

Caring

HEADLINES

July 3, 2003

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Ruth Sleeper family visits MGH

(See page 7)



Senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN (second from right), welcomes Ruth Sleeper family members, (l-r): Susie Harvey, Mary Zagelmeier, Nancy Ruth Sleeper Kolbe, and Diane Gordon. In the background is the portrait of Ruth Sleeper that hangs in the Trustees' reception area on Bulfinch 2.

MGH Patient Care Services

Working together to shape the future

MGH nurses 'attracting' attention: a recap of the magnet hospital site visit

On June 12, 2003, we officially completed the second and final phase of our magnet hospital application process by opening our doors and our practice to the magnet hospital survey team. This site visit was an opportunity for magnet surveyors to, 'clarify, amplify, and verify' the information we submitted in our 2,305-page report to the American Nurses Credentialing Center back in January.

I have always known that MGH is a rich environment for the delivery of patient care; rich in teamwork and collaboration, diversity, autonomy, shared decision-making, quality, safety, and the art and science that drive us to be the best caregivers we can be. But after witnessing the professionalism, the pride in practice, the knowledge and skill displayed during this intensive, three-day evaluation, I cannot imagine a hospital more deserving

of magnet recognition than MGH. We will be notified about the outcome of our application in September.

Not everyone was able to participate directly in the survey because time was short and there were so many wonderful things to showcase. I'd like to give you a brief overview of the site visit to give you an idea of the impression you made on our special guests.

During their three-day visit, magnet surveyors toured the hospital engaging any and all people they encountered in conversations about nursing at MGH; they visited patient-care units where they interviewed staff from all disciplines, as well as patients and families; they attended meetings and seminars and met with hospital administrators, board members, nursing leadership, physicians, and members of the community. Their singular mission was to gain understanding about the essence of nursing at MGH.

On Thursday, June 12th, at the end of their visit, surveyors met with interested staff in O'Keefe Auditorium to share the impressions they formed over the course of their visit. One surveyor spoke about the many



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

'magnet moments' she had witnessed; about how often nurses made reference to, 'my practice,' and, 'the science of nursing.' She heard from the medical community that, 'Nurses at MGH set the standard.' She heard from hospital leadership that, 'Nurses at MGH are involved in *everything*!' She heard from our patients about, 'the comfort you get from nurses at MGH—you know you're in the hands of a pro.'

Surveyors shared a number of themes that emerged from their conversations with staff; themes like collaboration and teamwork. One physician commented that, 'Collaboration between Nursing and Medicine is so powerful.'

Empowerment was another theme. One surveyor recalled a nurse saying, 'Patient rounds don't begin until the nurse gets there.'

Evidence of strong nursing leadership was visible throughout the institution. Associate

chief nurses were described as, 'the glue' that keeps us all together. Nurse managers were highly regarded by staff for the guidance, support and encouragement they provide. Clinical nurse specialists and nurse practitioners were described as valued resources to nurses and others. Leadership was felt even at the staff-nurse level with participation in collaborative governance, precepting, professional associations, and special projects. Said one surveyor, 'MGH nurses know you don't have to leave the bedside to lead.'

When it comes to the spirit of inquiry, magnet surveyors saw that MGH nurses are encouraged to bring new ideas to the table, incorporate research into their care, and use evidence to drive their practice.

Talking about professional development, surveyors recalled one nurse saying, 'We want for

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Clinical Recognition Program

Clinicians recognized
March–May 2003

Advanced Clinicians

- Cheryl Codner, RN, Bigelow 14
- Theresa Morris, RN, Ellison 4, SICU
- Kristin Cote, RN, Bigelow 14
- Kathleen Reilly Lopez, RN, White/Ellison 7
- Nicola Gribbin, RN, Cox 2, Infusion Unit
- Audrey Kurash Cohen, SLP, speech language pathologist
- Gloria Moran, RN, Main Operating Room, Gray 3
- Kevin E. Strong, RRT, respiratory therapist
- Debra S. Christofi, RN, GI Unit

Clinical Scholars

- Diana Grobman, RN, Ellison 3, Newborn Intensive Care Unit
- Lois Richards, RN, Blake 13/14
- Harriet Nugent, RN, Blake 13/14
- Elizabeth Johnson, RN, Ellison 14
- Deborah Bobola, RN, Ellison 3, Newborn Intensive Care Unit

As of May 31, 2003, 35 clinicians have been recognized as advanced clinicians; 16 clinicians have been recognized as clinical scholars.

