ask me why I wrote this book. Certainly it was to inspire girls and young women, but it was also because I'm old enough to remember a time when it was a very different world for women. I remember well those old assumptions that women weren't smart enough to hold public office or executive positions in business. There were no women on television, no women artists, or musicians—women were limited to 'nurturing' professions like teaching and social work. Women's identities were determined by the men they married and the children they raised. I wanted to give girls a road map laid down by successful women, women like Ives Erickson and others featured in my book.
- How did we define 'successful?' Not by a six-figure paycheck or a fancy title, but by the sense of happiness and fulfillment you get in doing the work you do.
- Some common themes emerged as I interviewed these formidable women. Among most of these women there was a spirit of resiliency, of perseverance. Many were 'tom boys,' book worms, some were loners, all were smart, hard-working, independent, industrious and curious. Failure was often part of their success, teaching them to get up and try again time after time. There were very few trouble-makers or fashion mongers!
- Women were asked about 'defining moments' in their careers (Ives Erickson shared that a defining moment in her professional development came during the Viet Nam era when she had to choose between getting married to a man who wanted her to 'stay home and have babies' and pursuing a career in nursing).
- The media is bombarding us with messages that women need to be sexy and dumb. Young girls need to hear counter-messages from parents and women they respect. We need to start valuing women for who they really are, and not for what they look like!
- For most of the successful women I interviewed, it wasn't about getting all As. It was more about Cs:
  - character
  - caring
  - commitment
  - competition
  - competence
  - communication
  - collaboration
  - creativity
  - challenge
  - contribution
  - choices!

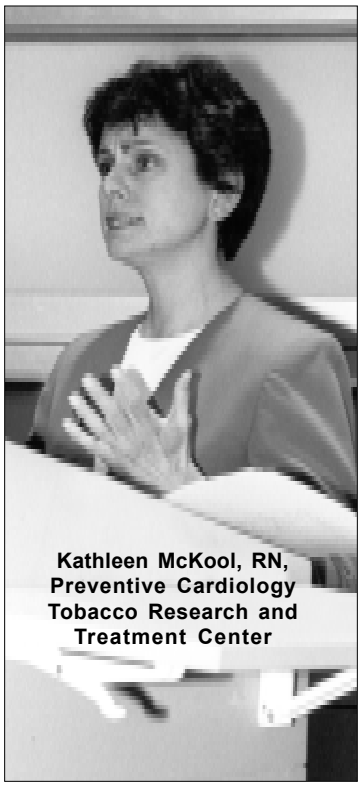
Coronary Syndromes



Michael Jacobbe, RN, staff nurse, Knight Center for Interventional Cardiology

Sponsored by the MGH department of Nursing and The Center for Clinical & Professional Development, "Coronary Syndromes" was a day-long conference dedicated to educating nurses and others on the care and treatment of patients suffering from a wide variety of coronary syndromes. Topics included:

- "Acute Coronary Syndromes: Pathophysiology and Diagnostic Serum Markers," presented by James L. Januzzi, MD, Cardiology
- "Assessment for CAD with Functional Testing," presented by Donald M. Lloyd-Jones, MD, FAAC, Cardiology
- "Anticoagulant Drug Therapy," presented by Anthony Fatalo, RPh, Pharmacy
- "Interventional Therapy," presented by Michael Jacobbe, RN, staff nurse, Knight Center for lnterventional Cardiology
- "Surgical Interventions," presented by Arvin Agnihotri, MD, Cardiac Surgery
- "Diet Management," presented by Amy Zussy, RD, Nutrition and Food Services
- "Smoking Cessation," presented by Kathleen McKool, RN, Preventive Cardiology Tobacco Research and Treatment Center
- "Case Study," presented by Michael Jacobbe, RN, staff nurse, Knight Center for Interventional Cardiology



Kathleen McKool, RN, Preventive Cardiology Tobacco Research and Treatment Center

Jeanette Ives Erickson

continued from page 2

Nurse Week is a time of reflection, and Ives Erickson asked audience members to use this Nurse Week to reflect on some very specific points. "Ask yourselves these questions," she said. "Why did you become a nurse? Why do you continue to practice nursing? How do you communicate your practice outside the walls of MGH? And what do you do to maintain your spirit, your knowledge, your practice, and your profession?"

