June 20, 2002

Caring HEADLINES

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Volunteer Recognition Day

"a toast to MGH volunteers!"

Clockwise from top right: a standing-room-only crowd fills the Bulfinch Tent for Volunteer Recognition Day; Jim Scott receives Volunteer Service Award; nurse manager, Mary McDonough, RN (left), and operations associate, Edna Vicente, accept Trustees' Award on behalf of Bigelow 12 from chairman of the board, Edward Lawrence, and MGH president, James Mongan, MD (right); Pat Rowell, director of the MGH Volunteer Department, addresses the gathering.

(Photos by Abram Bekker)

MGH Patient Care Services

Working together to shape the future

The Kresge Challenge: another way to make a difference; and an update on the Clinical Recognition Program

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

The Kresge Challenge

As many of you know, MGH has embarked on a project to build two new state-of-the-art, outpatient facilities that will greatly enhance our ability to provide the highest quality care to our patients.

The first building, which will be constructed during phase one of the project, will be a ten-story structure that will house cancer, cardiology, musculoskeletal, pediatric and women's health services. The other, to be built during phase two, will house a multi-level, state-of-the-art, surgery and diagnostic center, a new ambulance entrance, and radiation oncology services.

With the help of early financial support from philanthropic donors, we were able to break ground in September for this ambitious undertaking, the most ambitious construction project, in fact, in the history of MGH.

This is a very exciting time. These new facilities will help position MGH to maintain and advance our leadership role in patient care, education, and research.

This past winter, MGH received one of the nation's most prestigious grants, a $2 million 'challenge' grant, awarded by The Kresge Foundation. The Kresge Foundation has pledged $2 million toward the construction of the new facility if MGH employees and physicians mount a significant fund-raising campaign to complement their generous donation. In effect, The Kresge Foundation is challenging us to demonstrate our loyalty and commitment by participating in whatever way we can to help raise money for this new building.

In answer to the challenge, MGH has launched the 2002 MGH Physician and Employee Campaign for the Kresge Challenge. This is a wonderful opportunity and a tangible way to contribute to the future of our hospital. Participation is key. The Kresge Foundation wants to see our spirit of support and participation. No donation is too small.

As clinicians, support staff, and members of the leadership team, each of us already gives to the hospital in so many ways. This is just one more way we can make a difference in the lives of our patients and help shape our future.

I've never known an MGH employee to shy away from a challenge. I hope you find this opportunity as exciting as I do. Thank-you for considering a gift to The Kresge Challenge Campaign Fund.

The Clinical Recognition Program

I'd like to remind staff that the Clinical Recognition Program is accepting portfolios for advanced clinician and clinical scholar consideration. To date, eight portfolios have been received (three in May; five, so far, in June).

I'd also like to let you know about the new "Lunch and Learn" sessions being offered to help educate staff about the Clinical Recognition Program, portfolio development, reflecting on practice, skill acquisition, and to help answer any other questions you may have. "Lunch and Learn" sessions are held on the first and third Thursdays of every month from 11:30am–12:30pm in the Founders 121 Conference Room.

There is no formal structure to these sessions; clinicians should feel free to bring a lunch, and come and go at their convenience. Staff will be on hand to answer questions about all facets of the Clinical Recognition Program, including:

- How do I know at which level I'm practicing?
- How do I put together a portfolio?
- How do I write a clinical narrative?
- What should I do if I'm not sure whether I'm a clinical scholar or an advanced clinician?

Bring your lunch and your questions to any of the "Lunch and Learn" sessions. And bring a colleague; the more the merrier!

Updates

Please join me in welcoming Mildred LeBlanc, RN, to the position of nurse manager and patient safety officer for the department of Radiology.

And I'm pleased to announce that Karen Warren has accepted the position of clinical nurse specialist for White 11, a position she will be sharing with Kate Barba, RN.

Welcome to the Patient Care Services leadership team!

Call for Portfolios

PCS Clinical Recognition Program

The Patient Care Services Clinical Recognition Program is now accepting portfolios for advanced clinicians and clinical scholars. Portfolios may be submitted at any time; determinations will be made within three months of submission.

Refer to the http://pcs.mgh.harvard.edu/ website for more details and application materials, or speak with your manager or director.

Completed portfolios should be submitted to The Center for Clinical & Professional Development on Founders 6.

For more information, call 6-3111.

Overcoming language barriers; and the new hospice

The Fielding the Issues section of Caring Headlines *is an adjunct to Jeanette Ives Erickson's regular column. This section gives the senior vice president for Patient Care a forum in which to address current issues, questions or concerns presented by staff at meetings and venues throughout the hospital.*

Question: How should we handle situations where patients refuse the services of a medical interpreter because they want to use a family member or feel their English proficiency is adequate enough?

Jeanette: Patients should be advised that medical interpreters are available at MGH at no cost to them, and that experienced medical interpreters guarantee a higher level of accuracy and confidentiality. It is important to understand that this is the patient's decision, but effective June 1, 2002, if a patient refuses the services of an MGH medical interpreter, he/she will be asked to sign a form indicating refusal of services, and the form will be placed in the patient's record.

Question: Can medical interpreters be requested ahead of time?

Jeanette: It is recommended that medical interpreters be scheduled in advance. While some unscheduled requests may be unavoidable (in the ED, for example), Interpreter Services is staffed according to pre-scheduled requests. Interpreter Services can be reached by calling 6-6966.

Question: I've heard that interpreter services are available via telephone. Does the law recognize a telephone interpreter; and how does that work?

Jeanette: MGH uses our own trained medical interpreters in conjunction with a telephone service that has an excellent reputation in handling telephone encounters. Staff are experienced in working with a clinician and patient from a remote location. Though medical interpreters are not on site, they have strong medical vocabularies and have mastered techniques that allow them to be thorough and accurate over the phone. Medical interpreting via the telephone is acceptable under the new medical interpreter law.

Question: I know it's difficult to keep up with the demand for medical interpreters. Are we making progress?

Jeanette: Currently, we have 24 medical interpreters on staff and approximately 50 others available through our on-call pool. Each year we evaluate our growing demand, and each year for the past 5 years, we have been able to add to our numbers.

Question: I have an employee who is enrolled in an ESL (English as a Second Language) class. How can I support her during the work day?

Jeanette: Here are some tips to help support employees who are learning or improving their English-language skills:

- Use language that is being taught in the ESL class.
- Encourage an English-speaking employee to become a conversation buddy.
- Set aside 10 minutes each week to have a conversation in English with your employee

Question: Is it possible to work with ESL instructors to 'customize' an employee's curriculum?

Jeanette: ESL instructors welcome input that will reinforce a better understanding of the workplace setting.

- Let instructors know about changes in unit policies or procedures; they can reinforce learning by teaching key words, phrases, and concepts.
- Provide samples of forms, documents, and other materials that employees work with.
- Provide a list of specialized vocabulary words used on the job.

