

Caring

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HEADLINES

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Special Diversity Issue

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E pluribus unum:
from many... one

We are all citizens of the world

It is a great time to work at MGH. I feel fortunate and privileged to be part of this extraordinary organization. And I'd like to take this opportunity to congratulate two members of our MGH family who have accomplished something pretty special. Maia Marcelina Lopes, unit service associate on Ellison 14, and Juana Marcela Montanez, operations associate on Ellison 14, have both recently become American citizens. I think it's especially timely to recognize this achievement in this, our annual Diversity issue of *Caring Headlines*, with this year's theme, "E pluribus unum: from many... one."

Juana and Maia both received a letter from the President of the United States after earning their citizenship. The sentiment expressed in that letter captures not only a strongly held American ideal, but also the values that we hold so important at MGH. The letter said (in part):

Americans are united across generations by grand and enduring ideals. The grandest of these is an unfolding promise that everyone belongs, that everyone deserves a chance, and that no insignificant person was ever born.

We are bound by principles that move us beyond our backgrounds, lift us above our interests, and teach us what it means to be citizens. Each of us must uphold these principles. And every new citizen, by embracing these ideals, makes our country more, not less, American.

As you begin to participate in our democracy, remember that what you do is as important as what your government does. Serve your new Nation beginning with your neighbor. Build communities of service and a Nation of character... When the spirit of citizenship is missing, no government program can replace it. When this spirit is present, no wrong can stand against it.

Welcome to the joy, responsibility and freedom of American citizenship.

Juana is originally from the Dominican Republic. She has worked at MGH for six years, first as a unit service associate, and now as an OA. Maia came to the United States from Cape Verde 25 years ago and has worked at MGH for the past three years. If you ask Juana and Maia what they like about

MGH, Juana will tell you it's the people, the opportunities, and the support she gets from everyone on her unit. Maia says she loves her co-workers and they love her. She looks forward to coming to work every day and helping patients and staff in whatever way she can.

When I think about our journey toward becoming a more diverse, more aware, more culturally sensitive workplace, I think of the spirit that Juana and Maia bring to our hospital. Because when all is said and done, that's what it's all about—helping people.

And that's what we do best.

It is a great time to work at MGH. We have grown together over the past few years, and we have arrived at a place of enlightenment. I think when we began our journey, many were afraid; afraid of the unknown. But we worked hard, learned well, and discovered much about ourselves. Along the way we learned about trust, respect, inclusion, and humanity. And most importantly, we learned that diversity is not about 'other people.' It's about each and every one of us.

We are all citizens of the world. May we cherish the joy, the freedom, and the responsibility that come with that privilege.



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

Updates

I'm pleased to announce that Bonnie Glass, RN, has accepted the position of nurse manager for the White 13 Clinical Research Unit. Many of you may remember Bonnie from past leadership roles here at MGH. I'd also like to thank Jan Duffy, RN, for her leadership as interim nurse manager of the GCRC for the past 11 months.

Please welcome Ann-Marie McDonough, RN, to the position of clinical nurse specialist for the PACU. Ann-Marie is a recent graduate of Northeastern University's Graduate School with a special interest in informatics. She brings a wealth of experience in critical care, emergency nursing and post-anesthesia care. Welcome.

Respiratory Care Week October 20–26, 2002 in the Main Corridor

In recognition of Respiratory Care Week, MGH respiratory therapists will host an informational booth highlighting various aspects of their practice. Respiratory therapists care for infants, children, and adults requiring mechanical ventilation and artificial airways. Their practice includes such diverse elements as ECMO therapy, educating patients about asthma and teaming up with physicians and nurses to transport critically ill newborns from other hospitals to the MGH NICU.

All are welcome

Stop by and learn about the important work of respiratory therapists. Take a lung-function test and have your oxygen-saturation measured.

Our diversity journey: getting from 'many' to 'one'

—by Deborah Washington, RN, MSN
director of PCS Diversity



Deborah Washington, RN, MSN,
director of PCS Diversity

On November 6, 1997, we published the first issue of *Caring Headlines* dedicated exclusively to culturally competent care and diversity. The cover story, "Culturally Competent Care: Viewing Diversity as a Vehicle to Wholeness," was written by Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care. Included in that issue were two pages of quotes from the PCS

leadership team. The 'voices' of the different disciplines within Patient Care Services, offered individual perspectives on culturally competent care. That inaugural issue also included 'cultural notes' highlighting specific cultural needs of different patient populations. Two nurse managers wrote narratives describing their personal learning experiences in the care of multi-cultural patient populations.

Nursing Grand Rounds dealt with: "Pitfalls in Communication: Overcoming Assumptions and Stereotypes." And, yes, we even provided a glossary of terms including definitions for words like ethnocentrism, prejudice, ethnic groups, and assimilation.

The November, 1997, issue of *Caring Headlines* encapsulated where we were in our diversity journey. We were at the beginning. We've come a long way since then. In the course of our journey, we have broadened

our understanding of what it means to deliver care that embraces the health and well-being of all those we exist to serve.

Today, almost five years later, our hospital is energized with the

active presence of diversity; both in our workforce and in our patient population. The look and sounds of our sidewalks, hallways, waiting rooms and dining areas are alive with different languages and traditional dress. Students from local schools, international visitors seeking to know how we do things, and community partners who join us in collaborative efforts all contribute to this dynamic environment.

This puts us in the meaningful position of shaping our services to reflect the highest standards of care. We've

been able to maintain this five-year momentum by keeping our vision and our values at the forefront of our thinking and decision-making.

An ongoing reminder of our commitment to
continued on page 17



Participants in September's "Introduction to Culturally Competent Care" workshop, listen, learn, share, and engage one another in exercises designed to shed light on the vast differences and basic similarities that make us all who we are.

A Muslim prayer

—submitted by Firdosh Pathan, RPh,
pharmacist

At MGH, we are proud to have patients and staff representing many diverse backgrounds, faiths, and religions. Recently, the MGH Chaplaincy dedicated a prayer room for Muslim patients, families and staff. It is called the Masjid. The Masjid is located on Founders 1 across from the elevators (FND109).

In the Masjid, daily prayers are offered (Muslims pray five times a day), and the weekly Friday prayer service is held at 1:00pm. There is a Muslim chaplain on staff in the MGH Chaplaincy; his name is Imam Talal Eid.

Members of the Muslim community at MGH offered a special prayer in honor of the victims of September 11th, with excerpts from the humane message of Proph-

et Mohammed's last sermon. The sermon was delivered in the year 632AD near Mecca, in Arabia, during the annual Hajj (pilgrimage).

The Prophet's Last Sermon

In the Name of God, the Most Gracious, the Most Merciful. O People, lend me an attentive ear, for I know not whether, after this year, I shall ever be amongst you again. Therefore, listen to what I am saying to you very carefully and take these words to those who could not be here today.

O People, just as you regard this month, this day, this city as sacred, so regard the life and property of every Muslim as a sacred trust. Return the goods entrusted to you to their rightful owners. Hurt no one, so that no one may hurt you. Remember that you will indeed meet your Lord, and that He will indeed reckon your deeds.

Allah (God) has forbidden you to take interest, therefore, all interest obligations shall henceforth be waived. Your capital, however, is yours to keep. You will neither inflict nor suffer inequity. Allah has judged that there shall be no interest.

O People, it is true that you have certain rights with regard to your women, but they also have rights over you. Treat your women well and be kind to them for they are your partners and committed helpers.

O People, listen to me in earnest. Worship Allah. Say your five daily prayers. Fast during the month of Ramadhan, and give from your wealth in charity (Zakat). Perform pil-

grimage (Hajj) if you can afford to.

All mankind is from Adam and Eve. An Arab has no superiority over a non-Arab, nor does a non-Arab have superiority over an Arab; a white has no superiority over a black, nor does a black have superiority over a white except by piety and good action. Learn that every Muslim is the brother of another Muslim, and that Muslims constitute one brotherhood. Nothing shall be legitimate to a Muslim which belongs to a fellow Muslim unless it was given freely and willingly. Do not, therefore, do injustice to yourselves. Remember, one day you will appear before Allah and answer for your deeds. So beware, do not stray from the path of righteousness after I am gone.

O People, no prophet or apostle will come after me and no new (true) faith will be born. Reason well, therefore, O People, and understand the words I convey to you. I leave behind me two things: the Quran and my example, the Sunnah, and if you follow these you will never go astray.