On a lighter note, Ives Erickson referred to the recent media frenzy over the much-talked-about *Survivor* television show and the fact that a 40-year-old nursing assistant emerged victorious in *Survivor II.* Said Ives Erickson, "She wasn't the most physically fit person on the island. And she wasn't experienced in survival techniques. It was her ethical play and her ability to strategize that led her to win." This gave Ives Erickson the idea for *Survivor III: The MGH Nursing Game*!

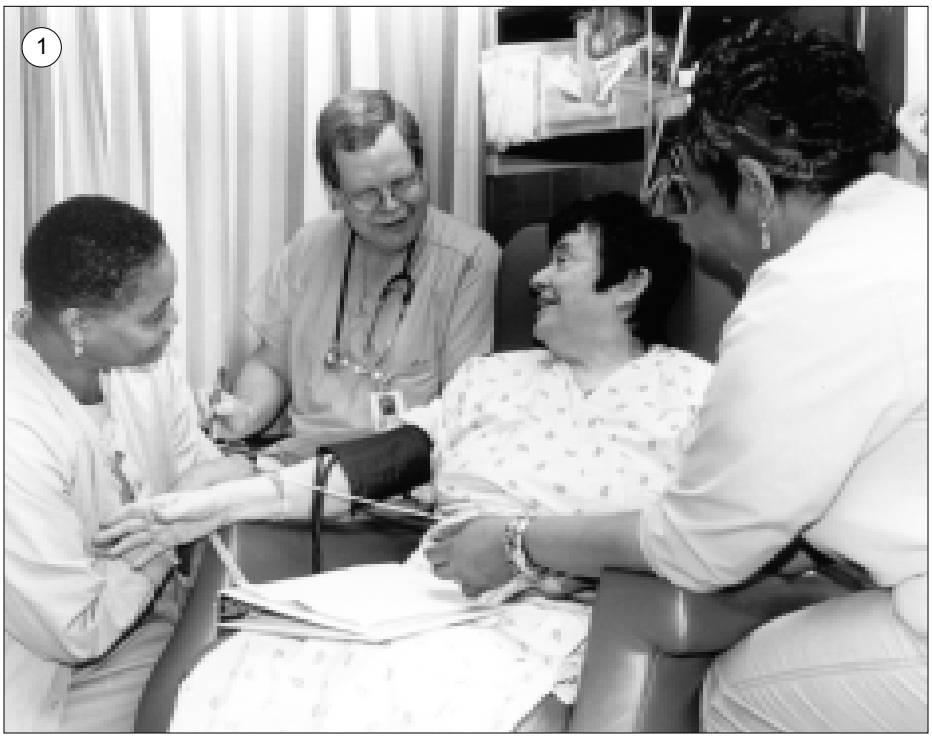
She distributed questions to the audience designed to help MGH nurses, "outwit, outplay, and outlast the competition!" Responders were asked to answer the following questions:

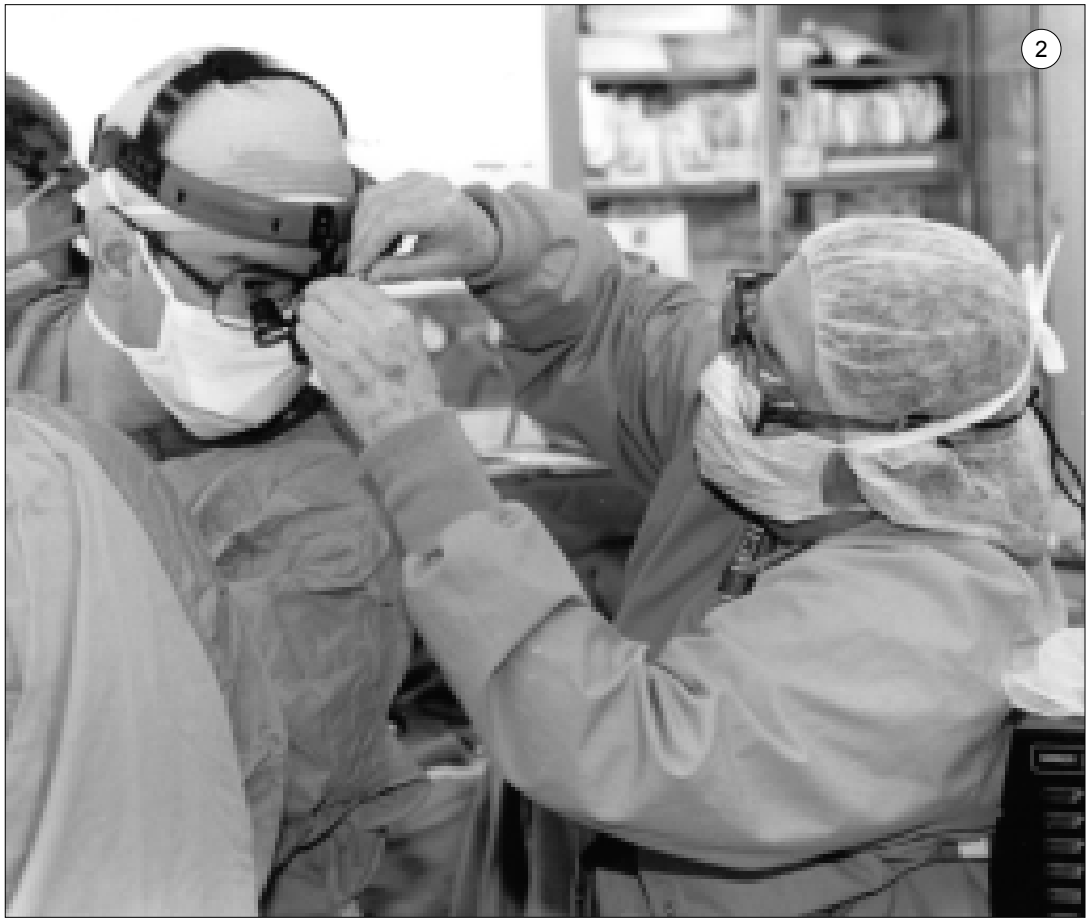
- What is *missing* in your practice that you would most like to see added?
- What do you *have* in your practice that you *never* want to get rid of?
- What do you *have* in your practice that you *most* want to get rid of?

Questions spurred discussion about the importance of a patient-first philosophy of care, autonomy of practice, educational opportunities, collaborative relationships with other clinicians and other disciplines, recognition for clinical achievements, and opportunities for coaching and mentoring.

In closing, Ives Erickson thanked "all the people in the room whose work it is to ensure patients and their families receive the highest quality, compassionate care. I'm thrilled to say that I work alongside the best nurses in the world! I hope this session helped convey how wonderful I think you are, how fortunate we are to practice with you, and how important it is for all of us to keep talking about our practice!"