Question: Is there anything I can do to make our unit more accessible for employees who speak limited English?

Jeanette: Yes. Here are some ideas you can try:

- Label items in the work area in both English and the employee's first language
- During meetings, use a flip chart or white board to write out key words for emphasis and reinforcement
- Provide a quiet area for those who want to read or do homework during breaks

Question: I've heard that we have acquired a hospice, is that true?

Jeanette: On April 1, 2002, the Dana Farber Cancer Institute (DFCI), acquired the local hospice, Healthcare Dimensions. Though owned by DFCI, the hospice will be run by Partners Homecare.

The acquisition is the result of planning by a number of task forces in an effort to improve access to palliative care across the continuum. Healthcare Dimensions has been in existence for approximately seven years. They are committed to providing quality, collaborative care for DFCI, BWH, and MGH. In the coming months, more information will be available on the services they provide, including a dedicated MGH liaison and inpatient care in accordance with federal guidelines in the Medicare Hospice Benefit.

Fellowships available for MGH Clinical Pastoral Education Program

With support from the Kenneth B. Schwartz Center and the MGH department of Nursing, fellowships are available for the winter, 2003, MGH Clinical Pastoral Education Program.

Five Schwartz fellowships are available to caregivers from disciplines other than Pastoral Care, including Medicine, Nursing, Social Services, and other disciplines. These fellowships are for clinicians who work directly with patients and families.

Two fellowships are available to MGH registered nurses who are direct caregivers and have been practicing for a minimum of two years.

The winter Clinical Pastoral Education Program is a part-time program that starts on January 2 and runs through May 16, 2003. Group sessions are held each Monday from 9:00am–5:00pm; additional clinical hours are flexible and may be negotiated by fellows upon acceptance into the program.

For more information about these programs, call the MGH Chaplaincy at 6-2220. Applications are due by September 1, 2002.

Debbie Burke, RN, the new associate chief nurse, talks about leadership, life lessons, and her love of nursing

After only five weeks as associate chief nurse for Women & Children's Services, Mental Health, and Community Nursing, Debbie Burke, RN, sat down with Caring Headlines *to talk about her new role, past experiences, and the 'informal' leadership style she brings to the job.*

Debbie Burke, RN, associate chief nurse for Women & Children's Services, Mental Health, and Community Nursing

Caring Headlines: Welcome, Deb. You've been associate chief nurse for a little more than a month now. How's it going so far?

Burke: It's been challenging, but I have to say, I'm having a lot of fun! I'm as overwhelmed as I thought I would be, but every day has been exciting. I'm a surgical nurse, so this is a whole new practice area for me. I've spent some time in the NICU and in the PICU, and I plan to spend a lot of clinical time with staff nurses in other areas and in the health centers over the summer.

Caring Headlines: Can you tell us a little about your background?

Burke: I came to MGH as a new graduate nurse from a diploma school about twenty years ago. I worked in the old Baker Building. Ruth Dempsey was my nurse manager, and I had the great pleasure and privilege of working with Stephanie Macaluso—she was my clinical teacher on Baker 10.

Ruth and Stephanie mentored and encouraged me. With their support, I became the clinical teacher for the house Surgical Trauma Service on the old White 6 and 7. I loved the staff-development aspect of that job, so when the opportunity to become nurse manager of Bigelow 14 came along, I jumped at the chance. I loved being a nurse manager. I loved the people and the relationships I was able to develop with staff. I truly thought I would stay in that job until I retired.

And then this wonderful opportunity presented itself. Frankly, I was a little nervous that it was beyond my scope. But I got a lot of encouragement and reassurance from my colleagues. And after only five weeks, I can honestly say, I think it was the right move.

Caring Headlines: You mentioned that this is a new practice area for you. How will your experience as a surgical nurse help you in this new role?

Burke: As you know, there's no shortage of experts at MGH. In all the clinical areas I now cover (Pediatrics, OB/GYN, Psychiatry, Community Health) there are exceptional nurse managers, outstanding clinical nurse specialists and unit nurse leaders, and highly competent staff. Clinicians closest to the practice are always going to be our best resource in ensuring that patients are well cared for.

What I bring to the table is a willingness to listen, to learn, to support, and most importantly, to advocate for patients and staff. I will educate myself on the issues and be their greatest spokesperson.

I will always tap into the knowledge of clinical experts, but I believe we can accomplish whatever we put our minds to as long as we have strong relationships and stay focused on the goal. And my goal is to provide the best possible care to our patients. My job is to take great care of staff so they can take great care of our patients.

Caring Headlines: How would you describe your leadership style?

Burke: I believe in being open and honest. I'm very inclusive. I've learned that everything in life is about 'relationships,' so that's where I always start—building strong relationships.

I tend to be informal, approachable; I guess you could say I have an easy-going style. I'm very invested in the success of the people I work with.

Caring Headlines: Are there certain events in your life that have helped shape the direction of your career?

Burke: I think people have influenced my career more than events. As I mentioned, Ruth Dempsey was my first nurse manager, and she was so encouraging; that had an enormous impact on me. And there have been other nurse managers I've worked with and learned from over the years.

I think when you see other nurses who are passionate about what they do, who have good relationships with staff, who are effective leaders, you unconsciously emulate them. And I've been fortunate to have

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Deb Burke Interview

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worked with some great nurse managers.

One of the biggest reasons I decided to take this job was because I share Jeanette's vision and commitment about the future of nursing in this organization. I guess you could say that my passion for nursing has influenced my career right from the beginning.

Caring Headlines: You really emerged as a leader during the development of the Clinical Recognition Program. Can you comment on that?

Burke: (smiles) You know, if the truth be told, I think I was asked to be on the Clinical Recognition Steering Committee because I was skeptical in the beginning. I wasn't sure it was a good idea. But being part of that process, I realized how little I knew about how clinicians develop over time, about how we all acquire knowledge. I got so much out of that experience. And of course, I'm a believer now—it just makes so much sense.

Caring Headlines: Have you been charged with a specific task or goal as associate chief nurse?

Burke: It's funny. When I first took the job, I thought I should have a long list of goals and things I want to accomplish. But then I realized, my first job is to sit down and listen to people and find out what they need. That will determine what my goals are. Like always, I'll start by building relationships, see what people bring to the table, and once they tell me how I can support them, I'll know what direction my work should take.

Burke talks with pediatric trauma nurse coordinator, Mary O'Brien, RN, at reception in Burke's honor, May 16, 2002.

Caring Headlines: Deb, I know you're a cancer survivor. Is that something you're comfortable talking about; how it's affected your life and your work?

Burke: It's still painful sometimes. But it has definitely shaped the way I think about so many things. First and foremost, I realize more than ever how important my husband is to me, and my family and friends. I see the needs of patients and families differently now, having been 'on the other side.' I have a real appreciation for the relationship that exists between patients and caregivers and, I think, especially nurses.