All those who listen shall pass my words on to others, and them to still others; and may the last ones understand my words better than those who listen to me directly. Be my witness, O Allah (God), that I have conveyed Your message to Your people.

For more information about the special needs of Muslim patients or to better understand Islam, please contact Imam Talal Eid at the MGH Chaplaincy at 6-2220, or Firdosh Pathan at 6-3571.



At left, Muslim worshippers remove shoes before entering the Masjid.

At right, Dr. Ayman Youssri leads the Friday prayer service, the holiest of the daily prayers, in the Masjid.



Employing individuals with disabilities

—by Oswald Mondejar,
Human Resources manager

I was delighted when Beverley Cunningham and the PCS Diversity Committee asked me to write this article. I'm an avid reader of *Caring Headlines*, and the topic is timely as October is National Disabilities Awareness Month with this year's national theme: "New Freedom for the 21st Century." I welcomed the opportunity, too, because I believe that our employees with different abilities have something worthwhile to say to the larger MGH community.

As you read the stories on the following page, I think you'll see some common themes in our experiences.

Work is important to individuals with disabilities—like everyone else, we need the income and benefits that a job provides to support our families and obtain the finer things in life that we all enjoy. Work is also important because it is fulfilling. Work provides us with an opportunity to serve others and allows

us to make a positive difference in the world. Without work, we remain incomplete and unfulfilled. Work is the great equalizer. Through our work, we become full players in, and responsible partners for, the future success of our community.

We are all different—but individuals with disabilities are often noticed by the world for what we don't have, rather than for what we can contribute. And often judgments follow; judgments about who we are and what we can or cannot do because of our perceived differences.

In health care, these judgments can be particularly profound. In health care, the most frequent relationship we have with people with disabilities is that of patient and care provider. This orientation sometimes makes it difficult to then be viewed and accepted as whole and able employees.

In turn, people with disabilities tend to view

the world differently. We live in a world full of obstacles that we must navigate on a daily basis—obstacles, which to overcome, require planning, practice, and creative solutions. Often, the greatest disability and the biggest challenges arise from attitudinal barriers. Let's face it, it's a two-handed, two-legged, strong-minded, healthy-bodied world out there. Having a 'perfect body' or 'beautiful mind' means something very different to someone with a disability. While our differences may pose challenges in accomplishing certain tasks precisely the same way as another person would, we can get the job done and achieve our objectives in our own way. Our life experiences often equip us with ways to find unique and creative solutions to the challenges facing organizations today.

We know our limitations. We want to be successful in our work, so we don't purposely set ourselves up for failure. We live with our disabilities, and like all of us, we recognize our strengths. We know what we're good at; what we can do easily without special assistance; what accommodations, if any, we need in order to ac-

complish a given job; and we know what will be difficult for us. And like everyone else, there are some things we don't know if we can do until we try. For those things, we want the opportunity to fail as well as the opportunity to succeed.

We remain a vastly under-utilized resource. There is an untapped reservoir of talented people with disabilities who want to work. Tremendous progress has been made in employing people with disabilities. Thanks to advances in medical treatments, workplace accommodations, and assistive technologies, many more people with severe disabilities are working today. These advances have leveled the playing field significantly. Despite substantial increases in the employment of people with disabilities, we remain the most underemployed segment of American society today. Of the 54 million Americans who have disabilities, unem-

ployment for those who want to work remains at close to 50%.

We are consumers too. MGH has done a laudable job of reaching out to Boston's diverse ethnic communities; substantially increasing the representation of women and people of color in our organization. Just as we have been a leader in expanding the diversity of our workforce to include these groups, MGH is also committed to increasing opportunities for people with disabilities. For quite some time enlightened businesses have recognized that an ethnically diverse workforce is an asset. Just as businesses gained a competitive edge through these efforts, increasing the representation of people with disabilities in the workforce will add to that advantage.

For more information about employing people with disabilities, please call Human Resources (6-5741), and ask for Oz.



Oswald Mondejar,
Human Resources manager

"Complementary and alternative medicine"

Program will look at acupuncture, meditation, and therapeutic touch. Case studies will help demonstrate the impact of complementary healing modalities.

November 22, 2002
8:00am-4:00pm
O'Keeffe Auditorium

For more information, call 6-3111

'Disability' is in the eye of the beholder

This article was conceived on the assumption that the challenges faced by individuals with disabilities are caused by the physical barriers in our environment. Staff from throughout MGH, who provide quality care and support to our patients every day, reveal that the greatest obstacle they face is something very different. It's not the physical challenges that encumber them, but the perception that individuals with disabilities are less able. Their stories are powerful and provide insight into what it's like to live as a disabled person in a world meant for 'perfect' people.

—Bev Cunningham, operations coordinator

Dawn



Dawn Tenney, RN, MS
associate chief nurse

Dawn Tenney, RN, MS, is the associate chief nurse for Perioperative Nursing at MGH. She has a hidden disability. Dawn has had difficulty hearing since she was a child. Her poor hearing was discovered during the annual exam that most kids get in public schools. At first, Dawn had to sit in the front of the class in order to hear, but her mother, who also had difficulty hearing, took her to a local physician. He performed surgery to unfuse the bones of her inner ears, which appeared to resolve her hearing problems. She was able to sit anywhere in the classroom without difficulty.

As Dawn began her career in the OR, she was able to understand the surgeons and her nursing colleagues, as in the OR you need to depend on both spoken and non-verbal cues to be effective. She did find that if she sat in the middle of a long table at meetings, she could hear better if she turned her head to one side. If she sat at the end of the table, she often found herself asking colleagues, "What did she say?" But

that was about the only accommodation she had to make for her diminished hearing. She was told by physicians that nothing could be done to correct her hearing at that time.

Several years later, while watching television with her husband and friends, to her surprise, they announced that they had 'had it!' They were tired of turning up the volume, and they pleaded with Dawn to get her hearing checked.

Taking their well-intentioned advice, Dawn discovered that her hearing had continued to deteriorate, and she was fitted for a hearing aide. When the doctor first slipped the device into her ears, she was amazed to hear birds outside her

office. She realized she had been missing 'the background music' of life.

Dawn was grateful to her friends for their gentle persuasion. At first, she considered growing her hair long to cover the hearing aide, then decided it was just like wearing eyeglasses—there's no shame in that!

Dawn wears bi-lateral hearing aides and is pleased at how they've enhanced the quality of her life. She says it's always fun when people next to her at meetings ask if she heard what the speaker said, and she can say, "Yes!"

In retrospect, Dawn realizes she probably made other accommodations for her hearing loss over the years. Her mother points out that she learned to read lips early on and her work in the OR helped her pick up on non-verbal cues.

Getting dressed in the morning, putting on her glasses, watch, and hearing aides are second nature to her now. Every time she puts on her hearing aides, she is reminded of the wonderful, joyous noise that is life.

Charles



Charles J. McCabe, MD,
surgical representative
to the ED

Charles McCabe came to MGH in 1974 looking forward to a long and successful career as a surgeon. He was about to begin his residency in cardiac surgery when he began to experience tingling in his arms and hands and some difficulty with his vision. His symptoms were the early signs of multiple sclerosis, a degenerative disease of the nervous system.

This illness does not lend itself to the precision and dexterity required for heart surgery. Dr. McCabe withdrew from the position.

Fortunately, Dr. McCabe's MS went into remission and he became the chief resident for General Surgery in 1980. The work of any resident is tiring, and the role of chief took its toll on Dr. McCabe. He began feeling fatigued, his leg strength diminished, his sight was compromised, and he lost some ability to feel. He realized he would not be able to practice as a surgeon. But this was by no means the end of his career in medicine. He began to explore opportunities to

apply his knowledge and ability in other areas. MGH staff were supportive, and with the help of Dr. Austen, then chief of Surgery, Dr. McCabe assumed the position he has held since 1981, that of surgical representative to the Emergency Department.

In this role Dr. McCabe is an educator. He gives third-year medical students their introduction to surgery and supervises residents in their surgical program. His wife points out that in his role as teacher he has a potentially greater professional impact than he ever would have as a practicing surgeon. "A teacher affects eternity. He can never tell where his influence

stops." (H.B. Adams) This quote has great meaning to Dr. McCabe.

When Dr. McCabe meets his new students, he is very candid about his disease. He explains its implications and is very clear that it has minimal influence on his work.

