

# Caring

## HEADLINES

December 4, 2003

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## A celebration of 'Magnetic' proportion

*The  
crystal  
Magnet  
obelisk*



*(Photographed by Paul Balista)*

It was a celebration that marked the beginning of a new era at MGH. On Wednesday, November 12, 2003, MGH officially celebrated its recognition as the state's first Magnet hospital. The gala event, held in the lobby of the WACC, was attended by Partners and MGH administrators, members of the MGH Board of Directors, staff and leadership from all disciplines, and employees from throughout the hospital. There was live music, there was food and drink, there were posters chronicling our Magnet journey, there was even a life-sized ice sculpture of the American Nurses Credentialing Center's Magnet seal of recognition. It was an event to remember.

MGH president, Peter Slavin, MD, who emceed the program, opened by saying, "September eighth was a very exciting day at MGH. That's when we got the phone call confirming that MGH had received the highest honor bestow-

ed on hospitals for excellence in nursing. And with that call we became the first Magnet hospital in Massachusetts."

Slavin acknowledged senior vice president for Patient Care, Jeanette Ives Erickson's leadership, the incredible effort put forth by the Magnet Steering Committee and its workgroups, and the commitment and dedication of the entire MGH community. Said Slavin, "Only eighty-eight hospitals in the world have attained this honor. We are proud that MGH is now counted among these exceptional institutions."

When Ives Erickson took the podium, she unveiled the crystal obelisk award that accompanies Magnet recognition, saying, "It is wonderful to stand before you and present the MGH community with this symbol of excellence in patient-care delivery."

Ives Erickson thanked Marianne Ditomassi, RN, Lori Clark Carson, RN, Magnet committee members and champions, and

*continued on page 4*

## Smallpox vaccination: preparedness and prevention

The chances that an outbreak of smallpox will occur in the United States are extremely remote. But if we've learned anything from recent world events, it's that 'unlikelihood' is not a sure predictor of future safety, and being prepared is the best defense in any emergency.

In keeping with our nation and state's efforts to ensure a quick and effective response in the unlikely event of a smallpox outbreak, MGH is moving forward with its program to vaccinate a multi-disciplinary team of volunteers who would be able to treat smallpox patients immediately and safely upon arrival at the hospital.

Smallpox preparedness is part of our hospital-wide emergency-response plan that includes:

- surveillance for early detection of possible smallpox cases
- plans at the hospital, community, state, and national level for providing care to persons infected with smallpox
- widespread, voluntary vaccination.

To date, across the country, 39,000 health-care workers and as many as 500,000 military personnel have been vaccinated against smallpox. At MGH during our spring and summer campaign, 28 employees were vaccinated against smallpox; another 38 volunteered but were unable to be vaccinated due to a risk

of side-effects. Ideally, MGH would like to have between 100 and 150 pre-vaccinated volunteers from various specialties, caregivers and support staff, who could act as first-responders.

Smallpox vaccine is 95% effective when given in a pre-exposure situation. If administered after exposure, the vaccine may not entirely prevent infection, but if given within three days of exposure may mitigate the symptoms and make the disease less severe.

Many of you may recall receiving smallpox vaccine as a child as part of school and community vaccination programs. The vaccine being provided today is the same vaccine that was administered years ago.

Much more is known today about the risks and side-effects associated with smallpox vaccine, so education and thorough screenings are a big part of our program. Smallpox vaccine results in very few problems when administered in a controlled situation where volunteers have been carefully screened. The MGH Smallpox Committee has developed a comprehensive smallpox vaccination program that presents the least amount of risk to employees and the



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

greatest safety for patients, family members, and others. All volunteers at MGH are screened using the Center for Disease Control (CDC) guidelines to ensure minimal risk for complications.

If you are interested in volunteering to serve on the hospital's smallpox initial response team, or in learning more about smallpox vaccination, please contact Occupational Health at 6-2217.

### Annual Holiday Celebration and Gift-Giving Event

The PCS Diversity Committee will hold its annual holiday celebration on December 11, 2003. Come learn about the many different holiday traditions around the world.