The compassion that was shown to me by my caregivers taught me so much about how to care for patients and families. You become aware of things you never thought of before; you ask different questions.

For me, I find I don't worry about the little things so much anymore. I try to do the best I can in all aspects of my life, and that's all I can ask of myself. I appreciate people more and pay less attention to their shortcomings, because we all have them.

Caring Headlines: As you look ahead to this new chapter in your life, what are your expectations?

Burke: I will be very happy if I can achieve the same level of trust and respect that I enjoyed as nurse manger on Bigelow 14. I know that my staff considered me their greatest advocate, their greatest supporter. They knew I took an interest in each of them as individuals. I know it will take a while, but my hope is that some day my new colleagues will have that same trust in me. I want to be that 'go-to' person.

I may not have all the answers, but I'm always willing to listen.

Caring Headlines: Is there anything we haven't talked about that you'd like people to know about you?

Burke: I want people to know that I'm passionate about patient care, passionate about taking care of the people who take care of our patients.

We're all on the same team. We're all working toward the same goals. And that's a great place to be!

Maryfran Hughes named *Nursing Spectrum's* New England Nurse of the Year

In the special May 6, 2002, Nurse Week issue of *Nursing Spectrum*, two MGH nurses were recognized for their outstanding contributions to nursing, health care, and the community at large. Maryfran Hughes, RN, MSN, nurse manager of the ED, was named *Spectrum's* New England Nurse of the Year; and Ginger Capasso, RN, PhD, CS-ANP, vascular clinical nurse specialist, was a finalist.

Nominated by colleague, Ann Martin, RN, Capasso was described as, "the true embodiment of what is great in advanced practice nursing."

Hughes was nominated by associate chief nurse, Theresa Gallivan, RN, who wrote, "Maryfran works tirelessly and creatively to ensure that ED nurses are fully engaged in the wide range of opportunities available to them."

Hughes was honored at a *Nursing Spectrum* banquet on May 13, at the Ritz Carlton; friends and colleagues from MGH attended. A special reception here at the hospital was held Wednesday, May 29, in the Trustees Room.

The *Nursing Spectrum* article honoring Hughes is reprinted in its entirety below.

Associate chief nurse, Theresa Gallivan, RN, introduces Hughes at special reception to honor *Nursing Spectrum's* New England Nurse of the Year.

Maryfran Hughes, RN, nurse manager, Emergency Department (New England Nurse of the Year)

Ginger Capasso, RN, clinical nurse specialist, Bigelow 14 and Vascular Home Care Program (Finalist)

Congratulations to New England's Nurse of the Year

(reprinted from the May 6, 2002, *Nursing Spectrum*)

Maryfran McGonagle Hughes, RN, MSN, is nurse manager of the ED at Massachusetts General Hospital (Boston).

McGonagle Hughes has played a key role in MGH's ability to successfully respond to patients seeking access to urgent care. With a 37% increase in nursing workload over the past years, McGonagle Hughes has directed and supported numerous initiatives to alleviate ED overcrowding and meet the challenge of recruiting and retaining staff.

She is consulting editor of the *Journal of Emergency Nursing* and is a current member of the Editorial Advisory Board of *ED Management*. She has been chairperson of the Disaster Sub-Committee of the Conference of Boston Teaching Hospitals since 1994, a member of the Bioterrorism Surveillance Task Force of the Boston Public Health Council, the Local Emergency Planning Committee for the city of Boston, and the Metropolitan Boston Response Team Task Force for the city of Boston. She also co-chairs the MGH Disaster Planning Committee.

But perhaps her colleagues say it best. According to Ruthanne Rockwell Looper, RN, staff nurse: "Having a nurse manager like Maryfran is a gift... I think the hallmark of her success is her extraordinary capacity to identify staff's potential and involve them in decision-making."

"Maryfran works outside the box," says Charles McCabe, MD, associate medical director, MGH ED. "I refer to her frequently, as do my physician colleagues. Her impact is felt well beyond nursing."

Adds Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse, "During and after the events of September 11th, I drew comfort in knowing we had Maryfran's wisdom and expertise upon which to draw. As the chief nurse of MGH, it is an honor and a privilege to call Maryfran my colleague."

Niles, Baker-Dedier receive Durante Award for Exemplary Care and Service to Cancer Patients

It was the fourth bestowal of the Susan and Arthur Durante Awards for Exemplary Care and Service to Cancer Patients. An occasion to celebrate, it was also an opportunity to fondly remember one of the namesakes and benefactors of the award, Arthur Durante, who passed away in August, 2000.

Among friends, Susan Durante recalled her husband's passionate belief in the power of the human touch and the importance of compassionate caregiving. She spoke of the appreciation and respect that drove her and Arthur to establish the Respite and Relaxation Fund that supports two annual awards of $1,000 to staff who provide exemplary care to cancer patients.

This year's recipients, Gloria Niles, a phlebotomist in the Cox 2 Blood Lab; and Jyl Baker-Dedier, RN, a staff nurse in the Blake 2 Infusion Unit, were honored at a ceremony on May 14, 2002, in the Haber Conference Room.

The following passages were taken from Niles' and Baker-Dedier's nomination letters:

"Gloria is known as an integral member of the phlebotomy staff. She has a rare combination of empathy, joy, knowledge, and the special ability to connect with the most medically complex patients. Gloria can calm the fears of even the most anxious patients. She respects the values and wishes of all her patients and tries to meet their needs with patience and professionalism."

"Jyl is an integral member of the Infusion Unit staff. No matter how busy she is, she has the ability to focus, give each patient her full attention, and listen carefully. Jyl quickly recognizes the salient issues of a problem and determines a solution without hesitation. She has an uncanny ability to touch people in a very special way, drawing strength from a strong spiritual foundation. We are very fortunate to have Jyl as a member of our staff."

And we are very fortunate that Susan and Arthur Durante established this award to recognize and make visible the contributions that clinical and support staff make every day.

(L-r): Susan Durante with award recipients:
Gloria Niles, phlebotomist in the Cox 2 Blood Lab; and
Jyl Baker-Dedier, RN, staff nurse in the Blake 2 Infusion Unit

MGH Chaplaincy

presents

an Interfaith Service for Peace

Monday, June 24, 2002
12:15 pm
in the MGH Chapel

All are welcome

For more information, call 6-2220

MGH Support Service Employee Grant Program

The MGH Support Service Employee Grant Program is a competitive award program open to eligible non-exempt employees seeking to advance their clinical, technical, service, or clerical skills. Eligible course work includes certificate programs, prerequisite courses, and undergraduate degree programs.

Application deadline:
Wednesday, June 26, 2002

Applicants must have at least two years of service. For more information, speak to your supervisor or contact your HR generalist.

