September 19, 2002

Caring HEADLINES

Inside:

Summer jobs programs help Boston youth find career direction

A standing-room only crowd gathered beneath the Bulfinch Tent, Wednesday, August 28, 2002, to celebrate a record-breaking year of providing summer jobs and internships to local high-school and middle-school students. Three programs that fall under the Boston Public Schools Youth Development Partnership in the MGH Community Benefits Program and the MGH-Timilty Partnership provided employment to 130 students from East Boston High School, the James P. Timilty Middle School, and other schools in

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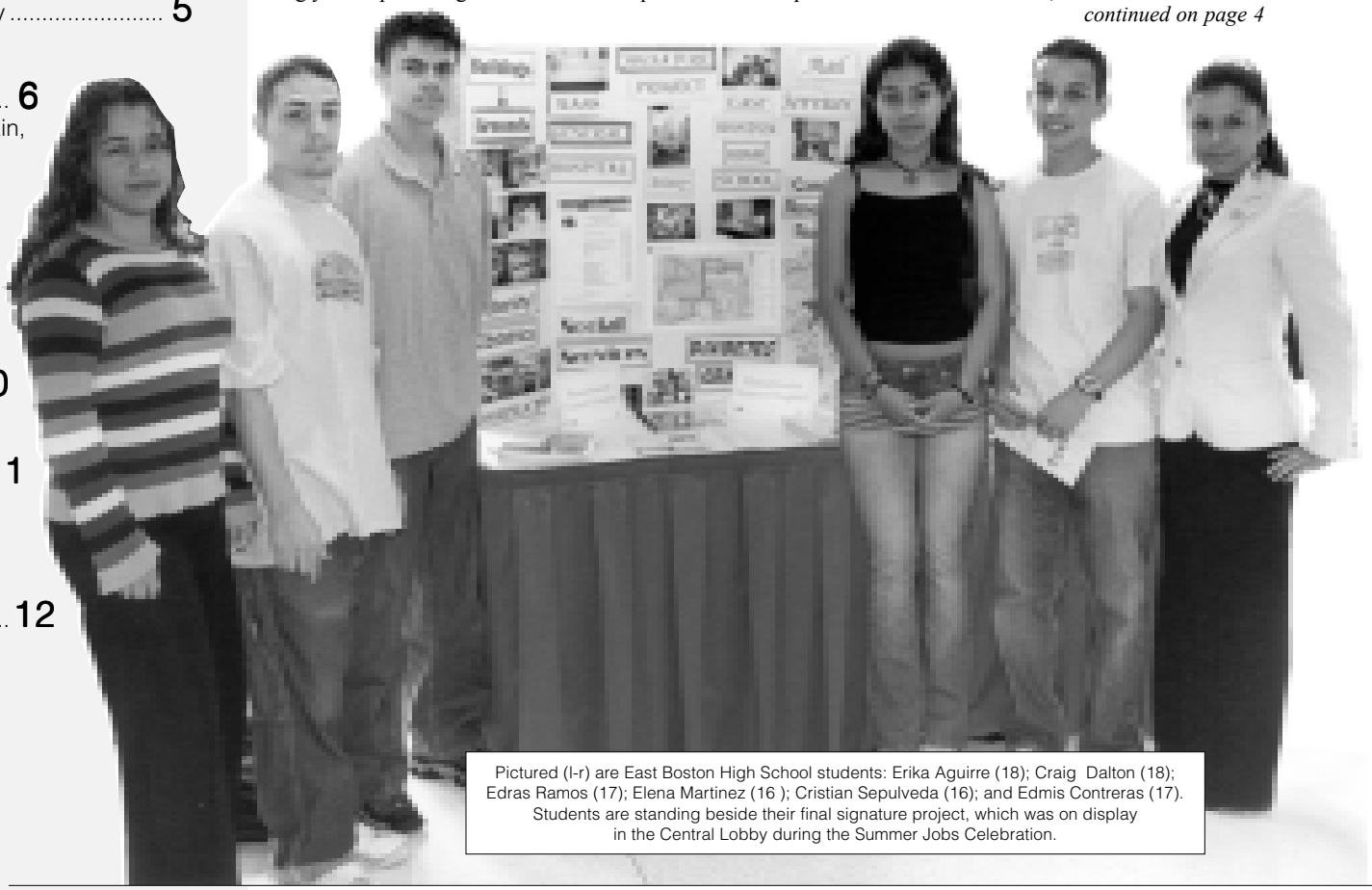


Pictured (l-r) are East Boston High School students: Erika Aguirre (18); Craig Dalton (18); Edras Ramos (17); Elena Martinez (16); Cristian Sepulveda (16); and Edmis Contreras (17). Students are standing beside their final signature project, which was on display in the Central Lobby during the Summer Jobs Celebration.

MGH Patient Care Services

Working together to shape the future

September 11th: looking back, looking ahead

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

September 11, 2001, lives in our hearts as the defining moment of a new age. As I reflected on the events of this past year and attended memorial services, as many of you did, I thought about how those events have changed us. We will never forget what happened on September 11th. We will never forget the loved ones we lost or the heroes who fell in countless acts of sacrifice. But hopefully, we will be better citizens of the world because of those events that touched us so deeply.