North End Rehabilitation and Nursing Center

Answers provided by Justin Verge, executive director of the North End Rehabilitation and Nursing Center; and Maureen Banks Gould, president, Partners division of Skilled Nursing Facilities

Question: What services are provided by the North End Rehabilitation and Nursing Center?

Answer: The North End Rehabilitation and Nursing Center (NERNC) is a 140-bed facility located in the heart of the North End, (at the corner of Richmond and Fulton streets). NERNC has a 40-bed sub-acute Transitional Care Unit, a 40-bed Skilled Nursing Unit, and a 60-bed Long-Term Care Unit. The facility provides short-term nurs-

ing care and rehabilitation for patients following acute-care hospitalization at MGH, and long-term care for residents of the North End and surrounding areas. NERNC was established 18 years ago to meet the needs of elderly residents in the North End.

Question: Can you explain how NERNC is affiliated with MGH?

Answer: The affiliation established between the NERNC and MGH led

to the establishment of the 40-bed Transitional Care Unit (TCU). The unit provides a continuum of care to MGH patients in need of continued skilled nursing care for (an average of) 15 days after discharge from MGH. The newly renovated unit provides a comfortable environment for patients to continue their recovery. Therapists, speech-language pathologists, interpreters, case managers, admission liaisons and materials

managers from Spaulding Rehab Hospital provide services for the North End TCU.

Question: What is so unique about the Transitional Care Unit at NERNC?

Answer: Patients benefit in a variety of ways. NERNC has a unique nursing-care delivery model. Direct bedside care is provided by a team comprised of a nurse practitioner, a licensed nurse, and certified nursing assistants.

To accommodate higher acuity post-acute-care patients, NERNC employs highly skilled nurses and nurse practitioners to be at their bed-

side 24 hours a day, 7 days a week. All rehabilitation and therapy services are provided by Spaulding staff, who practice at NERNC every day. Many Spaulding staff members rotate to NERNC six months out of the year, others are permanently positioned at NERNC.

Care is supported by the presence of full-time TCU medical chief, Dr. Chuck Pu.

Question: Are there ways I can facilitate a patient's transition from MGH to NERNC?

Answer: Encourage family members to visit the facility and meet with staff. Remind patients that NERNC's clinical team remains in close contact with discharging physicians at MGH to ensure continuity of care. Let patients and families know that 12 private rooms are available, and each TCU room is equipped with a television and telephone. Assure patients and families that, despite construction associated with The Big Dig, NERNC is very accessible (only a short walk from the Green and Orange subway lines and bus stops). Parking is available on-site after 5:00pm and all day weekends. Validated, \$1.00/hour parking is available nearby.

For more information about NERNC, call 617-726-9701.

Jeanette Ives Erickson

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nothing. There are ample opportunities for continuing education, reimbursement for educational advancement, and flexible scheduling. We have it all.'

Both surveyors spoke about the overwhelming commitment they saw on the part of nurses to do what's best for the patient. They spoke of the innovation, creativity, enthusiasm and passion for nursing they witnessed at every turn. It was clear to surveyors that MGH had made a significant investment in nurses; and that we are seeing a return on that investment every day.

The magnet site visit validates what we already know; that patients at MGH receive incredible care; that families are an important part of that care; and that working together, all members of the healthcare team empower one another to provide the best possible care to our patients.

I would like to take this opportunity to thank so many people for their invaluable contributions in preparing us for this momentous undertaking.

I want to thank the Magnet Steering Committee, which was co-chaired by, Lori Carson, RN, and Marianne Dito-

massi, RN. I want to thank Ed Coakley, RN, and Lauren Holm, RN, for their enthusiastic involvement in the entire process.

I want to thank the four magnet workgroups (the Interdisciplinary Team Workgroup; the Professional Practice Workgroup; the Professional Development Workgroup; and the Knowledge Management Workgroup) the Writer's Workgroup, and the support staff on Bigelow 10 for their important contributions early on in our journey.

I want to thank the MGH leadership team for their unwavering support of nursing.

A big thank-you to staff nurses who served

as magnet champions, disseminating information back to the units.

Thanks to staff and leadership of all disciplines for giving your full support and participation to this process.

And thank-you, especially, to the best nurses in the entire world for making it so easy to see how wonderful you are!

Update

On June 16, 2003, Deborah Colton assumed the position of vice president for External Affairs of the MGPO. In her new role, Deborah will work closely with Patient Care Services on a number of initiatives and will become a member of the Patient Care Services Executive Committee.