The committee will also hold its annual Gift-Giving Event for families of the HAVEN program and MGH health centers. If you would like to participate by 'adopting' a family for holiday gift-giving, please contact Beverley Cunningham at 4-6225 or e-mail: [bcunningham2@partners.org](mailto:bcunningham2@partners.org). (Please include the number of people who will be participating from your area and the size of the family you can accommodate.)

Spread the joy!

### Some Facts about Smallpox

- Smallpox is a serious, contagious, sometimes fatal disease.
- There is no specific treatment for smallpox; the only prevention is vaccination.
- Smallpox was eradicated after a successful worldwide vaccination program in 1980.
- Smallpox vaccine helps the body develop immunity to smallpox.
- Currently, the United States has enough smallpox vaccine to vaccinate everyone who might need it in the event of an emergency; and production of new vaccine is underway.
- Because of some health risks, smallpox vaccine is not recommended for everyone.
- People who should not be vaccinated include: pregnant women; people with immune-system problems; people with certain skin conditions (including eczema); and people living with children under 1 year old.

For more information, visit the CDC website at:  
[www.bt.cdc.gov/agent/smallpox/vaccination](http://www.bt.cdc.gov/agent/smallpox/vaccination).

## Magnet Momentum

—by Lauren Holm, RN, staff specialist

Our MGH nurses attended the 7th Annual Magnet Conference in Houston, Texas, October 2–4, 2003. The conference was booked to capacity with nurses from all over the country interested in learning about becoming a Magnet hospital. Just one year ago there were only 100 applications in process; today 300 hospitals are actively applying for Magnet accreditation.

Magnet officially became an international program with the recognition of a hospital in the United Kingdom recently, and hospitals in several other countries are currently seeking Magnet designation. Some of the countries represented at the conference were Australia, the Soviet Union, New Zealand, Canada, and others.

MGH staff nurse, Gayle Peterson, RN, who attended the conference says, “I had never been to a national conference. It was a great privilege; I had an opportunity to talk to nurses from all over the country about nursing at MGH. Most of the Magnet champions who attended the conference hadn’t yet received their recog-

nition but had site visits scheduled in the near future. We had an opportunity to talk with them one-on-one about our Magnet journey. Since we had already been through the experience, they had many questions for us. It was great to be able to share our practice with them in this way.”

In talking with other nurses it became clear how well prepared MGH was prior to submitting our Magnet application. We already had a strong infrastructure including: a collaborative governance system; The Center for Clinical & Professional Development; a clearly

defined patient-care delivery model, and a viable nursing research program. We had been operating as a Magnet hospital long before we actually applied for Magnet recognition.

Says Sharon Brackett, RN, “Networking with other nurses from hospitals across the US and the international community opened my eyes to how much we take for granted. Jeanette (Ives Erickson’s) leadership was key. Having structures in place before applying for Magnet designation played a big part in our success. We have established and maintained the ‘14 Forces of Mag-

netism.’ Nursing at MGH is professional, recognized, valued, and appreciated. Nursing at MGH is ‘Simply the Best!’”

Magnet hospitals continually push the bar higher. Magnet hospitals are always identifying ways to improve nursing care. Nurses at Magnet hospitals continually ask, ‘How can we make this better?’ We are seeing a growing emphasis on unit-level dashboards and quality improvement efforts based on nursing indicators such as falls, pressure ulcers, and patient satisfaction.

Meg Soriano, RN, says, “The Seventh Annual Magnet Conference was an exciting opportunity for me as a staff nurse to meet and

share with some of the world’s best nurses. The recurring theme of the conference was that Magnet is not a destination but a continuing journey toward providing the best possible care to our patients. Seeking Magnet recognition means continuing to maintain a standard of excellence beyond what is required.

“The best part of the conference was being able to network with the best nurses in the country; and many of the presenters were staff nurses.

“The Magnet conference was a great opportunity, and I was proud to represent MGH as a nurse from a Magnet Hospital.”



At the annual Magnet Conference in Houston, Texas, are (l-r): Lauren Holm, RN; Meg Soriano, RN; Sharon Brackett, RN; and Gayle Peterson, RN.