Planting the "Seeds of Change"

HAVEN, Domestic Violence Work Group celebrate milestone anniversaries

There was a large and spirited gathering in the lobby of the WACC on Thursday, May 2, 2002. And with good reason: HAVEN and the Domestic Violence Work Group acknowledged their five and ten year anniversaries, respectively. And lest there be any doubt… this was cause for celebration!

Hosts, Joan Quinlan, director of the MGH Community Benefits Program, and Bonnie Michelman, director of Police & Security, shared stories about the programs' success and the many contributions of MGH staff and clinicians in ensuring the safety and survivorship of women and children living in abusive situations.

Guest speakers, Evelyn Bonander, executive director of Social Services; Andrea Stidsen, director of Partners Employee Assistance Program; Isaac Schiff, chief of OB/GYN; and Bonnie Zimmer, director of HAVEN and chairperson of the Domestic Violence Work Group, echoed those sentiments with personal observations of their own.

But perhaps the most compelling testimonials came from survivors themselves, who told their stories of strife and survival, and of the unwavering comfort and support they received from MGH clinicians and domestic violence advocates.

With live music, a big anniversary cake, educational tables, a remembrance tree, and symbolic gift bags of 'seeds of change,' the party was a wonderful way to acknowledge the important services provided by HAVEN and the Domestic Violence Work Group, and to say… "Keep up the good work!"

Photos (top-bottom): Bonnie Zimmer, director of HAVEN and chairperson of the DVWG; Joan Quinlan, director of MGH Community Benefits; Bonnie Michelman, director of Police & Security; Evelyn Bonander, executive director of Social Services (left) and Andrea Stidsen, director of Employee Assistance Program; Isaac Schiff, chief of OB/GYN. Below: Zimmer cuts anniversary cake with a little help from some of her friends!

MGH-Big Sister affiliation offers opportunity to showcase careers in health care

—*by Julie Goldman, RN*
The Center for Clinical & Professional Development

Patient Care Services is pleased to announce a new collaboration with the Big Sister Association of Greater Boston. The affiliation provides an opportunity for MGH clinicians to showcase careers in health care to young women throughout the Boston community.

On April 24, 2002, a group of girls from the Big Sister Association visited MGH on their first career awareness field trip. The purpose of the trip was to give our young visitors an opportunity to learn more about women in traditional and non-traditional careers. During the visit, girls had an opportunity to hear representatives from Nursing, Pharmacy, Radiology, and Respiratory Care share stories about their individual training and career paths. Through dialogue and discussion the girls learned about the many options available to them in health care.

Following the discussion, the girls toured various units and departments to get a better sense of how each role functions in the health-care setting.

The Big Sister Association offers an array of mentoring opportunities including a one-on-one mentoring partnership (one-year commitment with a little sister 7-15 years old); a school-based mentoring program (mentors meet at the school for 45 minutes each week during the school year); group mentoring (social workers meet with groups from middle schools); teen groups (12-15 girls meet with a social worker and five mentors during the school year); and Life Choices (a group that runs for 15 weeks with 1-2 social workers and 12 little sisters).

The Life Choices group is designed for 6th, 7th, and 8th grade girls, age 11-15, as a way to help them learn more about themselves, develop values, self-esteem, personal goals and explore various career choices.

The Big Sister-MGH collaboration is a wonderful opportunity for us to share the enthusiasm we feel for our chosen professions and introduce young girls to the countless opportunities available in health care. Future visits will be scheduled throughout the year, coordinated through The Center for Clinical & Professional Development.

For more information about the Big Sister-MGH collaboration, or if you would like to participate in the next visit, please contact Julie Goldman, RN, clinical educator, at 4-2295.

Above: students, Mayte Villanueva, 13, and Amleset Hagos, 14, accompany respiratory therapist, Tammy Dunphy, RRT, on a tour of the Bigelow 9 Vent Unit.

At right: Dunphy and students tour the the Blake 7 Medical Intensive Care Unit. The visit was part of a Big Sisters event coordinated by Julie Goldman, RN, clinical educator in The Center for Clinical & Professional Development.

Delicate matters require delicate nursing practice on Ellison 14

Susan Jaster, RN
staff nurse, Ellison 14

My name is Susan Jaster, and I am a staff nurse on the Ellison 14 Oncology/Bone Marrow Transplant Unit. My first meeting with Mr. B was at a traumatic time: he'd just had a seizure at home, the symptom of a new brain metastasis of testicular cancer. Like many nurses and patients, we were initiating this relationship at a moment of crisis, but one of the privileges of oncology nursing is the opportunity to build, over time, a sharing and trusting bond.

Mr. B was a 30-year-old artist, single, who lived with several roommates and his beloved cat. His parents lived in a neighboring state: his mother was undergoing treatment for a chronic illness, and he had a strained relationship with his father that dated back to his childhood. As an adult, Mr. B was attempting to work through these issues and develop a mature relationship with his parents, especially reaching out to his father. All this was now complicated by his recurrent illness. I admired his efforts to reconcile with his father—many others would have completely severed relations in a similar situation.

Testicular cancer is considered to be one of the 'better' cancer diagnoses. Effective treatments exist, and even if initial treatment fails to cure the disease, second- and even third-line treatments can result in cures. As I met Mr. B, the plan was to start whole brain radiation therapy to treat the brain lesion, and then embark on one of those second-line treatments.

Mr. B was hospitalized frequently in the following year. Many chemotherapy regimens are given in the outpatient clinic, but his required 4-5 day stays on Ellison 14. In 15 years of giving chemotherapy, I have seen tremendous improvement in the control of nausea and vomiting, but by the last day of his chemotherapy, Mr. B chose not to eat, ignoring his menu, and going down to Coffee Central instead, for a frozen coffee drink. He was a familiar sight in his knit cap, pushing his IV pole with his drink on the IV tray.

Things did not go well for Mr. B. Chemotherapy depressed his bone marrow, causing him to have fevers and bleeding. We taught him how to give himself injections of the white-blood-cell-boosting drug, G-CSF, but he still returned to the hospital after each cycle of chemotherapy with complications. One evening after he'd been admitted, he asked, "Does anyone else come back after every chemo like I do?"

I assured him that such return admissions were common, if not desirable, among our patients. In fact, a man in the next room was planning to be married two days after finishing his chemotherapy cycle because his pattern was to be re-admitted about five days after being sent home.

So, while I reassured Mr. B when I could, other times I could not. His cancer was not responding to treatment. In addition to bone marrow depression, he was getting numbness and pain in his legs, a common side-effect of one of the drugs. This meant switching him to a less effective medicine, further diminishing his chances for cure. On another admission he reported new headaches. An MRI revealed two new brain metastases. Cure now seemed out of reach.

Throughout these hospitalizations, Mr. B would speak to his parents on the phone. Sometimes, I ended up speaking to them when he didn't feel like answering his phone and they'd call the nurses' station.