Nursing in the OR



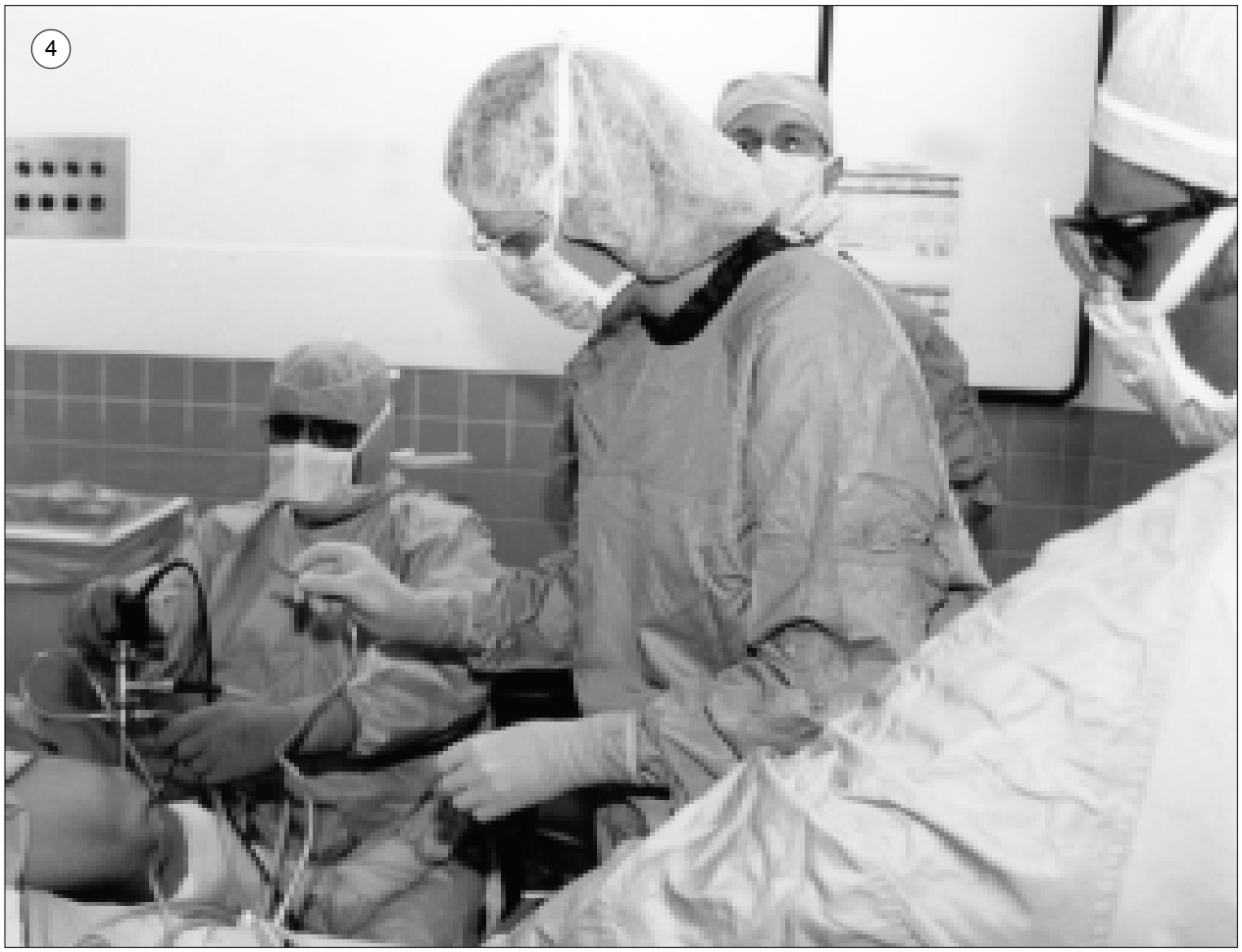


1) Same Day Surgical Unit staff nurse, Paul Cragie, RN, is assisted by patient care associates, Clovina Goodman (left), and Joyce Alexander-Moore, in performing a pre-operative assessment and reassuring patient, Anne Glynn before surgery.

2) Main Operating Room peri-operative nurse, Marjory Mattson, RN, in the circulating role, assists surgeon during oral maxillo facial tumor excision.

3) Post Anesthesia Care Unit staff nurses, Susan Croteau, RN, (left), and Maureen Brecken, RN, monitor patient in the PACU following surgery.

4) Main Operating Room staff nurse, Annette Corben, RN, in the scrub nurse role, assists surgeon during knee arthroscopy.