If we have learned anything from this tragedy, it is that who we are as individuals is as important as who we are as a nation; that showing compassion for all people is not the same as showing weakness; and that how we respond to this unprecedented crisis will send a message to our children and to generations to come.

We live in a complicated world, a culturally diverse world, a fast and technologically advanced world. It's easy to believe that the actions of one person don't matter. But just as individuals were responsible for the acts of violence and terrorism that shattered our world a year ago, peace, too, begins with individuals.

With so many images and stories bombarding us in the media, it's hard to keep our hearts full. But now more than ever, we need to be true to our values. We can't let the negative agenda of others alter who we are. Kindness, caring, and a genuine interest in helping others must remain the driving force behind our actions.

I'd like to thank the members of our Chaplaincy for the tremendous support and inspiration they provided in the days and months following September 11th, and for the special service they coordinated for the one-year anniversary. It was a wonderful opportunity to come together with friends and colleagues to share our hopes and sorrows.

I'm so proud to work at MGH, where I am reminded daily of the goodness and humanity that exists between people. Let us continue to find opportunities to reach out to others in friendship. Let us continue to honor the memory of those lost on September 11th. And let us live each day as if we are ambassadors of peace, for truly, that's exactly what we are.

Remembering September 11th

If there is to be peace in the world,
There must be peace in nations.

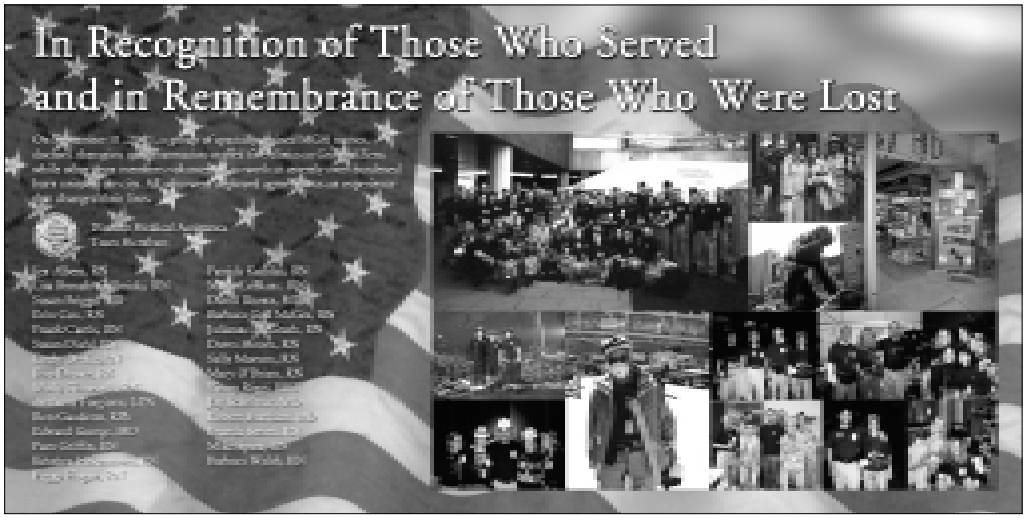
If there is to be peace in nations,
There must be peace in cities.

If there is to be peace in cities,
There must be peace between neighbors.

If there is to be peace between neighbors,
There must be peace in the home.

If there is to be peace in the home,
There must be peace in the heart.

—Lao Tse



The above poster is on display on White 7

Updates

Scott Ciesielski, RN, has accepted the position of nurse manager for the White 11 General Medicine Unit.

Keith Perleberg, RN, nurse manager for Phillips 20, has assumed leadership for Phillips 21 as well. As you know, Kathy Myers, RN, has been the nurse manager for Phillips 21 for the past 12 years while also managing White 6 and Ellison 6. We thank Kathy for her tremendous commitment and past leadership.

Mary Lavieri, RN, has accepted the position of clinical nurse specialist for the Blake 7 Medical Intensive Care Unit. Mary has served as CNS out of the Center for Clinical and Professional Development for the past 10 months.

Congratulations, and welcome.

Restricting the use of cell phones in ICUs

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: Why is cell-phone usage being restricted near some patient's rooms?

Jeanette: Recent testing has revealed that cell phones used in the vicinity of ventilators can cause false ventilator alarms and in some cases shut the ventilator down completely. These problems can occur as a result of someone talking on a cell phone and/or when the cell phone rings.

Question: What are the guidelines for cell-phone use given these new findings?

Jeanette: All cell phones, wireless PDAs (Palm Pilots, etc), and two-way pagers are no longer allowed in ICUs, patients' rooms, or clinical areas where ventilators are being used. This does not apply to those wireless devices already approved for use in the ORs, as these devices don't impact the technology used in those areas.

Also, there are signs posted in appropriate places alerting staff, visitors, and patients to turn off all cell phones, wireless PDAs, and two-way pagers before entering ICUs, and to turn off wireless devices before entering the rooms of patients on ventilators (on general care units). On general care units, respiratory therapists will post signs outside of patients' rooms when they initially deploy ventilators.

The phones already approved for use on Blake 2, Bigelow 12, and Ellison 14 will continue to be used, but should be turned off in the rooms of patients who are ventilated on those units.

In general, staff should be aware that cell phones, wireless PDAs, and two-way pagers can potentially cause interference to clinical equipment such as artifact on ECG signals, false alarms, and disabling other functions.