One day, I was paged to take a call from his father. Because I knew the nature of their relationship, I was somewhat more guarded in my conversation with Mr. B's father than I otherwise might have been. I used phrases like, "a little queasy," "about the same," and so forth. I knew Mr. B wanted to maintain control over the substantive nature of communication with his father, and that day his father also seemed to realize it.

He blurted out, "Well, he keeps putting me off, but I'm going to come down to see him today whether he says to or not."

I attempted to dissuade his father from a unilateral decision, but he was adamant—he would be coming to Boston that afternoon.

I had to awaken Mr. B for medication, so I told him about my conversation with his father.

He was very upset. "If that's the way he's going to act, I don't want to see him."

The visit had become an issue of his father's needs and his father's control. Mr. B wanted no part of it. Because Mr. B wasn't able to easily make the long-distance call to his father, I offered to try and reach him and urge him to stay home.

It wasn't an easy call to make. I tried two numbers before I connected with him. I told him that I'd told Mr. B about his planned visit and that Mr. B asked me to tell him he didn't feel up to it. Reluctantly, Mr. B's father agreed not to come. Mr. B was relieved when I relayed the message. He could rest.

I, however, continued to be troubled. I knew from admitting Mr. B numerous times that he'd never identified a health care proxy (if the time came when he could no

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MGH cares about pain relief

—by Thomas E. Quinn, RN, MSN, AOCN
project director, MGH Cares About Pain Relief

Forty clinicians from MGH and Spaulding Rehabilitation Hospital attended the third annual Pain Relief Champions seminar, held April 16–17, 2002. Clinicians from Nursing, Pharmacy, and Physical and Occupational Therapy were represented. The two-day seminar was co-sponsored by MGH Cares About Pain Relief and The Center for Clinical & Professional Development. A mix of didactic presentations by clinical experts and interactive group sessions, the course was designed to engage participants and stimulate discussion and problem-solving. Participants were challenged to identify pain-related projects that could be completed on their units. Feedback from participants has been very positive.

Katie Brush, RN, clinical nurse specialist, SICU, refers to her pain champions as, "a great group of clinicians who really want to improve patient care. They have set forth an admirable plan with a reasonable time line in which to complete their projects."

Donna Jenkins, RN, nurse manager, Phillips 22, reports that she already has several pain relief champions from previous courses. "Hopefully, the addition of Margie Johnson will help us reach 'critical mass' and keep pain management one of our top priorities."

The Pain Relief Champions course is one of the signature projects of the MGH Cares About Pain Relief initiative, which also sponsors the annual Pain Pulse, an informational 'snapshot' of the state of pain at MGH.

Projects for 2002 include a monthly newsletter called, *Pain Relief Connection,* and a web site, scheduled to launch this month.

For more information about pain management or the Pain Relief Champions course, please call Thomas Quinn at 6-0746.

Exemplar

continued from page 10

longer participate in his medical decision-making, his father would be consulted). I had to be sure Mr. B was aware of this, so I found a quiet moment and broached the topic.

It was difficult to do, because it was explicit acknowledgment that Mr. B was deteriorating and might someday be unable to communicate with us. Whom did he want us to consult? Mr. B's answer astounded me.

"I know," he said. "It's okay that my father is my proxy. I know he'll consider my best interests."

Mr. B continued to communicate with, and love, his father, hard work though it was.

I last saw Mr. B in the rehab hospital to which he was transferred. He'd become too debilitated to participate in rehab, and a morphine drip had been started for his continuing pain. On the way to the hospital, I checked the local coffee shop for a smoothie or frozen coffee drink, but it was February and they were only selling hot drinks. I got a frappe at the ice cream store; it was cold and sweet, and I thought it would fit the bill.

Mr. B's nurse wasn't sure he would be able to speak to me, so I just went in his room and sat. He was sleeping restlessly, and after a while I touched his hand. His eyes opened. He smiled and spoke my name. He eagerly wanted to drink the frappe so I held the straw for him as he sipped it. The room was full of cards and artwork, some of it his, some done by friends when they visited. I asked about his father. He said things were okay, his father had visited the day before.

We sat together as he drank the frappe, then he drifted off to sleep again. He died three days later.

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

When Mr. B asked Susan if other patients came back to the hospital as often as he did, he was looking for validation. Susan reassured him that his experience was not unusual. But she did so much more than that. She advocated for him when his father attempted to manipulate their relationship. She admired Mr. B's ability to forgive his father and make room for him in his life.

Family dynamics are always a delicate thing, but this is a beautiful narrative that delicately articulates the privilege we all have in caring for patients.

The next issue of Caring Headlines will be dedicated to coverage of the Stephanie M. Macaluso Excellence in Clinical Practice Awards, which were presented on June 13, 2002.

Call for Research Proposals!

Yvonne L. Munn Nursing Research Program

The Yvonne L. Munn Nursing Research Program supports research initiated by MGH nurses for the purpose of improving the care of patients and families.

Research proposals are now being accepted by The Center for Clinical & Professional Development, Founders House 636.

Applicants must be MGH clinical nurses.

Deadline for submissions is August 24, 2002

Proposals should be submitted to Brian French, Founders 636

For more information, call 724-7843

Family-Centered Care Awards: a celebration of inspiration and commitment (and a few well-executed surprises!)

(L-r): Mary Lou Kelleher, RN, and Judy Newell, RN, present surprise award to senior vice president for Patient Care, Jeanette Ives Erickson, RN.

One good turn deserves another: Ives Erickson presents surprise award to Newell (Note: it's not easy to surprise the chairperson of the award selection committee!)

In the six years that the Family-Centered Care Awards have been presented, they've never failed to inspire respect, admiration, tears, and a healthy dose of pride in our pediatric caregivers and support staff. And this year was no exception.

In a ceremony packed with emotional testimonials, heart-felt appreciation, and more than a few surprises, this year's event on April 26, 2002, really did 'have 'em crying in the aisles!'

Recipients of the 2002 Family Centered Care Awards were:

- Adeena Callina, clinic administrator in the Pediatric Hematology/ Oncology Clinic
- Marilyn Oxford, operations associate, Ellison 17
- Patricia Byrne, pediatric chaplain
- The pediatric pharmacy team
- The entire PICU team

Byrne, a recipient, also nominated the PICU team, and read her letter of nomination at the ceremony. Excerpts of that letter appear below:

I wish to nominate the PICU team for a Family-Centered Care Award. It is difficult to put into words the quality of love and care that I see administered hour by hour every day in that unit.

Last summer, when our hospital was given the privilege of working with a family from the Dominican Republic, the G family spent time in the PICU preparing for surgery that would separate their conjoined twins. In the days before surgery, and in the hours during and after surgery, the PICU staff expressed love and care in the way they always do, but stayed in the hospital for twenty-four hours. One nurse who was on vacation, even came in to help.

When they were commended for their service to this family, they reacted with surprise: "This is what we do for all our families." And they spoke the truth.