# Magnet Hospital Update



## Magnet celebration

*continued from front cover*

she acknowledged the tremendous support of the entire MGH family. Said Ives Erickson, "Magnet status means we are an extraordinary hospital; it means we have better outcomes for our patients; it means we foster an environment of teamwork; it

means our nurses are exceptional. Magnet status means a lot!"

President and CEO of Partners HealthCare System, Dr. James Mongan, and chairman and CEO of the MGPO, Dr. David Torchiana, both took the opportunity to congratu-



(photos by Paul Batista)



MGH: the first Magnet hospital in Massachusetts

late the MGH community and commend employees for their hard work.

The Magnet recognition program grew out of a research study in the early 1980s to determine what factors characterized hospitals that were able to attract and retain qualified nurses despite a national shortage. Much hard work went into preparing for the Magnet review process, from compiling extensive written evidence, to the

work of the Magnet Steering Committee, workgroups, and Magnet champions, to the site visit where employees had an opportunity to showcase their skill and commitment.

*Caring Headlines* congratulates the entire MGH community for a job well done.



## Simply the Best!



## Staff nurse marks key milestones on journey of professional development

**M**y name is Nicole Filosa, and I have been a nurse for three years. I clearly remember the day I met Mrs. G. It was quiet on the unit, and I was orienting a new nurse. As I was taking report on a transfer patient, my nursing intuition kicked in. I was told that Mrs. G had been transferred to the MICU because her needs had been too critical for the general medical unit she was originally admitted to. Now she was being transferred to Phillips House 21 after being in the MICU for only one day. I wondered how much her condition had changed in such a short amount of time.

Mrs. G is a 54-year-old, morbidly obese woman who was admitted with multiple diagnoses. Her admitting diagnosis was hypoglycemia. She was requiring blood-sugar checks every two hours due to low blood-sugar levels, and she was receiving a 20% dextrose solution by IV. Though this was identified as the primary reason for her admission, Mrs. G had far more serious issues that made her care much more demanding. Mrs. G had an uncommon condition called calciphylaxis, a syndrome of vascular calcification

and skin necrosis that leads to non-healing skin ulcers and cutaneous gangrene. Calciphylaxis affects patients with end-stage renal disease. Sepsis may also result.

Mrs. G's care placed great demands on our staff. Dressing changes took several hours and required several nurses to be present. Changing her dressings was complicated because she had wounds on both her upper and lower body, and she experienced unbearable pain throughout each dressing change.

The first time I changed Mrs. G's dressings, it was traumatic for me. I didn't think I'd be affected by the grisly sight or smells. And I had always been able to rationalize that the pain or discomfort I might cause patients ultimately contributed to their healing. In this case, I was completely overwhelmed. Much of Mrs. G's skin was open and raw with necrotic areas. The smell was overpowering. Mrs. G would grasp our hands and squeeze tightly. The severity of her wounds and her pleas to stop the pain made me question if we were helping her at all. The process was excruciating for Mrs. G and everyone who participated in her care.

After two dressing changes, Mrs. G began to negotiate with staff, pleading to delay the dressing change or skip it altogether. I was challenged to find ways to compromise with Mrs. G and provide quality care for her every day.

I would give her an hour's notice before each dressing change, premedicate her for the pain, and talk to her for as much as an hour prior to starting the procedure. Though it sometimes felt like a battle, it was really a continuous re-education about the importance of dressing changes to her recovery. We talked about the risk of sepsis. She wondered what her legs looked like (being unable to see for herself because of her size). The image created by my honest description concerned her. She said she didn't want to die. Eventually, she consented to her treatments with less resistance. I collaborated with the pain team and palliative care to develop a plan of care that would ease her torment and facilitate the procedure.

On day one, I made a visual rendering of Mrs. G's body to help with preparations. I outlined where her wounds were and made note of which medications went with which wounds. We

prepared for 20 minutes prior to removing the dressings, completely arranging all the supplies we needed to be quickly and easily accessible.

We thought it might be a good idea to split the dressing changes between the day and evening shifts. (The day shift would manage the upper body and the evening shift would manage the lower body.) But that plan only helped briefly.