Dr. McCabe doesn't think of himself as disabled. He only notices that he's 'handicapped' when he passes a mirror and sees the reflection of himself in a wheelchair. He is realistic about his illness, saying we all have our imperfections to work with. Dr. McCabe's image of himself is of a highly functional, complete human being. He has an active exercise regimen and takes medications to control his disease process. His disease certainly does not control him.

Dr. McCabe thinks that misconceptions about people with disabilities are born of lack of knowledge. He suggests we not be afraid of a man in a wheelchair for he's just like the rest of us: not without handicap.

Kelly

There's a beautiful, young woman who serves the patients of MGH even though she is not an employee. Kelly Gillen is an EMT. She delivers people in need of urgent care to our Emergency Department. Kelly is happy, self-assured, and has a wonderful sense of humor. She is also quietly determined.

Kelly is committed to going back to graduate school and then on to medical school. Unless you pay close attention,

you'll miss the fact that she has a physical disability. Kelly was born with no left hand or forearm. Kelly says her parents have always been very supportive and never suggested there were things she couldn't do. She credits them with her self-confidence and her ability to appreciate the irony of others viewing her as 'disabled.'

Kelly laughs about the high school gym teacher not wanting her to climb the ropes, and

the home economics teacher fearing that if she carried a tray of french toast across the room it would be disastrous. She says her dad would often call the school to remind them that his daughter was perfectly capable of completing her assignments. The french toast story has become a standing family joke.

Kelly says her greatest challenge is the burden of proving her competence. It's dealing with society's percep-

Oz

Oswald Mondejar (Oz) is a relative newcomer to MGH, having worked here for only six months or so. Oz is an executive recruiter for Human Resources. But that's just a small part of what this dynamic man does. It's difficult not to be inspired by his energy alone. Oz is of Cuban descent, but was born in the United States.

As a result of a medication that his mother was prescribed during pregnancy, Oz was born with no left hand and with a small right hand that has required several surgeries. Oz seems unaware of his disability. He leads a full and busy life. Before he came to MGH he was a restaurateur. He is a social activist. He is a representative on the Governor's Commission on Employment of People with Disabilities and The Massachusetts Business Leadership Network, and he is involved with OxFam, helping to bring food and medical sup-



Oswald Mondejar
HR manager

plies to Cuba. He is often invited to speak to various groups about living with a disability. Oz willingly talks about himself and the challenges of living in a two-handed world because he wants adults and children with physical limitations to know that there are opportunities for everyone to succeed. There certainly seem to be no limits to what this man can do.

As a child, Oz never saw himself as different. He says his mother was his biggest cheerleader and reinforced his belief that he could

do whatever his siblings could do, maybe even more. Growing up, Oz had his share of fights with kids who taunted him. He learned to drive a car with ease, and his greatest accomplishment was finally learning to ride a bike when he was 13.

He smiles as he recalls the first time his nephew realized that uncle Ozzie's hands looked different. The boy had never noticed that his uncle's hands weren't the same as his.

Oz says that one aspect of working in a hospital setting is that he's surrounded by compassionate caregivers who want to 'fix' him. But Oz already sees himself as whole and able. When you meet him and experience his creative energy, you'll find yourself wondering how anyone could ever use the term 'disabled' to describe Oz Mondejar.

Tony



Tony Petruzzelli
patient transporter

You've probably seen Tony Petruzzelli. He's the sociable guy in the blue Oxford shirt who transports patients to tests and other appointments throughout the hospital. Tony has worked at MGH since 1986. Tony was born with a birth defect. He has only one bone in his right leg and not much of a foot to put in his shoe. But this doesn't prevent him from doing his job and doing it well. Tony takes his responsibilities very seriously; he does everything necessary to ensure that patients are safe while they're in his capable hands. He is trusted and respected throughout the hospital.

Tony's goal is not to make as many trips per day as other patient transporters, but to ensure that he provides a positive experience for patients in his care. Tony is friendly and respectful. He thinks his disability and experience as a

patient give him an advantage. He feels he has been given the gift of compassion and understanding that help him make patients feel more comfortable. Tony says that when patients are especially nervous or in need of reassurance, the assignment is given to him. His disability enables him to relate to their anxiety.

Tony doesn't think of himself as disabled; he says he's a person with a disability. Sometimes people notice his leg.

When he was young, a boy in his neighborhood made an unkind remark about the way he walked. Tony wasn't offended. He explained about his birth defect. The boy understood and apologized, and they became friends.

It took nine years and several crashes for Tony to learn to ride a bike. Now, besides being with his family and listening to his extensive CD collection, bike-riding is Tony's favorite pastime. He loves to tour around his neighborhood, and on weekends, the streets of Cape Cod.

Tony finds John Lennon's gift for creating lyrics inspirational. He is amazed at Lennon's ability to turn a simple phrase into a verse that has universal meaning.

Tony hopes that others will give people with disabilities a chance. He says he's really just like the rest of us; he just walks a little differently.

Potential: capable of being; denoting possibility, capability, or power; the inherent ability or capacity for growth or development.

tion of what being disabled means. For Kelly, not having part of her left arm doesn't mean she's less able, it means she does some things differently, but just as well as other people.

Kelly has always been interested in medical science but wasn't sure if becoming a physician was right for her. She chose to become an EMT to get a feel for the intensity of the work. The primary obstacle to getting the job was her supervisor's concern that

she do the job safely. Kelly has a strong left arm and has developed creative ways to manage her patients with skill and competence. She became a valuable member of the EMT team.

Kelly is now going to college to prepare for medical school. For Kelly, life is not limited because she's been described as disabled. Her life is a world of possibilities, and she's eager to get out there and start fulfilling them.

Whydott Price has worked at MGH for 13 years. You'll find her in the Eat Street Café performing various duties including working as a cashier. But her heart is in Barbados. Whydott's 88-year-old mother still lives there and it is her mother she credits with the simple but powerful values that have guided her life. Whydott says her mother taught her and her siblings to live in the very best way they could. For Whydott this means being a good wife and mother, a reliable employee and, most importantly, being grateful to God for who she is. Some might find this last tenet a stretch since Whydott has a genetic disability that makes her joints stiff,

Whydott



Whydott Price
Food & Nutrition Services

affecting her gait. She says it only occurs to her that she has a disability when she passes a mirror or window and sees her own reflection.

Whydott believes that God had his reasons for creating her this way and she is grateful to Him for who she is. She doesn't think others treat her differently.

Whydott says not much was done for kids with her condition when she was growing up on her tropical island. Her disability did not bother her as a child. She played and went to school with the other kids. Her one regret is that she didn't play high school sports because her teachers didn't think she was able. Whydott would have loved to have given it a try, but she kept her dream to herself out of respect for the teacher.

Whydott continued to believe in herself as a whole person. She came to America with her husband, daughter, and siblings. She found work and established a life in Boston. She vis-

its her family, who live in various cities around the country.

When her shift at Eat Street Café is over, Whydott takes the shuttle to North Station. She doesn't accept offers to sit down from people who are already seated because she says everyone on the bus is the same as she is. "We've all been on our feet working hard all day." The manager of Food and Nutrition Services confirms that Whydott is a hard worker, valued and respected for her commitment and the quality of her work.

Whydott smiles her gentle smile and reminds us it's important to 'be yourself,' no matter who you are. You can do your best that way.

A glimpse into two spiritual worlds

Buddhism at MGH

—submitted by members of the Boston Old Path Sangha who serve in the Buddhist Chaplaincy here at MGH

The MGH Chaplaincy is pleased to represent a microcosm of the diversity that exists within the hospital community. In response to the growing number of Buddhist patients, families, and staff at MGH, the first Buddhist chaplain joined the MGH Chaplaincy five years ago. We now contract with our small but growing Zen community to provide pastoral visiting to Buddhist patients and provide a weekly meditation sitting in the Chapel. Zen is derived from a word that means 'sitting meditation.'

Boston's Old Path Sangha (or community) is a steadily growing group of about 50-100 busy teachers, writers, nurses, psychologists, social workers, musicians, doctors, administrators, peace activists, computer technicians and graduate students. Our principal teacher is Vietnamese Zen master, author, and peace activist, Thich Nhat Hanh.

In the last 15 months, under the leadership of Ted Todd, certified surgical technologist in the Main OR, and Suzanne Hudson, RN, oncology staff nurse, we have created a system of rotating responsibilities for making patient rounds and conducting Wednesday

meditation sittings in the MGH Chapel. Meditation sittings are open to everyone and are broadcast in-house on Channel 16 at 5:30 pm.