Although they must be clinically expert to provide the technically complex care they give, it is not a demand that this care be given with love —true love.

Even in the most critical moments, when seconds matter, they provide care to the entire family.

When a seventeen-year-old boy was fatally injured in a motor vehicle accident over the holidays, scores of teenaged boys came through the PICU. Nurses who often couldn't take time for lunch or a cup of coffee, built trusting relationships with countless teens who've since reported the impact of this staff on their lives.

It would be so easy to provide expert care while protecting yourself from the pain and sorrow that families experience. But I have not seen one nurse who doesn't shed tears during death, who doesn't stay after hours to accompany families through unexpected crises.

Before a child died earlier this year, a young sibling would arrive each afternoon in the PICU. There was no extended family to baby-sit. As busy as these nurses were, they always welcomed this child, becoming for her, 'aunties' who gave her a sense of her own specialness as her parents focused on their dying baby.

I have sat in family meetings as caregivers deliver devastating news to families. Yet each of

continued on next page

Fitzmaurice chosen for Patient Safety Leadership Fellowship

Joan Fitzmaurice, RN, PhD, director of the MGH Office of Quality and Safety, has been chosen, along with Ed Raeke (director of Materials Management) and Nancy Lum (director of Biomedical Engineering), for a one-year Patient Safety Leadership Fellowship.

Health Forum and the National Patient Safety Foundation (NPSF), in partnership with the American Organization of Nurse Executives (AONE), the American Society for Healthcare Risk Management (ASHRM) and the Health Research and Educational Trust (HRET), have developed a fellowship to focus on ways to enhance patient safety in health care.

Fifty healthcare leaders including nurse executives, executive officers, medical officers, risk officers, pharmacy leaders, and quality improvement leaders, have been chosen to participate in the inaugural class of the Patient Safety Leadership Fellowship.

Selected through a competitive application process, the inaugural class of fellows represents 15 states and Canada.

The Patient Safety Leadership Fellowship provides opportunities for senior leaders to advance the culture of safety and to promote improvements in patient care. Creating a culture

Joan Fitzmaurice, RN, director of MGH Office of Quality & Safety

of safety, an environment that supports candid discussion of errors, their causes, and ways to prevent them, is vital in today's complex healthcare world.

The fellowship program includes a powerful combination of leading-edge faculty, specially designed curriculum and a field-based project. The experience combines face-to-face leadership retreats, online computer conferencing, self-study educational curriculum, and site visits.

The heart of the program is an individualized project to focus on advancing patient safety and health outcomes, and designed to contribute new models of health delivery in the organization and in the community where each fellow or team of fellows is based.

Family-Centered Care Awards

continued from previous page

them delivers this news with such love and tenderness that I have seen clinical space transformed into sacred space.

I am humbled to work with these individuals who are vessels of love to the suffering every day.

When all the awards had been presented (or so we thought), Judy Newell, RN, chairperson of the Family-Centered Care Awards Selection Committee, presented a special surprise award to senior vice president for Patient Care, Jeanette Ives Erickson, RN, for her continued and unwavering support of the concept and delivery of family-centered care.

Not to be outdone, Ives Erickson then introduced another surprise award to Newell herself, who received 11 secret nominations.

Brenda Miller, RN, nurse manager of the PICU, read Newell's letter of nomination:

This nomination could not go through 'normal channels,' because this nomination is for Judy Newell (chairperson of the selection committee). Eleven people nominated Judy, but everyone in this organization who knows her, knows she has devoted her entire career to children and families. Judy's commitment to family-centered care goes back to before family-centered care had even been articulated as a philosophy of care.

When Judy has a hard day, she interacts with the children on her units; doing one thing for a child makes her whole day!

Her leadership shows us that caring for patients and their families is as important as caring for ourselves and our own families. Like Jeanette (Ives Erickson) says, "If you care for the staff who care for our patients, great outcomes will follow."

And here we are, celebrating the great outcomes achieved under Judy's leadership.

Congratulations to all of the Family-Centered Care Award recipients. The ceremony provided a perfect ending to another spectacular Children and Healthcare Week celebration (see photos on next page).

MGH Volunteers

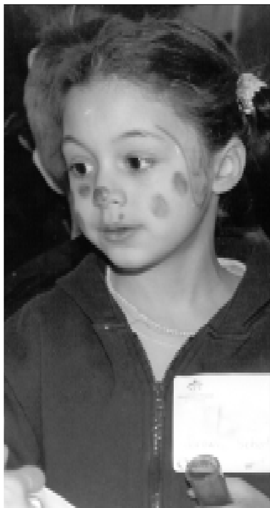
Supporting patients and staff, hour by hour, day by day

Volunteers contribute to MGH in a myriad of selfless and important ways. You may think you know the depth of their contributions, but did you know that:

- 115 discharge volunteers served 8,313 hours escorting 7,775 patients this past year?
- 44 volunteer information ambassadors served a total of 3,685 hours assisting patients and visitors to MGH?
- 61 chaplaincy volunteers provided 5,893 hours of service to our patients?
- 113 pediatric volunteers assisted child life specialists on Ellison 17 and 18 serving 5,400 hours?
- Gray Family Waiting Area volunteers helped the visitors of 9,290 patients in surgery for a total of 19,498 family members and friends last year?
- Emergency Department volunteers transported specimens and attended to families' needs serving a total of 9,335 hours?
- Chemotherapy Infusion Unit volunteers on Blake 2 and Bigelow 12 served more than 2,400 lunches to patients during their 2,900 hours of service?

That's a lot of service! Thank-you!

Children and Healthcare Week



Children of all ages enjoy this year's Children and Healthcare Week festivities

Because at MassGeneral Hospital for *Children, we're all children at heart!*

I Remember...

—by Marian Jeffries, RN
clinical nurse specialist

Marian Jeffries, RN
clinical nurse specialist

As nurses, we all come to this profession with varied life experiences and different clinical and educational backgrounds. As a clinical nurse specialist, I'm a resource for staff in addressing nursing-practice issues related to patient-care procedures, policies, products, and research. Recently, I was reminded of how valuable the combination of nursing practice and life experience can be, especially when caring for a physically challenged, post-operative patient.

Kerry is a 38-year-old woman who lives with her 78-year-old widowed father in a north shore town. She lives in her parent's home, surrounded by medical supplies, a Hoyer lift, a hospital bed, and a 15-year-old wheelchair. Many people living in this situation might be frustrated at the thought of being 'held back' by these family obligations and social limitations, but this family is different. Kerry is the patient, and her 78-year-old father is her devoted primary caregiver. Kerry and her dad are a warm reminder of why I went into nursing in the first place.