If any of these problems occur, call Respiratory Care for ventilator issues (pager #2-4225) or Biomedical Engineering (724-1333) for all other clinical equipment.

Question: What does this mean for the future of wireless technology at MGH?

Jeanette: MGH is committed to using wireless technology whenever possible provided it can be used safely. We have been exploring wireless phones as a potential improvement over the current nurse-to-nurse communication system, and feedback has been very positive. We're moving forward with a controlled wireless-phone trial on Bigelow 13 (ventilators that were affected during recent testing will not be deployed to Bigelow 13).

Analysis is under way to determine the best ways to incorporate wireless technology without putting our patients at risk.

MGH-Timilty Partnership Seeks Science Fair Mentors

The MGH-Timilty Partnership seeks MGH employees to mentor Timilty middle school students with their science fair projects.

No science background required

The only requirement is a willingness to help make a difference in the life of a young person. The MGH-Timilty Partnership provides training for mentors, resources to get you started, and on-going support. Mentors and students meet at MGH twice a month on Friday mornings, from October to February.

For more information, contact the MGH-Timilty Partnership Office at 4-3210, or e-mail: timilty@partners.org.

Call for Nominations

Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

Nominations are now being accepted for The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award. The award was created to recognize clinicians within Patient Care Services whose practice exemplifies the expert application of values reflected in our vision. Nurses, occupational therapists, physical therapists, respiratory therapists, speech and language pathologists, social workers and chaplains are eligible.

The nomination process is as follows:

- Direct-care providers can nominate one another. Nurse managers, directors, clinical leaders, health professionals, patients and families can nominate direct-care provider.
- Those nominating can do so by completing a brief form, which will be available in each patient care area, in department offices, and at the Gray information desk.
- Nominations are due by October 4, 2002.
- Nominees will receive a letter informing them of their nomination and requesting they submit a professional portfolio. Written materials on resume-writing, writing a clinical narrative, and endorsement letters will be enclosed.
- A review board including previous award recipients, administrators, and MGH volunteers will review the portfolios and select award recipients. The board will be chaired by Trish Gibbons, RN, director of The Center for Clinical & Professional Development.

Award and award-related activities

Award recipients will receive tuition and travel expenses to a professional conference or course of their choosing. They will be acknowledged at a reception of their peers and family members, and their names will be added to the plaque honoring Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award recipients. Recipients will receive a crystal award from Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse.

For further information or assistance with the nomination process, please contact Mary Ellin Smith, RN, professional development coordinator, at 4-5801.

Summer Jobs Programs

continued from front cover

and around the Boston area. The programs, including the MGH-East Boston High School ProTech Program; Jobs for Youth; and SummerWorks 2002, provide paid internships and diverse employment opportunities to students in a variety of settings throughout the hospital. Students gain self-awareness and confidence, develop good work habits, learn new skills, and are exposed to a professional work setting.

In her opening remarks, manager of Workforce Development, Carlyene Prince-Erickson, noted that the students aren't the only ones who benefit from these programs. Recalled Prince, "In the summer of 2000, Timilty student, Solangel (Angel) Vargas, worked as an intern in the department of Police and Security. Through his diligent efforts on a project involving employee access badges, Angel saved the hospital more than six thousand dollars in badge replacement costs."

MGH president, James Mongan, MD, and Neil Sullivan, executive director of the Boston Private Industry Council, both spoke in praise of the programs, the students, and the MGH employees whose participation is so vital to the success of all the summer jobs programs.

But perhaps the most persuasive words were delivered by Brenda Miller, RN, nurse manager of the Pediatric Intensive Care Unit, and the ProTech student she mentored this summer, Natasha Wilson.

Brenda Miller

I am Brenda Miller, the nurse manager in the Pediatric Intensive Care Unit and the Pediatric Outpatient Clinic. MGH is a world-renowned institution. Doctors and nurses have been educated here for centuries. But over the years, a cultural shift has occurred and our academic mission is defined in a much more comprehensive manner. The ProTech Program reflects a partnership between MGH staff, the school, the students and their families. The MGH community is now an integral component in our teaching mission. Doors open for students as they are able to explore new areas and new opportunities. MGH also benefits from the presence of these young, enthusiastic workers in many ways.

This is the first year I've mentored a ProTech student. At first, it seemed that having a student would enable the areas I cover to accomplish the things we put off for a slow day—a day that never comes. I assumed that by having a student to help, staff would have more time to focus on higher-level tasks. And all of this was true. But now I recognize that these were not the only benefits of the ProTech Program. The personal rewards are immeasurable. I have gained a new perspective—a perspective that gave me new understanding of the challenges that face our young and how difficult it is for our youth to balance work, school, home, and the future.

But most importantly, it gave me a renewed sense of accomplishment. As I stand here today with 'my student,' I'd like to share with you that she is in the process of attending formal orientation at MGH as she begins her position as a operations associate. And she's starting college. It is with great pride that I watch Natasha and know that I have influenced and given a part of myself to this young person's life.

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At left: students and mentors attend Summer Jobs Celebration under the Bulfinch Tent. Standing (l-r) are: Mary Houghton, operations associate, White 7; Lekisha Roberson, operations associate, Ellison 7; Rosa Lopez, student (CCPD), and Hector Ventura, unit service associate, Ellison 7. Seated are: Lillian Gonzalez, student (White 7); Nancy Ventura, student (Ellison 7); and Maria Martinez, student (Occupational Therapy).