We knew there would be challenges. Buddhism is as varied as Christianity. Our particular spiritual path is Zen, which resembles Quaker and Unitarian traditions in that we tend to not mandate specific ritual or belief, but rather emphasize individual spiritual self-transformation as a platform for the peaceful transformation of society as a whole. A small number of Buddhist patients at MGH are like most of us in the sangha, Western students of Zen.

The majority of Buddhist patients at MGH, however, are Asian immigrants whose beliefs span a dazzling variety of traditions within Buddhism. Some have fled captive Tibet, others come from China or Taiwan, a few are Japanese, many are from the killing fields of Vietnam and Cambodia. Some speak excellent English, others do not; some are steeped in the beliefs and practices of their home traditions, others have no active practice at all. Some grow sick and face death amid the love of an extended family; too many find themselves in alienated and fragmented

communities that have brought violence with them to this country.

We are fortunate to have in our Chaplaincy chaplains who speak Taiwanese, Mandarin, Vietnamese, and Cambodian. Those of us who are Western converts smile, breathe, chant, and sit with those who are suffering. We hold their hands, bow, and smile again. The welcome we are given by the patients we visit is deeply moving as together we honor the spiritual tradition we share.

Among Buddhists, it is a core precept that no teaching, including Buddhism, offers absolute truth. The Buddha, we are told, has said that there are 84,000 dharma (teaching) doors into the ultimate dimension—it is important to find the door *you* can open, and to help others find their doors.

As a practical matter, the Buddhist charge is simple: try to relieve the suffering of one person in the morning, and bring joy to another person in the afternoon. Those of us from the Boston Old Path Sangha know we are truly blessed to have been offered such a clear and important opportunity to deepen our practice in the service of our MGH patients and staff.

Reflections of a Jewish Chaplain

—by Rabbi Ben Lanckton, Jewish chaplain

On August 12, 2002, I began my role as Jewish chaplain here at MGH. I was prepared to encounter patients in moments of extreme need and crisis. I was not prepared for how much these patients would teach me about dignifying critical moments with meaning, and even about fulfilling the central teachings of the Jewish tradition. Perhaps the best illustrations of ways I've felt useful are two life-cycle events. In both cases, I met patients who were waiting for the next stage of their life cycle to take place, yet they were patients at opposite ends of the cycle of life.

The first patient was a 98-year-old Jewish man at the end of his life. He had been ill for many years, and when I first met him on a Tuesday morning, he could neither hear nor see me. I knew he was not doing well, but it wasn't until I was summoned the next day that I realized how poorly he was faring. His wife asked me to recite a final blessing for him. Since he was unable to see, hear, or speak, I offered the final confession on his behalf. His wife spoke of their 55 years of marriage and how they'd met in New York in

1947 after (separately) surviving Nazi concentration camps. They had one daughter, whom I had met when I was pagged to come to the hospital. As the last day of the Jewish year dawned, I witnessed this man's daughter bravely help him yield, drawing his last labored breaths, after almost a century of a bold and righteous life.

As with many Holocaust survivors, they were not members of any synagogue, so I officiated at his funeral the following Monday, on the day after Rosh Hashanah, the Jewish New Year.

The other patient of whom I spoke was a pregnant Jewish mother who was at MGH awaiting a scheduled C-section. She knew it was to be a boy, and she wanted to welcome him into life with a bris, a ritual circumcision on the eighth day of his life, as Jews have done since the time of Abraham almost 4,000 years ago. She wanted my help in finding a mohel, a Jew who is specially trained in both the medical and spiritual skills of performing a bris. But like many Jews in today's society, her husband was not Jewish. She needed to find a mohel who would be

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Chaplaincy

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sensitive and not unduly emphasize the religious aspect of the event. She made it clear that her husband had some real reservations about the ritual. I provided her with some names of recommended mohalim, and then left for the weekend and Yom Kippur, the Jewish Day of Atonement.

When I returned, I saw her name and the word, "Baby" on my patient list. I made a

point of stopping by to congratulate her, and neither my joy nor hers was dampened by the fact that the baby had just projectile-vomited over most of the room. She thanked me and told me she had found an acceptable mohel. The bris was scheduled for the following Friday afternoon.

From my first month alone, I could easily have told a dozen such stories. I think two points of commonality emerge. One is that, although many Jews have chosen not to affiliate with the

Jewish religious community, they seek expressions of connection with the ultimate at times of ultimate meaning. As a rabbi, I can provide that meaning, even as I seek to shape novel connections between the received tradition and the facts of their lives.

The other point is that I have been inspired by the commitment to fundamental Jewish commandments by Jews who might brush off any explicit religious label. The daughter who fulfilled the commandment, "Honor your father and mo-

ther," in her hour of greatest grief, and the mother who fulfilled the commandment, "You shall keep My covenant for all time," despite her complex situation, are just two examples of patients I have met who courageously strive to find meaning in extreme situations.

I look forward to meeting more Jews and non-Jews, their loved ones and families, to learn from them and experience with them, moments of connection to the Holy One of Blessing.

Rabbi Lanckton is on campus at MGH for 20 hours every week. He conducts Sabbath services in the chapel every Friday afternoon at 4:45. He can be contacted for referrals, consultations, and conversations at 6-2220. Rabbi Lanckton would like to thank the entire Chaplaincy team for their warm welcome to his new environment.

The patients mentioned in this story consented to having the details of their stories described in this article.



International patient, Shoq Lari, awakes in the Radiation Oncology recovery area to a cold drink and a warm hug from mom, Fatima Mohd Mohd.

(Photo by Paul Batista)

Listening, sharing, grieving together provides comfort for bereaved parents

My name is Felix Ojimba. I am a Catholic priest born and raised in Nigeria. I have been in the ministry for 29 years. Since 1996, I have been serving at MGH as a staff chaplain. In my role as a hospital chaplain, I provide support and care to patients, families, and staff from diverse faith traditions and to those with no religious affiliation.

I chose this pastoral-care experience because it involves the silent grief of a couple in emotional and spiritual distress around the issue of miscarriage and loss. I think it is meaningful because of how this team of caregivers recognized and honored what this bereaved couple believed was important to them.

One evening, I received a referral through an operations associate to go to the maternity ward to provide support to a couple who had lost their baby. On my way to the unit, I expected to find the bereaved couple in one of the rooms. What I did not know was that the baby's mother had been discharged earlier in the day. Before the couple went home, the medical team informed them of their right to decide what would become of their dead baby. They were given time to

think about it. That same day, the couple returned to the unit and indicated that they would need the support of a priest to make the decision. I was paged from the nurse's station.

Upon entering the unit, I noticed a casually dressed white couple, perhaps in their late 20s, sitting on a bench in the hallway. They appeared strong and calm and seemed relieved to see me. Coming toward me, Mr. C said, "This is my wife. You must be Father Felix?"

I replied, "You are right. I am a priest chaplain, and I'm here to see how I can be of support to you."

Although they seemed to be in control of their emotions, I was certain that they were hurting. Before proceeding, it became clear to me that a safer space was needed to ensure privacy and confidentiality. I approached the nurse manager and she directed us to an empty room.

Once seated, I invited them to share their story. I asked what had happened. Mr. C, in a sad tone, told me they had lost their first baby through miscarriage and that Mrs. C had been discharged earlier in the day. Mrs. C began to experience a new surge

of emotion and broke down in tears. Mr. C put his arms around her, trying to remain calm and strong himself. Seeing her tears and his struggle reminded me of my experience losing my one-year-old sister and the intense grief my parents experienced. This memory of my own loss became a window through which I entered into the pain of Mr. and Mrs. C. Together we observed a moment of silence to recognize and validate the loss of their baby.

Realizing that the experience of death varies with each individual and each situation, I decided to speak with the couple separately. Turning to Mrs. C, I asked, "How does it feel to lose your baby?"

She paused and I waited. She said, "I can't believe this really happened! All our dreams and hopes are shattered."

I repeated her statement, "You can't believe this really happened; all your hopes and dreams were shattered?"

She said, "Yes." Her eyes were filled with tears, soon the tears spilled out. I asked her to tell me more about their shattered dreams.

She said, "I feel powerless, anxious and empty. I can't hold and feed my baby; my fantasy about the crib and the christen-

ing will never be. I feel upset."