Kerry has cerebral palsy and was recently diagnosed with esophageal cancer. She is a petite, contracted, child-like woman with severe uncontrolled spastic movements and profound dysarthria. Sitting in her wheelchair, she leans to the left so her right leg can be 'comfortably' contracted at a 45-degree angle under her seat. One of her hands rests under the tray table; her other elbow leans on a folded towel taped to a tray attached to the chair. This is her dad's design; a way of preventing skin breakdown on her elbow from resting in the same contorted position. Her legs 'ache' from chronic inactivity, and the ability to dangle them freely from the wheelchair is why this is the most comfortable place for Kerry to be. Her size and her love of the stuffed animals scattered around the room remind you that she could easily pass for a teenager; but the touch of grey in her hair and her repeated thanks for helping her, reflect a maturity level slightly older.

Her appearance somehow makes people want to speak to her in raised voices, simple terms, or short phrases. Occasionally, people smile and slowly back away, perhaps from embarrassment when they can't understand her or don't know what to say. Those who speak *with* her, know to get down to eye level and give her the time she requires to speak. To Kerry and her family, CP is not an illness, it's simply a way of life. For those of us in the medical profession, not exposed to the daily needs of a physically challenged individual, her disability only magnifies her need for continuity of good post-operative care.

Kerry's new diagnosis is unfortunate, yet she has chosen to undergo surgery for an esophageal resection. This extensive thoracic surgery is usually followed by a difficult post-operative course, which would be daunting to the best of us. Imagine the impact of this surgery on an 87-pound woman whose anatomy and continuous, involuntary movement pose a challenge to just keeping her pain-free.

Kerry's appearance is deceiving. She's a fighter.

I remember…

Kerry's case is truly an example of family-centered care. Kerry's family wanted to be very involved. Providing a private room with an extra cot for her brother was only the beginning. Giving her father a night-time break from her care and helping her siblings to support her became something our nursing staff did routinely. While a supportive family is an asset when caring for any patient; as caregivers we must also cautiously integrate post-operative issues such as monitoring IVs, nasogastric and chest tubes, pain-management, incision and skin care, pulmonary hygiene and the emotional trauma of the diagnosis itself. Good nursing care is a must; but the simple reassuring gesture of a touch or a few kind words can sometimes do more for a patient and family than you know.

I remember…

While communication is difficult for Kerry, her speech is easily understood when you give her enough time to get the words out. Adapting a call system for her disability was necessary, but the stability and continuity of her daily nursing care was most important. Ordering a more comfortable bed and calling for a consult to overhaul her outdated wheelchair was the easy part. The coordination of daily medical and nursing care, the early intervention of a committed physical therapy team, the daily consultations of our nutrition and pain services, as well as the diligent efforts of a committed case manager, all contributed to Kerry's post-operative success. It truly is a collaborative effort that makes things work well.

I believe in the power of a positive approach and skillful reassurance from competent caregivers. While some people would wonder why cancer happens to someone who's already physically challenged from CP, Kerry and her father wonder when she can go home and resume her life. They look at this diagnosis as an illness to fight, a surgery to overcome, and a commitment of their faith in her medical team to do all that we can for her.

I remember…

Kerry's story closely resembles my sister Andrea's story. Andrea also had cerebral palsy and was diagnosed with in-

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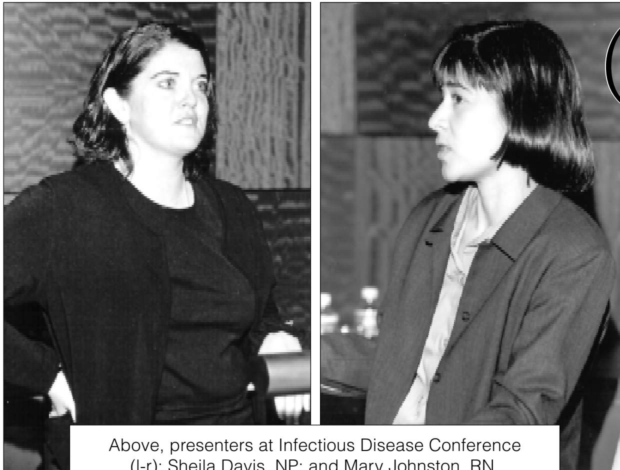
Infectious Disease Conference: Nursing Implications and Perspectives

May 22, 2002



On May 22, 2002, nurses of the MGH Infectious Disease Unit sponsored an Infectious Disease Conference focusing on, "Nursing Implications and Perspectives." Some of the topics covered included: A History of HIV Nursing, HIV Epidemiology and Immunology, Changing Patterns of HIV Treatment, Hepatitis, Sexually Transmitted Diseases, and other topics related to Infectious Disease. The conference attracted ID nurses and nurses from other specialties throughout the greater Boston area.

Above, presenters at Infectious Disease Conference (l-r): Sheila Davis, NP; and Mary Johnston, RN. Below, an attentive audience of area nurses fills the Starr Conference Room at Charles River Plaza.

(Photos by Paul Batista)

Clinical Nurse Specialist

continued from previous page

operable cancer just six years ago. Being in the hospital 'alone' was a frightening prospect for her, so we stayed. Day and night, we stayed, because we knew her better than anyone. My family and I will never forget how wonderful and compassionate the nurses on Ellison 12 were, allowing us to stay with her, and help meet her physical and emotional needs. The nursing staff became a wonderful support system for Andrea and us, her devastated family.

Little did I know that I might see such a situation again and be able to 'give something back' by providing that same kind of support to another family. Little did I know… until I met Kerry.

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Submission of Articles

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

Articles/ideas may be submitted by telephone: 617.724.1746 by fax: 617.726.8594 or by e-mail: ssabia@partners.org

Next Publication Date:
July 4, 2002

McGee recognized by National Disaster Medical System

Barbara McGee, RN, staff nurse in the Emergency Department, was recognized by the National Disaster Medical System (NDMS) at their annual conference in Atlanta, Georgia, on April 12, 2002. McGee was recognized as a member of the disaster response team that was deployed to New York in the aftermath of September 11th.

Gazarian, Gulliver, Lipkis-Orlando, and Perleberg present poster

Priscilla Gazarian, RN, clinical nurse specialist; Christina Gulliver, RN, clinical nurse specialist; Robin Lipkis-Orlando, RN, nurse manager; and Keith Perleberg, RN, nurse manager, presented their poster, "A Clinical Exchange Program: a Strategy to Enhance Practice," at the 10th Annual Conference for Nurse Educators in Kennebunkport, Maine, on May 20, 2002.

Brush inducted as fellow in Critical Care Medicine

Katie Brush, RN, surgical clinical nurse specialist, was inducted as a fellow in Critical Care Medicine by the Society for Critical Care Medicine Congress, in January, 2002.

Coakley presents poster

Mandi, Coakly, RN, staff specialist, presented the poster, "The Study of Energy Expenditure Between Provider and Recipient of Therapeutic Touch and the Response of TT on Healthy Individuals," at the Creating Caring Environments Conference, May 23–24, 2002. The conference was sponsored by the International Association for Human Caring, MGH, the MGH Nurses Alumnae Association, and the MGH Institute of Health Professions.