Restraints: frequently asked questions

Our mission is to provide the highest quality patient care in an environment that is safe for all patients, families, visitors, and employees. MGH is committed to maintaining the rights, dignity, and well-being of all patients, which includes a minimal use of restraint and seclusion.

This column, provided by the Office of Quality & Safety, highlights some frequently asked questions about our restraint policy and the clinical decision-making that drives our use of restraints.

Question: Are siderails always considered restraints?

Answer: When all four siderails are in the up position, that is *always* considered a patient restraint. This is true regardless of whether it occurs at the patient's request or as a result of staff's clinical decision.

Question: What are some examples of when it might be appropriate to use four siderails as a restraint?

Answer: It would be appropriate to use four siderails in situations where patients are on seizure precautions, where patients are sedated, or for patients who are at risk for falling out of bed. Caution should be used with patients who are confused, since they are at greatest risk for harming themselves while restrained.

Question: When are siderails not considered a restraint?

Answer: Siderails are not considered restraints when they don't restrict patients from getting out of bed in their usual fashion, as when two head-of-the-bed siderails are in the up position.

The Employee Assistance Program

presents

"Nourishing Your Newborn"

Presented by
Germaine Lambergs, RN, IBCLC

Come and learn the latest facts about breastfeeding. This program is geared toward expectant parents, new parents, and employees who may be considering having children in the future.

Time will be set aside for a tour of the Mother's Corner Lactation Room.

Tuesday,
September 24, 2002
12:00–1:00pm
Building 149
Charlestown Navy Yard
Larry Martin Conference Room A

For more information, call
Employee Assistance at 726-6976.

Summer Jobs Programs

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I'd like to thank Natasha's family and all the families of all the students for sharing your children with us. Thank-you to those at school who hand-selected students for these positions to ensure their and our success. Thank-you to the leadership of this institution who support this program and give us, the mentors, the time and the resources to support these students.

Natasha Wilson

My name is Natasha Wilson. I am an operations associate in the Pediatric Intensive Care Unit, also known as the PICU, on Ellison 3. I began as operations associate three weeks ago, upon completion of the ProTech Program. ProTech provides students at East Boston High School with internships at MGH, internships they would not have been able to get on their own. The program helps students to learn about professionalism in the work setting.

I first started working at MGH as a Summer Jobs for Youth student in the inpatient Pharmacy. In January of 2002, I officially entered the ProTech program, as an intern in the PICU. I started off doing data-entry and re-organizing the special purchase room. I observed how OAs transcribe doctor's orders onto medication sheets, how nurses take extra steps to make their patients more comfortable, and that every second of every moment is critical to a patient's life.

Six months later, I was asked if I wanted a part-time operations associate (OA) position. I accepted! As an OA, I'm in charge of making the unit run smoothly. This involves transcribing doctor's orders, scheduling tests and assisting nurses, doctors and families in caring for their children. As an OA, I'm learning that you always have to keep your eyes and ears open for a call, which means a patient's life is in danger.

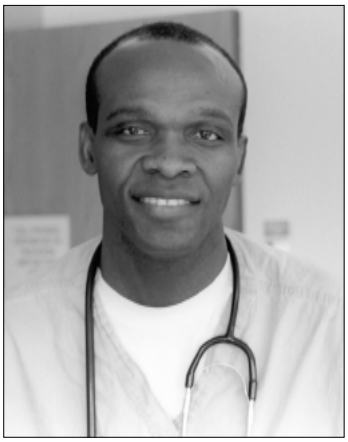
The ProTech program helped me explore jobs in the field of health care. I realized there are many job opportunities I never knew existed. Like when I started working in the inpatient pharmacy, I realized there was an outpatient Pharmacy too. And I didn't know there was a burn unit in the hospital, or that MGH had its own temporary employment service.

ProTech has influenced the direction of my education and career goals. My original plan was to go to school in the fall for business management and fashion retail merchandising. If I hadn't worked in the PICU, I never would have known that I want to be a nurse. The ProTech program gave me the chance to observe nurses working and caring for children and families. As a result, I know now what I want to do with my life. I am currently looking into nursing programs in Massachusetts and plan to start nursing school in January.

Working at MGH has taught me about maturity, responsibility and professionalism. I will continue to work as an OA in the PICU while I go to school. This will allow me to earn some extra income and help patients while I continue to watch and learn about my chosen profession.

Thank-you.

Respiratory therapist provides bedside care, and more



Fred Romain, RRT
respiratory therapist

My name is Fred Romain, and I am a respiratory therapist. It was an evening in March when I was caring for Mrs. G that I first met her daughter. As usual, I had come to see the patient for my initial assessment. Before I began the assessment, I noticed there was someone sitting next to the patient's bed. Naturally, I greeted her. A very interesting interaction followed.

Known Facts

Mrs. G is a female patient whom I know very well. She is 60+ years old and has been at MGH for several months. Mrs. G was first hospitalized in the Burn Unit where she was being treated for toxic epidermal necrolysis syndrome (TENS). Eventually, she improved and was sent to the Ventilator Unit on Bigelow 9. After a few weeks, she was put on a trach mask with hi-flow because she was bronchospastic.