I continued to work with the pain team, with Palliative Care, her attending physician, and the medical team to manage her pain. She was put on dilaudid pain medication (via a patient-controlled pump) and was given large doses of the medication to help her get through the agonizing dressing changes. Soon, the pleas for help abated and things quieted down. We were able to wean Mrs. G off the dilaudid and on to other medications.

One of our senior nurses who had witnessed our distress in organizing Mrs. G's care suggested we take a team approach to her treatment. Under her plan, all dressing changes would be completed by 10:00am each day and all staff would participate. Using this method, Mrs. G's pain was much better controlled, and with more hands helping, we were able to complete the three-hour procedure in 30–45 minutes. This was nothing short of a miracle. Time, patience, and encouragement finally convinced Mrs. G that her dressing changes were too important to ignore.

Mrs. G was a very spiritual woman. When her daughter visited, they would sing hymns and pray together. As she grew more familiar with our staff, Mrs. G began to ask us to sing, hold hands, and pray with her. One of our nurses came up with a mantra that we would

*continued on page 10*



Nicole Filosa, RN  
staff nurse, Phillips 21

## The Colossal Colon Tour

—by Jane Harker, RN,  
staff nurse, Endoscopy Unit

During the week of October 14–18, 2003, several members of the MGH Endoscopy Unit nursing staff volunteered as tour guides when the much-anticipated Colossal Colon Tour stopped in Boston on its 20-city educational tour across the country. Jane Harker, RN; Chris Robbins, RN; Ellen Sylvius, RN; and Patty Tammaro, RN, each staffed one of 10 interactive learning stations devoted to topics such as: colon and rectal anatomy, colorectal-cancer prevention, early detection, and treatment. Many members of the New England Society of Gastroenterology Nurses and Associates (NESGNA)

participated throughout the week.

The Colossal Colon Tour was designed to be a memorable educational ‘experience’ where visitors learn in a fun and unconventional way about cancer prevention, risk factors, diagnosis, and treatment options. And just as the name implies, the main attraction of the tour is a colossal colon, a 40-foot long, 4-foot tall replica of a human colon that people can actually crawl through. It is the creation of Molly McMaster, a 27-year-old cancer survivor who dedicates the tour to the memory of her friend, Amanda Sherwood Roberts, who lost her battle with colon cancer at the age of 27.

The primary message of the tour is:

- Colorectal cancer can be prevented
- Beginning at age 50, men and women at average risk for colorectal cancer should be screened
- Colorectal cancer is treatable; know your options
- Screening tests can prevent cancer
- Physical activity helps control weight and reduce the risk of many cancers (including colon cancer)
- Smoking can cause many health problems including colon cancer
- Drinking alcohol increases the risk for some cancers; drink only in moderation (two drinks a day for men; one for women)



Endoscopy nurses, clockwise from left: Jane Harker, RN; Chris Robbins, RN; Patty Tammaro, RN; and Ellen Sylvius, RN

For more information about colorectal cancer visit the Cancer Research

and Prevention Foundation website at: [www.preventcancer.org](http://www.preventcancer.org).





## Second Annual Anthony Kirvilaitis Jr. Partnership in Caring Awards

*a day of recognition and remembrance*



Those fortunate enough to have known Tony Kirvilaitis during his time at MGH felt his presence in a big way on November 13, 2003, during the second annual presentation of the Anthony Kirvilaitis Jr. Partnership in Caring Awards. This year's recipients, Gletter Aponte, patient care information associate on Blake 13; and Miguel Fuentes, Materials Management associate for the Electrophysiology Lab and the Cardiac

Catheterization Lab, both embody the qualities of kindness, compassion, and selflessness we came to associate with Tony.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, opened the ceremony with some personal recollections of Tony, and shared the sad news that Tony's mother had passed away just last month.

The Kirvilaitis award is given to two individuals annually (operations associates, unit

service associates, operating room assistants, patient service coordinators, ED admitting assistants, Materials Management associates, and patient care information associates) who demonstrate reliability, responsiveness, assurance, collaboration and creativity in partnering with colleagues to enhance the patient and family experience.