I was touched by her pain. I knew it was all right for her to shed the tears, that it would help wash away the grief in her heart and help her heal.

The loss of a baby can be just as devastating for a man as it is for a woman. I turned to Mr. C and asked, "How does it feel for you to lose your baby?"

His eyes were teary, his body tense as he struggled to control his emotions. Gathering himself together, he said, "Why us? Why at this time?" His blank stare seemed to reflect a shrieking pain within. I listened, waited and repeated his question, "You asked, Why us? Why at this time?"

He said, "Yes."

I proceeded to ask, "Can you tell me more about your feelings?" He paused for a moment and answered, "I'm still in shock, confused and disappointed." By giving

them the opportunity to confirm their statements, they seemed to feel, hear, and understand.

I said to them, "I may not have the answers to your questions. But I am convinced that what you are feeling is normal and that God is present in this moment and is suffering with you." They found these words comforting. Although I was brought up to believe that men should not cry, even in the event of the loss of a child, I have become very comfortable joining the bereaved in crying in moments of death and loss. In this pastoral visit, the tears we shed soon became a visible symbol of our oneness in this grief and pain.

"How else can I support you?" I asked.

Mr. C said, "Father, the miscarriage occurred at approximately the tenth week of pregnancy. This is our first baby. Yesterday, the medical team asked how we wanted to dispose of the re-

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Father Felix Ojimba
Catholic priest

Exemplar

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mains. We have discussed the issue and feel that we need a Last Rite. But we're not sure if this is proper."

I asked them to tell me more about their hesitation to have Last Rites for their baby. Mrs. C explained that it's not customary to have Last Rites for babies lost through miscarriage. That they weren't sure how family and friends might perceive such a rite.

I told them that having Last Rites for their baby was an appropriate thing to do. I explained that up until the last decade, the Catholic Church had no specific rite for miscarriages. Today, however, the Church has a special rite for miscarried babies and for their parents. I gave them my word that their wishes would be honored and that the baby would be dedicated to God. They were very pleased with the idea. I knew I had to give them some resource to enable them to live through each day with the painful memory of the loss of their beloved child.

Falling back on their Catholic belief in the Communion of Saints, I assured them that their baby was already cradled in the loving embrace of God and numbered among the saints in heaven.

I shared with them the scripture where Jesus said, "Let the little children come to me; do not stop them; for it is to such as these that the kingdom of heaven belongs. And he took them up in his arms, laid hands on them, and blessed them." (Mark 10:14-16)

Sensing that they seemed comforted by this scripture, I presented them with a spiritual image of their baby as the family's ambassador before God and reminded them that they could be spiritually connected to their baby any time they attended the Holy Mass. I stressed that this spiritual connection to their baby would be a source of strength and hope until they could see the baby again at the Resurrection on the Last Day. They shared with me how comforting and reassuring this perspective was, helping them know that their child would live on forever.

I encouraged them to choose a name for their baby and after a brief discussion, they chose a name.

Since the baby's body was already in the morgue and the morgue was closed for the day, we arranged with the nurse manager and morgue attendant to hold the Last Rites the following day. But there was another problem. Mr. C needed to be in class the next day until 4:30pm. 5:00pm was the earliest he could get to the hospital. The thought that Mr. C could not get

some time off from school to mourn the loss of his first baby left me feeling exasperated.

The morgue normally closes at 5:00, but the morgue attendant was very considerate, and to accommodate the needs of this couple, he offered to keep the morgue open until 5:30. We ended this planning session with a prayer:

"Most loving and gracious God, Mr. and Mrs. C and I come before you in faith as we mourn the death of their baby. Perhaps we will never understand why this happened, but we believe you are present among us. Hold Mr. and Mrs. C together as they continue to mourn their loss, your special gift of love to them. Heal their aching hearts and give them the strength to support each other. Help them to go from one day to the next until the day when they will be united with their baby in your Heavenly Kingdom. Amen."

They let me know that the prayer was comforting for them. The next day we met on the unit and proceeded to the morgue. The morgue attendant was very hospitable. He led us to the place he had set up for the Last Rites. He had respectfully prepared the baby for the parents to view. The baby was placed on a decorated table and covered with a blue blanket. A Bible was also provided.

As Mr. and Mrs. C lifted the blanket to view

their baby, tears began to flow, and I stood by them. Using both scripture readings and prayers, we dedicated the baby to God and prayed for the comfort and peace of Mr. and Mrs. C and others affected by this loss. After Last Rites, the morgue attendant graciously offered the blanket to them for them to keep. They accepted it with gratitude and asked that he take good care of their baby's body. He assured them he would.

I invited Mr. and Mrs. C to our conference room for some light refreshment and gave them a Dedication Certificate to keep in their memory box. To help them cope with the enduring pain of the loss of their baby, I encouraged them to join a support group of people who have experienced miscarriage, or turn to a trusted family friend for listening and support.

A week later, I received an appreciation note from Mr. and Mrs. C that affirmed my grief ministry to them.

They wrote, "Thank-you so much for helping us this past week. Your support was truly wonderful and very helpful. Having a service and a blessing for (our baby) meant a lot to us. We are doing okay, and have faith that God and our baby will be looking out for us."

A month after this pastoral visit, I sent them a sympathy card and assured them of my pray-

ers. They promptly acknowledged with a phone call and once more affirmed the support and care they had received from all our caregivers.

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

In times of grief there is a need to bring meaning to the suffering. Many individuals search for that meaning in their faith, religion, or cultural traditions. Father Felix uses many interventions to comfort Mr. and Mrs. C. By repeating their words he brings home the reality of their loss while at the same time providing solace and support.

His presence and his reminder of the Catholic tradition of eternal life is comforting. But, he was not alone in supporting this family. The nursing staff provided a quiet and private space for them to talk, grieve and begin to heal. The morgue attendant showed great compassion and flexibility in extending the hours of the morgue, arranging the viewing table, and giving the blanket to Mr. and Mrs. C as a treasured keepsake.

Father Felix walked with this family through a sad and difficult time. Like Mr. and Mrs. C, we're grateful for his wisdom, guidance and insight.

Thank-you, Father.

What makes a family

When I first came to MGH, I thought of the hospital as a big bustling place where people came from all over to be healed. It seemed like a sprawling collection of units and rooms with a wide range of folks who came here because they had something to offer or needed to be helped. I was amazed at all the different nationalities, faiths, and diverse cultures and backgrounds that came together to serve patients and families.

It was only after working here for a little while that I began to appreciate another aspect of MGH, the part that reaches out from this enormous hospital into the community. While most patients and families are served after coming through our front doors, there is another dimension of MGH care and service that quietly supports patients in a diverse community setting. There is a growing network of families who are part of an adult foster care program. Families supported by The MGH Family Care Program, create a place in their homes where patients with medical and/or mental disabilities live as part of a family.

—by Barbara Olson, clinical social worker



VeAnn Campbell and foster family member, James Myron, in the kitchen at home.

We are a family

Anna, a Jewish woman from Eastern Europe, lost her whole family in the Holocaust. She survived and eventually made her way to the United States where she started a family of her own. Due to the onset of schizophrenia Anna became profoundly disabled and then estranged from her husband and young children. That was 40 years ago.

Now in her 70s, Anna lives with an African

American family in Boston. Despite continuous hallucinations that often cause Anna to grimace with either laughter or despair, she is accepted into this three-generation Christian family. She's as likely to be found at a celebration of a new great-grandson as sharing a cup of tea, a meal, or watching TV with other foster family members. Anna's single caregiver, along with her children and grandchildren provide a supportive

environment that nurtures Anna in her activities of daily living.

We are a family

Patti is a 30-year-old Caucasian woman who has both severe cognitive deficits as well as a history of depression. She speaks very little about her inner world and is often found staring off into space. Because Patti's aging parents were unable to manage her personal care and mental-health needs, Patti left her birth family sev-

eral years ago and was welcomed into a whole new home life.

Once an only child, today Patti shares a home with a Caribbean family who immigrated to the Boston area. In spite of her limitations, Patti typically spends her days at a community workshop and returns home to an active household. When Patti returns home every day, her foster family is there to greet her.

Not only does Patti feel at home with her foster brothers and sisters, but she's mastered the names of all the children in the neighborhood, too. Last month, when Patti hugged and comforted a crying child in her home, we were reminded of the contribution Patti makes to this family, as well. Patti has come a long way.