When I arrived at work one day, she had been transferred to the CCU because she had gone into respiratory arrest and been resuscitated. Shortly after being admitted to the CCU, Mrs. G started to show signs of seizure activity (posturing, etc.)

Preparation

It was just like any other day; I checked in on all my patients. Most of them are not able to speak to me. I had seen Mrs. G just a few nights before and hadn't expected her condition to change much.

Observations

As I entered the room, I noticed a woman sitting on a chair at the bedside. I'll call her D, (for daughter).

Fred: Hi, how are you?

D: I'm fine. How are you?

Fred: I'm good. Thanks.

D: Are you one of he doctors?

Fred: No, I'm from Respiratory Care. My name is Fred.

D: Ah. Respiratory. You guys are great.

Fred: Well, Thanks. You must be Mrs. G's daughter?

D: Yes, I am. What can you tell me about the blood in this catheter (pointing to the suction catheter)?

Fred: It's hard to pinpoint the source. But I can tell you that it's not fresh blood.

D: What do you mean?

Fred: It could be that she's no longer actively bleeding. Since she had to be resuscitated earlier, it could be the result of trauma from the compression, suctioning, etc.

D: I think she's better than she was yesterday. I notice that she makes eye movement when I talk to her or when I touch her. At this point, I'm holding on to any kind of hope. I know she knows I'm here. I just know it.

Fred: Yes, it is important to be here for her. Although we can't be sure, she is probably aware of what is being done to her and for her. That's why it's important to let her know you're here.

I assessed Mrs. G and continued my conversation with her daughter.

Fred: It takes a special person to be here by your mother's side the way you are.

D: I couldn't abandon her. She would never abandon me.

Fred: Some people do walk away from their loved ones when the going gets tough. But you're here for your mom.

D: You're right. My sister doesn't come to see her at all. She wants nothing to do with it. My nephew is nineteen and he is in denial, too. And my mother practically raised him.

Fred: At least you're here for her. You have a lot to feel good about. I'm sure that there are plenty of other things you could be doing; but you're here with your mother.

D: I just hope she gets better.

Fred: Sometimes it's best to take it one day at a time

D: Often, I take it one hour at the time.

Fred: Different people deal with things differently. I think it's great that you're able to draw on your past experiences to cope. How do you get through the days? What helps you keep going?

D: Just taking it a day at a time.

Fred: I ask because I am also a chaplain intern here at MGH.

D: We're from the South. We're Baptist. My mother used to drag us to church every Sunday. I don't go to church anymore, but I still sing the hymns, and sometimes I find myself praying. I'm not a religious person.

Fred: As a minister, I'm supposed to tell you that you need church to be a Christian. However, I'm not here to preach. I'm just here for you.

D: Thank-you, Fred.

Fred: It was nice talking with you.

So ended our first conversation. I think the beauty and integrity of our talk lie in its spontaneity. I didn't even ask this woman her name.

I subsequently offered to pray with Mrs. G whenever I had the opportunity. Her daughter was grateful for the sug-

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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

To access the calendar, click on the link to CCPD Educational Offerings.

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

MGH media guidelines

As an internationally recognized leader in patient care, education, and research, MGH attracts media attention every day. The MGH Public Affairs Office oversees the hospital's media relations program, but every member of the MGH community plays an important role in protecting patient information and ensuring confidentiality. Employees and staff are asked to act in accordance with the following guidelines:

- Refer all media calls to the Public Affairs Office (726-2206) at the earliest opportunity. A Public Affairs representative is available 24 hours a day through the hospital paging system: 726-2066; pager #2-8383. Georgia Peirce, director of Media Relations, carries pager #2-2345; and Peggy Slasman, chief Public Affairs officer, carries pager #2-8385. Public Affairs staff are experienced in handling a vast range of media issues and are available to assist any MGH employee.
- Because patient confidentiality is our highest priority, any patient information released to the media must be provided by the Public Affairs Office. Generally, Public Affairs releases a one-word condition —good, fair, serious or critical— in accordance with the American Hospital Association guidelines. No other information is released without the consent of the patient and/or family.
- If you or any member of your staff have an existing relationship with a reporter and agree to an interview, please inform Public Affairs as soon as possible. Knowing about media activity enables Public Affairs to track and report associated news coverage.
- Any member of the media, film crew, or photographer coming onto hospital property with a camera of any type—still or video—must be accompanied by a Public Affairs representative to ensure that all necessary clearances and consents are obtained. Public Affairs must be informed and involved in advance of all photo and/or video shoots, including those for promotional or training videos and matters unrelated to MGH.
- Researchers should contact the Public Affairs Office as soon as they learn a paper has been accepted by a peer-reviewed journal. Public Affairs can discuss appropriate strategies for communicating this information. Scientific publications often present opportunities for media coverage. Embargoes are always honored.

For more information about the MGH Media Program, please contact the Public Affairs Office at 726-2206, Georgia Peirce at 724-6423, or Peggy Slasman at 724-2750.

Exemplar

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gestion. I continued to talk to Mrs. G's daughter whenever I saw her.

Two months ago I received a call at home from Mrs. G's doctor, who wanted me to attend a family meeting. This was the meeting where her daughter would be told about Mrs. G's anoxic condition. The family pastor was out of town and would not be able to attend. So Mrs. G's doctor felt she needed a person she could trust to simply be there to offer support. I agreed to attend the meeting.