This year, director of PCS Diversity, Deborah Washington, RN, was invited to share her thoughts on the importance of partnering with others in a professional environment. Said Washington, "The Kirvilaitis award is a prescription for creating a har-

*continued on next page*



Above left: Deborah Washington, RN, director of PCS Diversity Program, addresses gathering.

At left: Kirvilaitis award recipients, Gletter Aponte and Miguel Fuentes (holding plaques), with members of the Kirvilaitis family.

Opposite page  
Top: Miguel Fuentes accepting award.

Bottom: Senior vice president for Patient Care, Jeanette Ives Erickson, RN, introduces Aponte.



## Kirvilaitis Award

*continued from previous page*

monious work environment; it represents a code of conduct that places priority on the dignity and contributions of those who understand that it's not the position that defines the person, it's the person who defines the position. An individual can step into any job and expand the importance and value of that position.

"Working in a position of service, meeting the needs of others, is a form of giving that

builds strong relationships. And relationships are what turn a corps of individuals into the distinctive community we know as MGH."

In a letter supporting Aponte's nomination for the Kirvilaitis award, clinical nurse specialist, Lynda Tyer-Viola, RN, wrote, "Gletter extends herself to advocate for patients. She is acutely aware of her surroundings and ensures that all patient needs are met. She has been instrumental in assisting Spanish-speaking patients to articulate their needs, and she fosters patient

safety by managing access to our closed unit."

Nurse practitioner, Marianne Burns, RN, wrote, "Gletter's compassion, knowledge, and warmth have been a comfort for many frightened families in difficult situations. I have no doubt that her presence has been instrumental in the healing of many children far from home."



Elena Seitz, RN, staff nurse in the Cath Lab, wrote of Miguel Fuentes, "He is one of the hardest-working, most dedicated teammates I've met in 25 years of health care. He appreciates how vital his role is to the functioning of the Cath Lab. He understands the critical need to maintain adequate supplies, neatness, and organization. Miguel's steadfast commitment to excellence truly makes it possible for the physicians, nurses, radiographers, and technicians to do their jobs well."

Ann Blake, RN, staff nurse in the EP Lab, wrote of Fuentes, "Miguel single-handedly re-vamped our supply room so that supplies can be stored in consistent locations, they are labeled clearly, and organized in bins Miguel ordered to make the room easier to navigate."

"As a group, the EP Lab experienced the tragic loss of two of our team members this year. As we clung together for support during this difficult time, Miguel was a welcome member of our team. His hard work and effort truly exemplify the spirit of MGH employees."

Ives Erickson thanked the Kirvilaitis selection committee, chaired by training coordinator, Nancy DeCoste, and operations coordinator, Carolyn Washington, for their hard work in sorting through the many deserving nominations. She closed by saying, "Thank-you for coming together today to celebrate the contributions of our extraordinary support staff whose day-to-day work helps make MGH the world class institution it is today."

For more information about the annual Anthony Kirvilaitis Jr. Partnership in Caring Awards, call Nancy DeCoste at 4-7841.

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

Articles/ideas should be submitted in writing by fax: 617-726-8594 or e-mail: [ssabia@partners.org](mailto:ssabia@partners.org). For more information, call: 617-724-1746.

### Next Publication Date:

December 18, 2003



## Exemplar

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repeat as we did the dressing changes. "It hurts but it helps. It hurts but it helps." Mrs. G would chant these words over and over during the most painful parts of the procedure. I'll never forget one particular occasion—five nurses and our nurse manager were in her room. Some of us were working quietly, not saying a word. Others were singing hymns with Mrs. G. Our nurse manager, who is also a priest, joined Mrs. G in leading hymns. It was nothing short of awe-inspiring. Six nurses sharing such a powerful, intimate moment with our patient. There were tears in our eyes as we sang and prayed. It is a moment in my nursing career that I will always remember.

My experience with Mrs. G has taught me a great deal about myself as a nurse. I've been a nurse for three years, but I know that just a couple of years ago my experience with this patient would have been much different. Inexperience and insecurity would have prevented me from giving myself to Mrs. G as completely as I did. I would have been so preoccupied with the tasks and the time and the physical job that I would have focused all of my energy on getting the work done and not on caring for Mrs. G's spiritual and emotional needs.