We are a family

Tom is an elderly African American man who grew up in the South, married there, and raised a family. Eventually his drinking caused problems for his family and he lost touch with his wife and children. Hardened, Tom made his way to Boston, where he lived alone, ate in local bars, and kept pretty much to himself. When a sudden heart attack brought him into the healthcare system, he was introduced to a foster family. Despite his silent and gruff manner, he was welcomed into a Costa Rican home, not far from the hospital.

Ten years after being placed with this family, Tom still lives in the same home, often sharing the porch with the family and nodding to

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On vacation at Lake George, are (l-r): David and VeAnn Campbell and foster family members, Johann O'Brien and Jim Dasey.

Family

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neighbors as they pass. Though he remains a man of few words, his complaints have mellowed. One day, out of the blue, he told his caregiver, "You are in my heart." This family has found Tom's soft spot.

We are a family
Nelly, an elderly Caucasian woman, started her early adult life as a hat check girl. After developing a debilitating mental illness, she spent 18 years in a state hospital. Fortunately, she

found her way into an African American home in Boston, where she lived for more than 30 years.

Several years after joining this household, Nelly's caregiver died. But the caregiver's daughter, who had been only 13 years old when she first met Nelly, took over as caregiver. She and her children became Nelly's second-generation foster family. This allowed Nelly to stay with the people she knew and people who knew her. In spite of Nelly's difficulty communicating, hardly a week passed that she didn't sing her favorite

song, "My Country, 'Tis of Thee."

When Nelly died this summer, her foster family honored her with a beautiful wake and funeral. Their words of remembrance were a moving testament to the difference Nelly had made in their lives.

We are a family

Danny, who was born with Down's syndrome, is an outgoing man in his 50s who strongly identifies with his Irish Catholic roots. When his parents died, he was placed in a nursing home where he had very little to do.

Seventeen years ago, Danny was introduced to a Dorchester family, and has been part of The MGH Family Care Program ever since.

Nowadays, Danny is part of a regular day program, where he typically helps with simple office tasks. He also volunteers a few times a month at a state political headquarters and is thrilled to be part of a community organization.

Danny is equally involved on weekends, often joining his foster family on shopping trips to the mall and sometimes church. When asked what he likes best

about attending his family's small neighborhood church, Danny quickly jumps up with his arms in the air and excitedly says, "I love it when everyone stands up and shouts, 'Hallelujah!' It's like we're all brothers and sisters. It's one big dance."

In every case, in their own special way, these patients and the foster families of The MGH Family Care Program have found something together that makes them, uniquely, a family.

Written by Barbara Olson, LICSW, social worker; and Mary C. Connolly, RN, staff nurse.

Recommended Readings

The following list contains fictional and non-fictional works recommended by members of the PCS Diversity Steering Committee.

Caring for Patients from Different Cultures; 2nd edition; by Geri-Ann Galanti
A non-text-book text containing case studies of patients from different cultures. It is easy to read and very informative.

Enabling America: Assessing the Role of Rehabilitation Science and Engineering; by Edward N. Brandt, Jr. and Andrew M. Pope
This book contains data on the scope of disability in America, as well as governmental remedies for impairments, functional limitations, and disabilities. Some of it is lively, but mostly it's an academic tour-de-force. Treadwell Library has a copy.

The Essential Koran; by Thomas Cleary, translator
This acclaimed translation is an excellent introduction for the non-Muslim to the wisdom and beauty of the Koran. The Koran is seen not only as the holiest book in Islam but a literary masterpiece. It invites intelligent faith based on contemplation of all nature and the world around us.

The Four Agreements; by Don Miguel Ruiz
Don Miguel Ruiz, the heir of a long line of Toltec healers reveals the powerful code of conduct that can lead to enlightenment, freedom, and happiness.

From Beirut to Jerusalem; by Thomas Friedman
If you want to learn more about the history of the Middle East and the roots of the present day conflict, then this insightful book is a great resource. Friedman uses anecdotes from his own experience as a New York Times correspondent to provide an entertaining and stimulating account.

It's Only a Mountain; by Dick Hoyt
This inspirational story of Richard and Dick Hoyt, the father and son Boston Marathon team.

The Lexus and the Olive Tree; by Thomas L. Friedman
A book about globalization in our times and the impact that events in one region can have on people across the world. Friedman urges society to balance technological and economic advancement.

Nectar in a Sieve; by Kamala Markandaya
This is the story of a simple peasant woman from a primitive village in India whose inner strength enables her to care for those she loves despite the many struggles and hardships.

Princess: A True Story Behind the Veil in Saudi Arabia; by Jean Sasson
This is the story of a Saudi Arabian woman named Sultana as told to the author. It reveals an authentic and honest account of life behind the veil.

The Rage of a Privileged Class; by Ellis Cose
Cose reveals the contradictions in mainstream assumptions about racial progress. Through insightful stories, Cose examines the depth of the discrimination that haunts even the most affluent and best-educated African Americans. For many blacks, this book is an eloquent affirmation of what are often confusing and conflicting emotions. For whites, it may offer insight into a pain they didn't know existed.

Stolen Lives; by Malika Oufkir
This is the story of Malika and her family as they are imprisoned by the King of Morocco following her father's failed coup and execution.

Things Fall Apart; by Chinua Achebe
This book is a masterpiece that has been compared to the Greek tragedies. It is set in pre-colonial, 19th century, Nigerian society, blending rich African tradition with human qualities common to people of all times and places.

Are we there yet?

—by Charles Ciano,
operations coordinator

A relatively new employee at MGH, I offer a fresh perspective on the concept of culturally competent care as it exists within the walls of our hospital.

I find that I cannot separate the patients from the employees in my observations. As important as it is to deliver culturally competent care to our patients, it is equally important to do the same for our fellow employees. The diverse workforce at MGH challenges us to continually grow and develop professionally. And it is the responsibility of every employee to contribute to that growth and development.

My understanding of culturally competent care is that it is a way to describe our ability to provide access to quality health care for all individuals. What does that mean? Are we talking about race, ethnicity, gender, age, sexual orientation, economic class or religious preference? I believe that providing access to quality health care for all individuals embraces all of the above.

Through different services and initiatives available throughout the hospital, such as the Multicultural Affairs Office (MAO), the Association of Multicultural Members of Partners (AMMP), the PCS Diversity Steering Committee, and Inter-

preter Services, we show our commitment to serving a diverse patient population.

As is always the case, education is the key to our ability to provide the kind of high-quality, culturally competent care our patients demand and deserve. With the expansion of our outreach and community programs, we create avenues to remain in touch with, and in tune with, the cultural beliefs and traditions of the patients we serve. This gives us the foundation for delivering culturally competent care.

The Center for Clinical & Professional Development provides culturally-competent-care training to all new graduate nurses. Through a collaboration with The Cross Cultural Health Care Program in Seattle, a team of MGH employees has been trained to instruct others at MGH in the methodology behind delivering culturally competent care to our patients and their families. As we move forward in our understanding of cultural differences, we inherently improve the quality of care we provide to all patients.

We are well on the road to achieving our goals. We have the tools. We have the commitment. We know the direction. Now, we must be vigilant in ensuring we stay on course.

We talk the talk— do we walk the walk?

—by Claribelle F. Amaya, RN, and
Kathleen M. Myers, RN, MSN

In order to provide the best possible care to the patients we serve, cultural competence needs to become an integral, replicable, and sustainable component of our health-care delivery system. An increasingly diverse population requires greater attention to issues related to culturally appropriate and sensitive care. Culturally competent clinicians respect the beliefs, attitudes, lifestyle, religion, appearance and all other characteristics of their patients and colleagues. This creates an environment of trust and comfort that is so crucial to the healing process.

On White 6 we are fortunate to have a highly diverse team of caregivers. As a result of a unit-specific priority, the majority of our staff has attended the Culturally Competent Care educational program. One staff member who is recognized as a leader in this initiative is Claribelle Amaya. Claribelle is a

staff nurse and member of the PCS Diversity Steering Committee. She shares the following story about caring for a patient on White 6.

Mr. D was alone and feeling depressed in an isolation room. He spoke only Spanish. He needed to be isolated due to an MRSA wound infection. It was a kind of 'double isolation' for him. Not only was he separated for health reasons, he was separated, in a sense, because he was unable to communicate with the people around him. The informal conversation and companionship provided by a roommate were not going to be part of his hospitalization.