After the meeting I prayed with Mrs. G's daughter, two friends who had come with her, a cousin, and another chaplain who was at the meeting. They were very appreciative that we offered to pray with them. I sensed that the daughter, her cousin, and friends found comfort in the prayer and the scripture reading.

Following the first meeting, Mrs. G's daughter was not able to make a decision about the code status of her mother. Another meeting was held with the daughter, Mrs. G's doctor, and myself. Again, she could not agree to a change in her mother's code status. The Optimum Care Committee became involved. They explained that we would be doing Mrs. G a disservice if we prolonged care in the event she had another cardiac arrest. The daughter was not happy to hear this and left the hospital upset.

The next morning, Mrs. G's daughter called me to let me know she was at peace with the whole situation. She said it had taken her a while to accept that her mother's death was inevitable, but that she was no longer angry.

Dopamine was discontinued and Mrs. G's heart rate and blood pressure began to drop. She asked if I would be available to pray with her, her mother, and a family pastor after my shift because she feared that her mother could die at any moment. Unfortunately, the pastor was not able to make it, but she and I spent time with Mrs. G, praying, talking and reminiscing about her mother.

Mrs. G's daughter called the next day to let me know that moments after I left, her mother had passed away. She was so appreciative that I had been there for her and her mother that she asked me to speak at her mother's memorial service.

I'm glad to have been able to help Mrs. G and her daughter as they faced a very difficult time in their lives. As caregivers, we need to see ourselves as providers of holistic care. We, indeed, need to treat the whole person.

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

We know from experience that patients and families confronted with illness search for meaning in their suffering. Fred's attention to Mrs. G's spiritual needs and his ability to support her and her daughter during this painful time brought peace to them both.

I was especially impressed by Fred's ability to so delicately offer support without imposing his own beliefs or judgments. Truly, his care of this family extended beyond the domains of clinical practice.

Thank-you, Fred.

Oncology CNS revels in the diversity of her practice

—by Joan Gallagher, RN, clinical nurse specialist

Joan Gallagher, RN
clinical nurse specialist

My name is Joan Gallagher and I am an oncology clinical nurse specialist. I got hooked on oncology nursing early in my career. Cancer was such a life-changing diagnosis regardless of the prognosis. I felt patients could really use a nurse to help them sort through their feelings and sift through all the information that was coming at them. Each time I went back to school it was to learn how to better serve patients. I continue to find patient care rewarding and energizing.

All clinical nurse specialists are advanced practice nurses whose role encompasses clinical practice, education, research, consultation, and leadership. In fact, the role was developed to enable expert nurses with graduate education to remain in direct clinical practice. The clinical nurse specialist's role has at its heart, clinical practice in partnership with clinical nurses, physicians, and other health professionals. In the course of my career at MGH, I have witnessed the continuous growth of nursing as a visible and valued discipline. Patient needs are the central concern of nurses.

Because of this deep and intimate exchange between nurses and patients at their most vulnerable, I have been able to share in rich and deeply moving moments of care. Practice is never a rehearsal; it is always live, and always new. In every encounter, the dialogue with the nurse about a patient's situation sets up our analysis of that clinical situation. We can't change what we don't notice. What is the goal? What we can see and what outcomes are possible flow directly from these discussions.

Clinical nurses ask me to assist with simple and complex chemotherapy administration issues for patients with cancer and non-cancer diagnoses. Staff seek guidance for complicated wound care. They look for answers to the question, "How bad is what my patient has?" Staff call me to assist patients with issues of self-image, sexuality concerns, or when a young person is facing an advanced disease.

Recently, I was asked by a nurse and physician to see the same patient. She was a nurse and wanted to talk with someone who had earned her gray hairs. Despite the high price I pay a colorist to cover that fact, I was just the person she was looking for. She was a young wife and mom with metastatic disease, struggling to maximize her odds of becoming a long-term survivor. Through discussions with her and her nurse, we were able to begin a dialogue of healing. Each of us had gifts, experiences and wisdom to offer. Thinking out loud and thinking it through were strategies we used together. She found her inner strength somewhat battered by bad news. Together we were able to build on her strengths and let go of some control.

Music dances in my head as I think about a patient whose wounds were pouring copious amounts of blood and foul-smelling material from a fistula. The night nurse called me into the room and told me that Ms. H spoke only Spanish. The room was virtually charged with misery. In that moment, I struggled to help the nurse find a way to make contact with Ms. H and lessen her distress as we moved to cover the drainage and clean and dress the wounds. I remember thinking how pathetic my language skills were. I searched for a way to connect with this patient. I began to sing the only Spanish song I knew, *Guantanamera.* Soon the patient, nurse and I had moved through a number of hymns to which each of us knew some of the words. When Ms. H sang out in full voice, it shifted her focus from her discomfort. It only took a moment, but what a difference! The whole room was changed. Positive energy moved through us. We were all touched forever.

Because of that one encounter, I have now completed three semesters of Spanish for health professionals. Now I carry not only thoughts of her and those tunes, but also some basic Spanish, so helpful when interacting with Spanish-speaking patients.