At this point in my career, I'm able to focus on the whole patient. I have learned to manage time and tasks with less effort. I'm able to give more of my energy to my patient's spirit. For me, this is my greatest accomplishment. Being

present for my patients, hearing their intimate thoughts and fears and hopes is truly a privilege and an honor. My patients' appreciation is the reward that motivates me to go the extra mile. I hope to continue to grow personally as a nurse and as an instrument in my patients' care at MGH.

(At press time, Mrs. G's wounds had healed significantly, and she was discharged to a rehabilitation facility.)

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

It's important to hear from clinicians at all stages of their professional development. Mrs. G came to Phillips 21 at a pivotal time in Nicole's nursing career. Nicole is 'in touch' with her growth and development as a nurse on many levels. This narrative reveals Nicole's own realization of her evolution beyond novice practice. We also see her willingness to learn as she seeks out the advice of more experienced colleagues to help with the dressing changes.

A key element of Nicole's care for Mrs. G was her attention to Mrs. G's spiritual needs. Not only were the hymns soothing and uplifting, they gave Mrs. G an avenue to become involved with her own care. I think Nicole has a promising future as a nurse.

Thank-you, Nicole.

## Rockport High School students visit MGH

On November 12, 2003, 33 students from Rockport High School visited MGH to learn about careers in health care. Their visit, coordinated by Julie Goldman, RN, professional development coordinator, included presentations by representatives from Nursing, Physical Therapy and Medicine. During their visit, students toured the Operating Room, Ellison 13, Physical Therapy and Pathology, where they had an opportunity to observe healthcare professionals at work and reinforce their interest in healthcare careers.

## Remembrance and Healing

Please come to a service of Remembrance and Healing for victims who died from domestic violence this year in Massachusetts... and for those impacted by it.

**Friday, December 5, 2003  
12:15-12:45pm  
MGH Chapel**

A light lunch will follow the service. Clinicians, employees, patients and visitors are welcome. Join us in prayer and song to honor lost lives and renew our hope for the time when services like this will no longer be necessary.

For information, call the Chaplaincy at 6-2220, or HAVEN at 4-0054

**MGH Ethics Task Force  
presents:**

## An Ethics Forum

"Sperm Retrieval from Patients Who Cannot Speak on Their Own Behalf: Legal and Ethical Considerations"

With participants: Pablo Gomery MD, MGH Urologist; Carolyn Wood, JD, Partners Legal Counsel; David Steinberg, MD, chair of the Ethics Committee at Lahey Clinic

**December 12, 2003  
12:00-1:00pm  
Sweet Conference Room, Gray-Bigelow 4**

Bring a lunch (chips, beverages, and dessert will be provided)

For more information, con tact  
erobinson1@partners.org

**The Employee Assistance Program  
Work-Life Lunchtime Seminar Series  
presents**

## "Holiday Resource Table"

We all look forward to the holidays as a time to celebrate and enjoy. But it can also be a stressful time as we deal with conflicting feelings and demands.

Visit the Holiday Resource Table for information and suggestions on how to manage holiday stress, set realistic goals, and take better care of yourself at this time of year.

**Tuesday, December 4, 2003  
11:00am-1:00pm  
MGH Eat Street Café**

For more information, please contact the Employee Assistance Program (EAP) at 726-6976.