I made sure Mr. D was introduced to other staff members who spoke Spanish: Ivonny Niles, RN, Roberto de Jesus, PCA, and others. And whenever possible, I gave him a chance to interact with other Spanish-speaking patients. We made sure to provide

him with menus and educational materials that had been translated into Spanish. Although He was not my patient, I went in to speak with him often. It was the holiday season, a hard time for anyone to be away from their family. When we talked about his family, he started to cry. He told me about his difficult life. Being able to speak to him in Spanish helped us form a relationship and a connection that may not have happened otherwise.

I consulted with Mr. D's primary nurse and arranged to become his primary caregiver. Staff on White 6 are very supportive and understanding about caring for patients who don't speak English. I believe my interactions with Mr. D contributed to his positive attitude toward getting well and moving on. And I was able to connect with his family and other members of his healthcare team. When Mr. D was discharged, I translated all of his discharge information into Spanish, and was an integral part of the team that provided care to him and his family.

Learning about the values, beliefs and customs surrounding the health issues of minority
continued on next page

Programs that successfully provide culturally competent services tend to:

- define culture broadly
- value a client's cultural beliefs
- recognize complexity in language interpretation
- facilitate learning between providers and communities
- involve the community in defining and addressing services needed
- collaborate with other agencies
- professionalize staff hiring and training
- institutionalize cultural competence

MGH celebrates Latino Heritage Month

Family, unity, and diversity within the Latino community

MGH observed Latino Heritage Month this year with a number of special events, including an educational booth in the Main Corridor, a special Latino menu in the Eat Street Café, and presentations by Nicholas Carballeira, ND, MPH, executive director for Policy and Planning for the Latin American Health Institute; and Joseph Betancourt, MD, MPH, program director for Multicultural Education in the MGH Multicultural Affairs Office.

Betancourt and Carballeira spoke about issues affecting Latinos, and how to improve relationships with the Latino community as we move toward a more diverse population.

Said Carballeira, "The Hispanic population in Massachusetts is growing rapidly. Being prepared for this increase in the healthcare arena is crucial."

Carballeira explained the difference between being a healthcare provider, a healthcare partner, and being an integrated member of the Latino community.

A provider is well versed in the cultural needs of the Latino community. A partner seeks active collaborations with agencies within the Latino community to advance the agendas of both the provider and the patient. An integrated member of the Latino community, which is what we should all be striving for, transcends partnership and assumes the same agenda as the Latino community.

The presentations were followed by a luncheon and reception under the Bulfinch Tent.



Nicholas Carballeira, ND, MPH, executive director for Policy and Planning for the Latin American Health Institute, addresses gathering at Latino Heritage Month event.

Walk the Walk

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populations is essential. But integrating this knowledge into the actual delivery of care can be challenging.

On White 6, we continue to face this challenge and successfully address the issues that emerge when caring for a culturally diverse patient population. It's much easier once you've identified cultural competence as a priority for providing good patient care. Minority nurses are in a position to serve as a model for this unique approach to patient care; an approach that reflects the importance of individual needs.



Latino musical group, El Mariachi Mexamerica, entertains MGH employees and visitors at the Latino Heritage Month celebration under the Bulfinch Tent.

A symphony of caring, at home and abroad

—by Donna Perry, RN
professional development coordinator

One hectic afternoon in late April, the phone rang as I walked into my office. It was a cardiologist I know from another hospital. “Donna,” he said. “I’m getting a team together to go to Abu Dhabi. Would you be able to come?”

So began our impromptu adventure to the Persian Gulf. Partners International had been asked to send a team to the Zayed Military Hospital (ZMH) in Abu Dhabi to assess the feasibility of beginning a cardiac surgery program there. Members of the team included two doctors from BWH, two doctors from MGH, and me.

Abu Dhabi is one of the seven emirates that make up the United Arab Emirates. Our trip coincided with Nurse Recognition Week, and the ZMH chief nurse asked if I would give a presentation to their nurses during our visit. In the audience would be ZMH hospital administrators, who were also senior officers in the UAE military.

This was my first trip to an Arabic country and I felt it was a wonderful opportunity to build positive relationships, especially in the aftermath of September 11th. Many Muslims around the world have been terribly saddened by the negative perception of the holy

Qur’an that emerged based on its misuse by terrorists. As I reflected on the message I wanted to give, I thought it was important to share my respect for the Muslim culture. I decided to open my talk with a reading from the Qur’an. Dr.

Ghaleb Daouk, the pediatric nephrologist from MGH, was kind enough to help me select the verses I wanted to read. I chose a reading from the chapter called, “The Bee,” which talks about the importance of doing good works towards others in the name of Allah, the compassionate and merciful. I related these verses to the good

works and compassion shown by nurses on a daily basis. My presentation was very well received (especially among the senior military leaders who were all Muslim men) and helped establish a respectful tone for the visit.

Many of the nursing leaders at ZMH are American expatriates who are retired from the US military. Staff nurses are from many countries, including India, the Philippines, and Jordan. Within this one institution, there were multiple cultures coming together.

We had only three days to meet with this diverse team, gather data,

and come up with a cohesive plan.

Despite the obstacles, everything went very well. We were able to collaborate as though we had been working together for years. Our dialogue centered around issues of quality patient care. Building a high-quality program became the focus of our planning. Common values and mutual respect helped us move beyond any differences in culture or backgrounds.

Recently, I read an article about leadership that compared a good leader to a symphony conductor; a person who is able to bring many people together to play as one. This accomplishment was evident when I heard the Boston Symphony Orchestra play at Tanglewood this summer. Despite the fact that

they were being led by a guest conductor, the musicians played together with breathtaking unity. The cohesiveness made me think of our work in Abu Dhabi and about our Patient Care Services team here at MGH. We are a symphony every day. Despite playing different instruments, we’re all playing the same music! We come from different disciplines, we have different backgrounds and heritages, we all bring different gifts to the table. But we’re all working toward the same goal: excellence in patient care.

It’s interesting to note that if we didn’t have so many different instruments, we’d never be able to achieve such extraordinary harmony. This is the essence of diversity. *From many... one.*

A peaceful spirituality envelops Abu Dhabi as the call for evening prayers comes from the Mosque.



Our Diversity Journey

continued from page 3

diversity is our culturally competent care curriculum: "Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other." In this 8-hour learning experience, employees from different areas of the hospital come together to share personal stories and situations that reveal the complexities of a multi-cultural work environment. Employees who have worked at MGH for many years have an opportunity to share and learn alongside those who may still be in orientation. And the program has become so well known, it's not unusual to have participants from other institutions.

In the three years since we launched this program, conversations have changed as we've moved forward in our journey. We no longer work from definitions or the need to craft a rationale for paying attention to the importance of diversity. We all realize that what was once something far off in the future... has arrived. The future is here.

During the most recent culturally competent care class, participants demonstrated the kind of increased sophistication in thinking that this multi-cultural environment requires. Participants

were open and honest in sharing childhood experiences. Interestingly, for many people, childhood memories offer the most painful realizations of what it felt like to be different in the eyes of others. It is always striking for those listening to realize how easy it is to recall the feelings that accompany those memories. These moments when employees explore the other facets of themselves bring richness to the learning and work environment.

Employees are parents, siblings, students, neighbors, and professionals who come together in this particular work space. All of these different components impact our understanding of ourselves as colleagues and as healthcare providers. We bring these aspects of ourselves with us as we shape the healthcare experience that distinguishes our organization from any other.

One of the exercises in the course is to list the traits that help make an individual successful in this fast-paced, busy work environment. Some of the traits identified are flexibility, teamwork, openness, being respectful and competent in one's role. Another question deals with the traits we value in those

we work with. Some of those traits include: caring, honesty, humor, respect, intelligence, togetherness, confidentiality, and equality. A third question asks participants to identify the traits they believe others value in them. This question always stumps people. The responses are always thoughtful. For the most recent group, responses included: being a good listener, having a strong work ethic, having creativity, being personal with others, a willingness to be part of a team, having good problem-solving skills, being trustworthy, being approachable, and valuing difference.

If these questions had been asked in 1997 when we were just starting our journey, what do you think the answers would have been? It's difficult to say.

What we do know is that we saw the approach of the future. We saw 'the many' come from all over the globe. The languages were different. The customs were unfamiliar. But the task at hand was what it always had been: getting from 'many' to 'one' guided by the philosophy of equal value for all.