Jacobbe publishes in *Cath Lab Digest* and *Nursing Spectrum*

Michael Jacobbe, RN, staff nurse in the Knight Center for Interventional Cardiology has published two articles: "Have a Heart Attack to Heal," in the January 14, 2002, issue of *Nursing Spectrum*; and, "Therapeutic MI: Alcohol Septal Ablation," in the January, 2002, issue of *Cath Lab Digest*.

Manuscript accepted for publication in *European Journal of Cardiovascular Nursing*

The manuscript, "Identification of Malnutrition in Heart Failure Patients," has been accepted for publication in the *European Journal of Cardiovascular Nursing*. Principal investigator was Sandi Nicol, RN. Other investigators included: Carol Homeyer, RN, Colleen Zamagni, RN, and Diane L. Carroll, RN. The study was funded by the 1998 Yvonne Munn Research Award.

Nelson receives Elaine Donahue Award

Paula Nelson, RN, Blake 14 staff nurse, is the recipient of the Elaine Donahue Memorial Award, which is presented each year by the Massachusetts chapter of the Association of Women's Health, Obstetrical and Neonatal Nursing (AWHONN). The Award is presented in remembrance of Donahue and to promote the spirit of competence and professionalism she exemplified.

Annese, Riley present poster

Nurse manager, Chris Annese, RN, and IV resource nurse, Edna Riley, RN, presented the poster, "A Model for Measurement and Ongoing Monitoring of IV Team Productivity," at the 2002 Annual Meeting of the Infusion Nurses Society in Phoenix, Arizona, in May. Annese and Riley received the 2002 award for outstanding poster presentation.

Edwards presents at American Society of Pain Management Nurses Conference; publishes chapter

Annabel Edwards, RN, clinical nurse specialist, presented on, "The Use of the Gamma Knife in Treatment of Trigeminal Neuralgia," and "Current Research on the Use of Osteoprotegerin in the Treatment of Osteolytic Bone Pain," at the annual conference of the American Society of Pain Management Nurses, held in March, in Salt Lake City, Utah.

Edwards also published a chapter on, "The Pathophysiology of Pain (Parts I and II) in the book, *Core Curriculum for Pain Management Nursing*, published by the ASPMN.

Capasso, Gervasini, instructors at Harvard Medical School

Virginia Capasso, RN, and Alice Gervasini, RN, have been appointed instructors for Surgery at Harvard Medical School.

Capasso presents at NPACE Women's Health Conference

Virginia Capasso, RN, presented, "Chronic Leg Ulcers," at the Nurse Practitioner Association for Continuing Education (NPACE)'s Women's Health Conference in Waltham, March 23, 2002.

Abbott, Burke, Capasso, and Stanley publish in on-line journal

William Abbott, MD; Debra Burke, RN; Virginia Capasso, RN; and Diane Stanley, LPN, have published their article, "Unit-Based Specialty Vascular Transitional Home Care Program: an Example of Evidence-Based Nursing Practice," in *Sigma Theta Tau International's On-Line Journal of Knowledge Synthesis in Nursing*.

When/Where	Description	Contact Hours
June 21 7:30am–4:00pm	**ICU Consortium offering** "Pulmonary Critical Care Update," Newton Wellesley Hospital (Shipley Auditorium)	TBA
June 26 8:00am–2:30pm	**New Graduate Nurse Development Seminar II** Training Department, Charles River Plaza	5.4 (contact hours for mentors only)
June 26 8:00am–4:30pm	**Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other** Training Department, Charles River Plaza	7.2
June 27 8:00–11:30am	**Intermediate Arrhythmias** Haber Conference Room	3.9
June 27 12:15–4:30pm	**Pacing : Advanced Concepts** Haber Conference Room	5.1
June 27 1:00–2:30pm	**Conflict-Management for OAs and PCAs** VBK601	- - -
July 2 7:30–11:30am, 12:00–4:00pm	**CPR—American Heart Association BLS Re-Certification for Healthcare Providers** VBK 401	- - -
July 4 1:30–2:30pm	**Nursing Grand Rounds** O'Keeffe Auditorium	1.2
July 10 8:00am–2:30pm	**New Graduate Nurse Development Seminar I** Training Department, Charles River Plaza	6.0 (contact hours for mentors only)
July 10 1:30–2:30pm	**OA/PCA/USA Connections** Bigelow 4 Amphitheater	- - -
July 11, 12, 15, 16, 22, 23 7:30am–4:00pm	**ICU Consortium Critical Care in the New Millennium: Core Program** New England Baptist Hospital	45.1 for completing all six days
July 11 8:00am–4:30pm	**Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other** Training Department, Charles River Plaza	7.2
July 15 8:00am–12:00pm (Adult) 10:00am–2:00pm (Pediatric)	**CPR—Age-Specific Mannequin Demonstration of BLS Skills** VBK 401 (No BLS card given)	- - -
July 15: 7:30am–4:30pm July 16: 7:30am–4:30pm	**Intra-Aortic Balloon Pump Workshop** Day 1: Boston Medical Center. Day 2: (VBK607)	14.4 for completing both days
July 17 1:30–2:30pm	**USA Educational Series** Bigelow 4 Amphitheater	- - -
July 18 1:00–2:30pm	**The Joint Commission Satellite Network presents:** "Good Practice in Prevention: Ambulatory Care, Documentation Issues, Medical Staff Competence, and Patient Education" Haber Conference Room	---
July 18 7:30–11:30am, 12:00–4:00pm	**CPR—American Heart Association BLS Re-Certification for Healthcare Providers** VBK 401	- - -
July 18 1:30–2:30pm	**Nursing Grand Rounds** O'Keeffe Auditorium	1.2

For more information about any of the above-listed educational offerings, please call 726-3111.
For information about Risk Management Foundation educational programs, please check the Internet at http://www.hrm.harvard.edu

Millar begins term as president of MONE

At the annual meeting of the Massachusetts Organization of Nurse Executives (MONE), on May 22–24, 2002, in Brewster, Massachusetts, Sally Millar, RN, began her term as president. Her one-year term will run through June of 2003.

At the meeting, Millar presented the following outline of her goals for the coming year:

- Establish regular meetings with state legislators and their staff to provide input on key issues
- Identify issues and proactively develop position statements and talking points
- Provide leadership in developing solutions to the short- and long-term workforce issues in Massachusetts
- Provide leadership in response to local, regional, and national emergencies
- Develop methods to articulate 'what nursing is' and communicate this message to the public
- Provide media training for MONE members
- Increase MONE membership to more than 500

Many MGH nurse leaders attended the meeting to support Millar as she embarks on this journey.

Congratulations, Sally!

Photo by Janet Madigan

At MONE annual meeting, out-going president, Maureen Banks Gould, RN, 'passes the gavel' to in-coming president, Sally Millar, RN

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