In the educator role, I provide radiation training for nurses on units where some rooms are equipped to provide radiation treatment for a range of cancers. While the lecture component of the class provides basic safety information, it is the consultative encounters with nurses caring for patients that can change what nurses believe.

In a recent instance, we cared for a deaf woman who communicated exclusively in sign language. Nurses were worried about their ability to care for her and keep their radiation exposure within the appropriate limits. The patient needed to feel she could let the nurse know when she needed something. With the help of her nurse, Radiation Safety, Interpreter Services, and her remarkable family, we set up a visiting schedule for her. We were able to craft a plan of care that gave her a voice and made her feel safe and comfortable.

Another form of education and consultation involves influencing future health providers through mentoring activities. This year, I was a long-distance mentor to a Seattle high school senior who was doing her senior project on malignant melanoma and sun health. She completed a thorough review of the literature and devel-

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Clinical Nurse Specialist

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oped a health behavior survey. More than 200 of her classmates responded and reported awareness of health risks, but no intention of limiting their sun-tanning and tanning-booth behaviors. We e-mailed often about how to find relevant literature, but the scope and depth of the project were hers. Her paper was as good as those I've received from graduate students. As she starts college, I hope that nursing will be of interest to her as a career choice.

In this last year, I have had the unique opportunity to participate with the Benign Gynecology Service as the nurse liaison in caring for women with benign conditions who are not treated on our Gynecology Unit. This has given me opportunities to talk and exchange ideas and information with nurses across the institution. We participate as members of an interdisciplinary team caring for these women. Needs presented by this population include a broad range of sensitive issues which can impact clinical needs and care. I am moved by the residents' gentle exploration of childhood and sexual experiences. Control, abuse, domestic violence, substance use, sexual health and safety practices are routinely explored in the history.

The face of abuse transcends class and social boundaries. Not all patients have this history, but all are asked in a private and sensitive manner in an effort to uncover this type of root problem. If not discovered, deep trauma can create behaviors wrongly attributed to being uncooperative. Shared insight between the nursing and medical teams is a powerful tool in the health-promoting work of the entire healthcare team.

Participating with the service has expanded my sensitivities concerning the needs of women. Reproductive dreams are no less at risk when a woman has an ectopic pregnancy, miscarriage, infertility, endometriosis or other gynecologic conditions than those of a woman who has a newly diagnosed malignancy. Because the woman with a benign condition has a short hospital stay, it is a challenge to discover where she's coming from, and assist her in restoring herself to health and healing. Many staff nurses have disclosed personal experiences of losses of this kind in their own lives. Those conversations support the nurses' own work of healing as well as the woman for whom the nurse is caring. It expands my range of life in this work. It is through moments of dialogue and moments of discovery that the knowledge embedded in clinical practice is uncovered, nurtured and expanded. The growth of Nursing moves in both qualitative and quantitative modes of knowing. It moves daily, and it is a privilege to participate in it.

"The Rocky Road of Adolescence"

This one-day program uses lectures and panel discussion to enhance healthcare providers' knowledge of health issues affecting the adolescent patient. Topics will include experimentation with illegal substances, cardiac abnormalities, trauma, asthma, suicide (attempt, gesture, ideation), ethical issues, and parents' perspective on their child's hospitalization.

Sponsored by the Pediatric Intensive Care Unit, MassGeneral Hospital *for* Children

Monday, September 30, 2002
8:00am–4:00pm
O'Keeffe Auditorium

Contact hours pending

For more information, call Kathryn Beauchamp at 724-3888

MGH Institute of Health Professions

Graduate Programs Information Session

Stop by any time between 3:00 and 5:00pm. Meet representatives from the MGH Institute of Health Professions, and learn about graduate programs in Nursing, Physical Therapy, Clinical Investigation, and Speech Pathology, offered through the Charlestown Navy Yard campus.

Nurses: meet faculty of the Nursing program and hear about the MSN tracks, including a new master's degree track for nurses with an associate's degree or diploma.

Thursday, September 19, 2002
3:00–5:00pm
Walcott Conference Room

For more information, call the Office of Student Affairs at 617-726-3140 or visit admissions@mghihp.edu

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A Special Gift

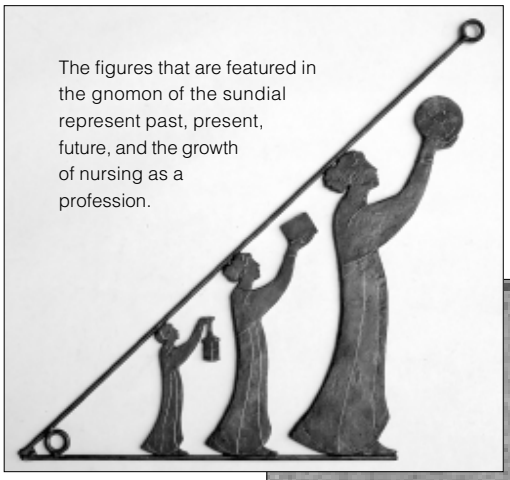
A gift from the MGH Nurses' Alumnae Association in honor of the nursing profession and MGH nurses

The MGH Nurses' Alumnae Association has commissioned well-known sculptress, Nancy Schon, to design a sculpture in honor of the nursing profession and MGH nurses. Schon is the artist who designed the *Make Way for Ducklings* statues that attract thousands of children to the Boston Public Gardens every year. The final design, in the form of a working sundial, has been accepted by the board of the MGH Nurses' Alumnae Association. The sculpture is expected to be dedicated in the fall of 2003.