The International Council of Nurses speaks about the concept of a 'global professional' in describing the expertise needed by today's healthcare providers.

Once again, the future is upon us.

AMMP

The Association of Multicultural Members of Partners invites you to celebrate

Latino Heritage Month

with guest speaker, Ernesto Gonzalez, who will present, "Family, Unity, and Diversity within the Latino Community"

**Friday, October 25, 2002
12:00-1:30pm**

Wellman Conference Room

A traditional Latino luncheon will be served

Call for Collaborative Governance Committee Applications

Applications are now being accepted for: The Diversity Steering Committee, The Ethics in Clinical Practice Committee, The Nursing Practice Committee, The Nursing Research Committee, The Patient Education Committee, The Quality Committee, and The Staff Nurse Advisory Committee

The deadline for applications is November 15, 2002.

For more information or to obtain an application, contact Kim Chelf at kchelf@partners.org or 4-5952.

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Caring Headlines cannot guarantee the inclusion of any article.

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Please recycle

Medical interpreters

Interpreter Services has experienced remarkable growth in recent years.

The Department was formally established in 1985, with the hiring of a tri-lingual medical interpreter coordinator. This allowed the service to begin to gather data and take the first steps toward creating standards and defining expectations. At that time, approximately 1,500 requests for interpreter services were received and addressed by the coordinator and a small cadre of bi-lingual staff and volunteers.

In 2002, the department responded to more than 35,000 requests for service. Today, staff is comprised of 20 professional medical interpreters, 90 freelance medical interpreters (who have been assessed for competence and are available on call), and a backup telephone language line. Medical interpreters are available 7 days a week, 24 hours a day.

The evolution of the service from one coordinator with support from bi-lingual volunteers to the department we know today was an exciting journey. The changing demographic landscape in Boston presented a compelling need for qualified medical interpreters. We were fortunate to

—by Lulu Sanchez, manager
Interpreter Services

recruit a young, professional team willing to define their profession with a clear set of skills and competencies.

Under Dr. Mongan's leadership, the medical interpreter staff has increased every year. The PCS Diversity Steering Committee helped us spotlight the importance of effective communication between healthcare providers and patients of all cultures and backgrounds.

Today medical interpreters are an essential part of the hospital's commitment to provide culturally competent care; and the department now falls under the umbrella of Patient Care Services.

To help respond to the increased demand for medical interpreters, the department has developed systems to expedite scheduling and offered training for clinicians on how best to work with medical interpreters. This fall, the Medical Interpreters website will be launched, providing staff with quick, convenient access to services and information.

As MGH grows, the Medical Interpreter Services Department will continue to work to support the delivery of culturally competent care to all patients and families.

Committed to supporting a diverse workplace

MGH is committed to providing the highest-quality

patient- and family-centered care, teaching, and research in the world.

We believe the most effective way to accomplish this task is to make full use of all available human resources. The MGH environment must allow and encourage all employees to maximize their contribution in an atmosphere where those contributions are truly valued. The environment at MGH must be one that recruits and retains highly talented individuals that enable us to provide the quality of care for which we are internationally known. All members of the MGH community must understand and support this philosophy of nondiscrimination.

One component of our commitment to diversity is our commitment to equal opportunity regardless of race, color, religion, gender, sexual orientation, age, physical ability, veteran status, marital status, or national origin. This applies to all employees

—by Megan Brown, Human Resources representative
Beverly Lasovick, Human Resources generalist,
and Jackie Lynch, Human Resources generalist

and applicants, and to all employment practices such as recruitment, promotion, transfer, compensation, benefits, training, educational assistance and termination.

Human Resources assists in finding, screening, and selecting the best and brightest candidates from diverse backgrounds. Human Resources has a presence in the community in a number of ways. During the past year, the Human Resources Department reached out to the community through visits to Cambridge Rindge and Latin High School, the Chelsea High School Women's Health Event, and the Bunker Hill Day parade in Charlestown.

Recruiting diverse candidates can take place at formal job fairs such as the annual Boston Works Diversity Job Fair, the Red Cross Certified Nursing Assistant Job Fair (held quarterly), the Urban League of Eastern Massachusetts Career Events, or the Roxbury Community College Recruitment

Event. Our commitment to diversity has led to the establishment of relationships with the Mature Workers program (sponsored by Easter Seals), Project Rise (a job readiness training program), and ProTech (a business-education partnership that integrates classroom and work-based learning opportunities for high school students).

We also participate in less formal recruitment opportunities, visiting local high schools, community colleges and universities.

Our strategies for recruiting hospital leadership and clinicians are multi-pronged, ongoing and proactive. They include working with the deans and chairs of various nursing programs; working closely with professional associations such as the New England Regional Black Nurses Association (NERBNA) by attending and/or hosting NERBNA-sponsored events; and we continue to establish relationships with recruitment agencies who assist us in finding qualified candidates from diverse backgrounds.

Human Resources embraces diversity and seeks to ensure that a diverse workforce is a visible reality at all levels of the organization.

Educational Offerings and Event Calendar now available on-line

The Center for Clinical & Professional Development now lists educational offerings on-line at <http://pcs.mgh.harvard.edu>

For more information or to register for any program, call the Center at 6-3111.

Educational Offerings

October 17, 2002

When/Where	Description	Contact Hours
October 17 12:00–1:00pm	Asian Communities Respond to Domestic Violence Walcott Conference Room	---
October 24 12:00–1:00pm	The Latina/Latino Community Responds to Domestic Violence Wellman Conference Room	---
Oct. 28: 7:30am–4:30pm Oct. 29: 7:30am–4:30pm	Intra-Aortic Balloon Pump Workshop Day 1: Wellman Conference Room. Day 2: VBK607	14.4 for completing both days
October 30 8:00am–4:30pm	Preceptor Development Program: Level II Training Department, Charles River Plaza	7.8
October 31 8:00–11:30am	Intermediate Arrhythmias Haber Conference Room	3.9
October 31 12:15–4:30pm	Pacing : Advanced Concepts Haber Conference Room	5.1
November 1 8:00am–12:00pm (Adult) 10:00am–2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK 401 (No BLS card given)	---
November 1 8:00am–4:30pm	Care of the Person with Cancer: Back to Basics O’Keeffe Auditorium	TBA
November 4 and November 15 8:00am–5:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Wellman Conference Room	16.8 for completing both days
November 6 4:00–6:00pm	Deb Wing Memorial Lecture Haber Conference Room	---
November 7 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
November 7 1:00–2:30pm	The Joint Commission Satellite Network presents: “Anesthesia & Conscious Sedation: Compliance Issues” Haber Conference Room	---
November 7 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
November 7 and 8 7:30am–4:00pm	Pediatric Advanced Life Support (PALS) Provider Course Shriners Hospital Auditorium	TBA
November 8 8:00am–4:00pm	Care Options for the Renal Patient O’Keeffe Auditorium	TBA
November 8 12:00–1:00pm	Black and White but Sometimes Gray: Clinical Applications of Brain Death Criteria. Sweet Conference Room, GRB4	1 (for nurses only)
November 12, 13, 18, 20, 25, 26 7:30am–4:30pm	ICU Consortium Critical Care in the New Millennium: Core Program BMC	45.1 for completing all six days
November 12 1:00–3:00pm	Pacing: Basic Concepts Haber Conference Room	---
November 13 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Training Department, Charles River Plaza	7.2
November 13 8:00am–2:30pm	Mentor/New Graduate RN Development Seminar I Training Department, Charles River Plaza	6.0 (mentors only)

For detailed information about educational offerings, visit our web calendar at <http://pcs.mgh.harvard.edu>. To register, call (617)726-3111.
For information about Risk Management Foundation programs, check the Internet at <http://www.hrm.harvard.edu>.

MGH remembers... one year later



Members of the MGH Chaplaincy and hospital leadership offered prayers and readings in a special service honoring those lost on September 11, 2001.

Pictured above are (back row, l-r): Fr. Celestino Pascual; Michael McElhinny; Fr. Felix Ojimba; Jeff Davis; Peter Slavin;

Fr. Philip McGaugh; Rabbi Ben Lanckton; Charles Kessler; and Ted Todd.

(Front row): Sheila Crowell; Karen Schmidt; Mary Martha Thiel (behind); Ana Ruth Higbee-Barzola;

Jeanette Ives Erickson; Andrea Stidsen; Linda Knight; and Gina Murray

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