Celebrating African American heritage

Ending MGH's celebration of Nurse Week on a 'high note,' songteller, Janice Allen and her 13-year-old son, Cyrus, treated attendees to a musical journey through African American history. In a blend of traditional African folk songs, gospel music and story-telling, Allen re-kindled the pride, the passion and the poignancy of a turbulent and triumphant past!

- Audience members joined Allen in "echo clapping," where she pounded out a series of beats on a drum and participants responded by clapping back in the same rhythm.
- Allen taught the audience an ancient Ghanian vending song that incorporated singing, clapping, dance and movement. She explained that this was how families worked and played together at the marketplace as they passed on the importance of cooperation and coordination to their children.
- Allen re-visited that dark time in world history when Africans were kidnapped from their homeland and brought to the United States as slaves. In response to the question, "Why did slave traders choose Africans to bring to the new world?" Allen suggested that while Americans were too lazy to do their own work, they recognized that Africans were a strong, productive, resourceful people who didn't fight back; who had not yet learned to stand up for themselves.
- Don't get caught up in the 'anger box,' cautioned Allen. Don't dwell on 'what they did to us.' It's not productive. It's not useful.
- It's important for everyone to learn about their own culture and heritage and be proud of who you are. It's just as important to embrace other cultures and appreciate the struggles that others have gone through.
- Always be productive. Learn as much as you can. Continue to move forward and dispel stereotypes.
- Allen ended with a humorous, upbeat folk song called, *Signifying Monkey*, to which she sang the refrain and audience members responded with the chorus. Keep laughing, she said in closing. Laughter is therapeutic!

Janice Allen, songteller

Ask the associate chiefs

continued from page 11

- *Gallivan*: I became a nurse manager fresh out of graduate school. And I think the weight of the responsibility of working with a complex patient population was a little overwhelming for me. It was a difficult transition. I was working under the leadership of Mary Connaughton at the time; some of you may remember her. One day she said to me... "Theresa, you keep forgetting to bring Theresa Gallivan to work with you. Y'know, you don't have to become someone else when you come into work everyday."

  Those were very powerful words for me to hear, and they've stayed with me over the years.

What advice would you give to nurses coming up through the system today?

- *Gibbons*: I think I would tell them to take jobs that you might not feel prepared for. Take risks. Stay open to new opportunities even if it means doing something you're not quite sure you can handle.
- *Tenney*: I would tell them to remember to mentor the people you work with. Help everyone to move forward, not just yourself.
- *Somerville*: Keep in touch with your values. Make thoughtful decisions that take everyone's perspective into account. Be inclusive. Get input from as many people as possible. And listen!
- *Gallivan*: Communicate, communicate, communicate! Constantly work on your communication skills; don't ever assume that you've mastered the art of communication. It is a skill that never stops being important.

Culturally competent care

continued from page 14

completely different understanding of 'the rules.' And what ensued was a telling, albeit humorous, example of what happens when different cultures 'collide!'

The game was followed by an insightful discussion, led by Washington, about what it's like to be out-numbered by people who play by different rules; what it's like to enter a new culture; what it's like to try to figure out the rules when you're all alone and you can't communicate with the people around you; how do you come to a common understanding of 'the right thing to do?'

The game was a wonderful exercise in cultural awareness and an excellent trigger for self-reflection, two key factors in our ability to deliver culturally competent care.

Promoting Nursing to a New Generation

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The campaign strives to:

- create a new media image for nursing
- partner with other nursing organizations to create a presence and establish 'clout' in the marketplace.
- support fund-raising, advertising, public service announcements, legislation, media coverage and more to promote the profession of nursing.

Laura Watkins, executive director, Patriot's Trail Girl Scout Council:

- The majority of Girl Scouts identify caring, compassionate professions as preferred future vocations. The two professions selected most frequently by Girl Scouts are veterinarian and oceanographer. This is the perfect opportunity to educate young girls about the merits and rewards of nursing.
- We need to communicate the *positive* aspects of our work to our children—be careful of the messages we send in our conversations with our children.
- Young people are attracted to excitement so we need to call attention to the vast array of opportunities that exist within nursing: outer space, camps, business, research, Peace Corps, etc.
- We need to show our children that they can make a difference in the world.
- No one goes through life without being touched by a nurse; without a nurse making a difference in his/her life.