Schon spoke with many MGH nurses and alumnae to provide the inspiration behind the sculpture. Incorporating their comments and insight, Schon designed what she believes symbolizes the essence of nursing. Says Schon, "Nursing as a concept is as old as civilization, and sundials have been around since approximately 1500BC. A sundial is appropriate because it suggests timelessness and the fact that nurses work twenty-four hours a day, seven days a week."

The circular bronze base will be 7 feet in diameter. It will represent the cycle of life as nurses are pivotal caregivers at the beginning and end of life. The gnomon, the decorative, triangular plane that is set perpendicular to the base, will actually tell time. Behind the gnomon will be an MGH nurses' cap. The granite pedestal supporting the sundial will be made of Chelmsford granite and will be ten feet in diameter. The pedestal will be 18 inches high and will have noted quotations from Florence Nightingale and Ruth Sleeper chiseled into it.

The figures represented in the gnomon symbolize the past, present, and future, and their progression from small to large symbolizes growth. The first figure (past), is carrying a lamp, in honor of Florence Nightingale; the second figure (present) is holding a book, representing education; and the third (future) is carrying a globe representing diversity, multi-culturalism, and the ever-expanding world.



The figures that are featured in the gnomon of the sundial represent past, present, future, and the growth of nursing as a profession.

"Nursing is an art; the finest of the Fine Arts."

—Florence Nightingale, 1868

"Always, always, more to see, more to learn, more to do... to improve both care and cure."

—Ruth Sleeper, 1966

When/Where	Description	Contact Hours
September 27 8:00am–4:30pm	**Nursing: A Clinical Update (MGH School of Nursing Alumni Homecoming Program** O'Keeffe Auditorium. For more information, call 617-726-3144.	7.2
October 2 1:00–3:00pm	**Caring at the End of Life: a Video and Panel Discussion** Haber Conference Room	2.4
October 3 7:30–11:30am, 12:00–4:00pm	**CPR—American Heart Association BLS Re-Certification for Healthcare Providers** VBK 401	- - -
October 3 1:30–2:30pm	**Nursing Grand Rounds** O'Keeffe Auditorium	1.2
October 4 and 18 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
October 9 8:00am–4:30pm	**Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other** Training Department, Charles River Plaza	7.2
October 9 8:00am–2:30pm	**Mentor/New Graduate RN Development Seminar I** Training Department, Charles River Plaza	6.0 (mentors only)
October 9 9:00am–4:30pm	**Management of the Burn Patient** Bigelow 13 Conference Room	6.9
October 9 1:30–2:30pm	**OA/PCA/USA Connections** Bigelow 4 Amphitheater	- - -
October 9 5:30–7:00pm	**Advanced Practice Nurse Millennium Series** O'Keeffe Auditorium	1.2
October 10 1:00–2:30pm	**The Joint Commission Satellite Network presents:** "Performance Improvement: Analyzing and Learning from Your Data" O'Keeffe Auditorium	---
October 11 8:00am–4:00pm	**Managing Patients with Psychiatric Illness in the General-Care Setting** O'Keeffe Auditorium	TBA
October 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)	- - -
October 16 7:30–11:30am, 12:00–4:00pm	**CPR—American Heart Association BLS Re-Certification for Healthcare Providers** VBK 401	- - -
October 16 1:30–2:30pm	**USA Educational Series** Bigelow 4 Amphitheater	- - -
October 17 10:00–11:30am	**Social Services Grand Rounds** "The Mind-Body Connection:Learning and Leading Relaxation Exercises." O'Keeffe Auditorium. For more information, call 724-9115.	CEUs for social workers only
October 17 1:30–2:30pm	**Nursing Grand Rounds** O'Keeffe Auditorium	1.2
October 21 7:30–11:30am, and 12:30–4:30pm	**Pediatric Trauma–Part VI** Wellman Conference Room	---
October 23 7:30–11:30am, 12:00–4:00pm	**CPR—American Heart Association BLS Re-Certification for Healthcare Providers** VBK 401	- - -

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.

Making a Difference Grant Program making life better for MGH patients

On Thursday, September 5, 2002, the MGH community had an opportunity to visit a special exhibition of posters representing the many projects funded this past year by the Making a Difference Grant Program, which is jointly sponsored by MGH and the MGPO. The program provides money to grant recipients to help turn good ideas into service-oriented improvements throughout the hospital.

Peter Slavin, MD, chairman and CEO of the MGPO, listens as grant recipients describe their projects.

Staff nurse, Rebecca Horr, RN, displays her poster, "The Cardiac Surgery Patient Education Project."

This year, 20 employees (or teams of employees) displayed posters describing initiatives that ranged from providing heat lamps at entrances to MGH, to new software programs that manage patient data, to teen chat groups, to the creation of patient-education videos for the Endoscopy Unit.

Entering its third year, the Making a Difference Grant Program awards a maximum of $5,000 (there are exceptions) for each project approved by the program's reviewing committee. Proposals should strive to improve the patient, family and/or staff experience, thereby positively impacting patient care.

The deadline for submission of grant proposals for the coming year is October 1, 2002. For more information, call 6-1816.

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