# Educational Offerings

December 4, 2003

When/Where	Description	Contact Hours
December 15 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK 401	---
December 18 and 19 8:00am–4:30pm	<b>Advances in Caring for Polytraumatized Patients</b> Day 1: Shriners. Day 2: O’Keeffe Auditorium	TBA
December 18 1:00–2:30pm	<b>The Joint Commission Satellite Network presents:</b> “Performance Improvement: Achieving Results.” Haber Conference Room	---
January 8 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK 401	---
January 12 7:00am–12:00pm	<b>CVVH Core Program</b> Haber Conference Room	6.3
January 12, 13, 20, 21, 26, and 27 7:30am–4:30pm	<b>Greater Boston ICU Consortium CORE Program</b> Boston Medical Center	44.8 for completing all six days
January 14 8:00am–2:30pm	<b>New Graduate Nurse Development Seminar I</b> Training Department, Charles River Plaza	6.0 (for mentors only)
January 14 1:30–2:30pm	<b>OA/PCA/USA Connections</b> Bigelow 4 Amphitheater	---
January 14 4:00–5:00pm	<b>More Than Just a Journal Club</b> Walcott Conference Room	---
January 14 1:30–2:30pm	<b>Nursing Grand Rounds</b> O’Keeffe Auditorium	1.2
January 15 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK 401	---
January 15 8:00am–4:30pm	<b>Psychological Type &amp; Personal Style: Maximizing Your Effectiveness</b> Training Department, Charles River Plaza	8.1
January 16 8:00am–4:30pm	<b>Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other</b> Training Department, Charles River Plaza	7.2
January 20 8:00am–4:00pm	<b>Intermediate Respiratory Care</b> Respiratory Care Conference Room, Ellison 401	TBA
January 21 7:30am–12:30pm	<b>Pediatric Advanced Life Support (PALS) Re-Certification Program</b> VBK 601-607	---
January 22 1:30–2:30pm	<b>Nursing Grand Rounds</b> O’Keeffe Auditorium	1.2
January 23 8:00am–4:30pm	<b>Legal Issues Facing Clinicians</b> O’Keeffe Auditorium	TBA
January 26 and 27 7:30am–4:30pm	<b>Intra-Aortic Balloon Pump Workshop</b> Day 1: BWH; Day 2: VBK607	14.4 for completing both days
January 27 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	<b>CPR—Age-Specific Mannequin Demonstration of BLS Skills</b> VBK 401 (No BLS card given)	---
January 28 8:00am–2:30pm	<b>New Graduate Nurse Development Seminar II</b> Training Department, Charles River Plaza	5.4 (for mentors only)
February 3 8:00am–2:00pm	<b>BLS Certification for Healthcare Providers</b> VBK601	---

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>.

## Marie C. Petrilli Oncology Nursing Award

—by Julie Goldman, RN, clinical educator

**O**n November 5, 2003, Mary Artery, RN, and Clare Swan, RN, were recognized with the Marie C. Petrilli Oncology Nursing Award for exceptional care, compassion, and

commitment to oncology patients at MGH.

The award continues an annual tradition of giving and remembrance started by Al Petrilli and his brother David, who created the Marie C. Petrilli Memorial

Cancer Research and Treatment Fund four years ago to raise money and awareness about cancer and prevention.

This year's event honored two experienced oncology nurses who are respected by patients and colleagues

alike. Swan is a 36-year veteran, currently a senior staff nurse in the Infusion Unit. She was nominated by three patients who describe her as, "kind, humorous, gentle, encouraging, and utterly consistent."

Joanne LaFrancesca, RN, nurse manager of the Infusion Unit, noted, "It's not surprising that a patient nominated Clare for this award. She is an outstanding clinician, highly valued by her patients for the



Petrilli Award recipients, Mary Artery, RN (left), and Clare Swan, RN

care she provides."

An oncology nurse practitioner, Artery was also nominated by a patient who said, "Mary is my lifeline. She has been ever-present and available during my chemotherapy treatments. Her follow-up calls are reassuring, she listens attentively, and above all, she eases my anxiety."

Artery says, "Helping patients through the most difficult challenge of their lives is an ho-

nor. Every day I speak with a cancer survivor who touches my life and teaches me something new. So many people have touched my life during my eight years as an oncology nurse that I have lost count of the lessons I've learned."

For more information about the Marie C. Petrilli Oncology Nursing Award contact, Julie Goldman, RN, professional development coordinator at 4-2295.

### Financing Your Nursing Education

The Nursing Career Coaching Program presents:

"Financing Your Nursing Education"

**Wednesday, December 10, 2003**

**11:00am-12:00pm**

**Haber Conference Room**

A representative from the Higher Education Information Center will provide an overview of how to navigate public and private financial-aid networks and the financial-aid application process. The session is open to all MGH employees.

For more information, contact Julie Goldman, RN, at 4-2295 or call Training and Workforce Development at 6-2230.

# Caring

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