Published by:

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

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

Next Publication Date:
June 14, 2001

When/Where	Description	Contact Hours
June 7 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.	- - -
June 7 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, "Cultural Competency in Phlebotomy," presented by Phil Waithe, RN, clinical educator. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
June 11 8:00am–4:00pm 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
June 11 8:45am–4:00pm Mount Auburn Hospital Hurwitz Auditorium	**Current Concepts in Critical Care** Presented by the ICU Consortium, this program will cover: Management of Pulmonary Hypertension, Current Issues in Blood Banking, Encephalitis, BIS Monitoring, and Sickle Cell Crisis. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	TBA
June 12 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
June 12 8:00–11:15am Haber Conference Room	**Intermediate Arrhythmias** This 4-hour program is designed for nurses who wants to expand their knowledge of arrhythmias. The program prepares staff to take the level B arrhythmia exam. For more information, call The Center for Clinical & Professional Development at 726-3111.	3.9
June 12 12:00–4:30pm Haber Conference Room	**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
June 13 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, "Infection Control Update." Pre-registration is not required. For more information, call The Center for Clinical & Professional Development at 726-3111.	- - -
June 13 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. This session is entitled, "Summertime Reds and Blues," presented by Sandy Sharon Tsao, MD, laser and cosmetic dermatology surgeon. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
June 13, 8:00am–12:00pm June 15 (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.	- - -
June 14 and 15 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

When/Where	Description	Contact Hours
June 14 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
June 15 8:00am–4:30pm Training Department Charles River Plaza	**Preceptor Development Program: Level I** Program is geared toward MGH staff nurses and advanced practice nurses who have served, or are interested in serving, as clinical preceptors for new graduates, experienced nurses, student nurses or international guests. Participants explore the roles of educator, role model, facilitator and clinical coach as well as partner in planning and guiding clinical experiences. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	7
June 18, 19, 20, 25, 26, 27 7:30am–4:00pm New England Baptist Hospital	**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
June18 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.	- - -
June 21 1:30–2:30pm Clinics 3 Upper Amphitheater	**Nursing Grand Rounds** Nursing Grand Rounds are held on the first and third Thursdays of each month. This presentation will focus on, "Cross-Cultural Primary Care: a Patient-Based Approach," presented by Dr. Joseph Betancourt, Office of Multi-Cultural Affairs. For more information, call The Center for Clinical & Professional Development at 726-3111. (Note change in location from O'Keeffe Auditorium to Clinics 3 Upper Amphitheater.)	1.2
June 21 10:00–11:30am O'Keeffe Auditorium	**Social Services Grand Rounds** "Men and Depression," presented by Terry Real, MSW, private practice, The Family Institute in Cambridge. All staff are welcome. For more information, call 724-9115.	CEUs for social workers only
June 22 8:00–11:00am 12:00–3:00pm O'Keeffe Auditorium	**Time to Change** Part of a four-part program sponsored by the Ethics in Clinical Practice Committee, the Palliative Care Department, and The Center for Clinical & Professional Development. This session will present a successful community model (Balm of Gilead) to inspire change in the healthcare system as it relates to caring for the dying. Program will include both lecture and discussion, as well as a video of the highly acclaimed Bill Moyers PBS series. For more information, call The Center for Clinical & Professional Development at 726-3111.	3.6
June 28 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
July 5 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.	- - -
July 5 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

Commencement 2001

MGH Institute of Health Professions

Below: Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse, with commencement speaker, Greg Koski, MD, director of the federal Office of Human Research Protections. At right: graduates begin procession on the steps of Harvard Medical School. Below right: faculty members join graduates.

No lost opportunities!

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