A Star is Born:

Staff on White 6 recognized for 'astronomical' care

—by Kathleen M. Myers, RN, nurse manager

In an unusual and poetic gesture of appreciation, a former White 6 patient has named a star in honor of the unit that provided her with such memorable and compassionate care. The star is officially called, "Mass General White 6 Unit."

Following discharge, the patient (who would like to remain anonymous) wrote of her caregivers: "I landed at

Massachusetts General Hospital when my plane was diverted to Boston. I was alone, scared, depressed, and frustrated. Staff made me feel secure and cared for. To express my deep appreciation, I've named a star for them in the 'Hero' Constellation, the constellation for medical stars, loving strangers, and all those who care!"

Astronomy buffs may be interested to know that the star is one of

more than 100,000 stars numerically designated in the SAO Star Catalogue. Its official number is 023435 Perseus, and it can be seen with the aid of a telescope on dark, starry nights.

Says nurse manager, Kathy Myers, RN, "The philosophy on White 6 has always been to put the patient at the center of the care plan. Our primary goal is to provide excellent care in a way that supports pa-

tients throughout their hospital experience. We have developed a unit-based patient-satisfaction survey that gives us ongoing feedback to ensure continuous improvement of the care we deliver. Having a star named in our honor makes me feel like we're on the right track."

In her most recent correspondence, the patient wrote, "Just a note to let you know that I am thinking of you. Your care and friendship have touched my heart. I feel lucky to have landed at MGH."

Individuals who were mentioned in the dedication include:

- Wendylee Baer, RN
- Ivonny Niles, RN

- Maryanne Mantville, RN
- Louanne Desroches, RN
- Lenore Cariagara, RN
- Chris Ruel, RN
- Ana Andrade, RN
- Dr. Leonard Kaban
- Dr. Maria Troulis
- Dr. Melissa Lackey
- Dr. Daniel Richardson
- Dr. Joan Butterson
- Dr. Nancy McDermott
- Dr. Christian Rouleau
- Dr. Daniel Clark
- Allison Goddard, oral surgery assistant
- Katie Best, RN
- John Clark
- And all the staff on White 6

"It is not in the stars to hold our destiny, but in ourselves"

—William Shakespeare



Seated (l-r): Maryann Mantville, Kerin O'Grady, Kathy Myers, Amy McCarthy, and Kathryn Best.
Second row: Jean Stewart, Kimm Perry, Wendylee Baer, Christine Ruel, Dan Clark, and Joan Butterson.
Back row: Allison Goddard, Ivonny Niles, Maria Troulis, Christian Rouleau, Dan Richardson, and Christine Emma.

Volunteer recognition event: a warm reception on a cool day

On Wednesday, June 4, 2003, members of the MGH community came together under the Bulfinch tent to recognize the numerous and varied contributions of the MGH volunteer workforce. Pat Rowell, director of Volunteer Services, welcomed a large gathering of volunteers, employees, visitors, and hospital leaders, Peter Slavin, MD, president; Jeanette Ives Erickson, RN, senior vice president for Patient Care Services; and Edward Lawrence,

chairman of the Board of Trustees.

Before acknowledging award recipients, Rowell thanked members of her staff, Paul Bartush, program manager; Sam Roberts, coordinator; and Sara Kriyovich, administrative assistant, for their dedication and perseverance in supporting the work of the more than 1,200 volunteers who comprise the MGH volunteer workforce.

The Jesse Harding Award, an award that recognizes outstanding volunteer service, went

to Carlos Villafuerte, a hospitality volunteer in the Bigelow 12 Chemotherapy Infusion Unit and in the Patient Discharge Service. Said Rowell, "Almost three years ago Carlos wrote on his volunteer application, 'I want to help and serve patients and families in need.' And he's been doing just that ever since."

The Trustees' Award for extraordinary effort in involving and recognizing MGH volunteers went to Katie Binda, LICSW, oncology social worker and director of

the MGH HOPES Program (Helping Our Patients and families through Education and Support). Binda was recognized for her efforts in implementing 'Gentle Muses,' a music therapy program that brings soothing harp music to several areas throughout the Cancer Center.

Other honorees included the Chang family (Feng, Ian, Lydia and Peter), who received a Special Recognition Award for their combined 879 hours of volunteer service, their willingness to give unselfishly to others, and the impact they've made on the MGH community with their kindness and presence. Another Special Recognition Award

went to Kay Bander, Joanne Agababian, Kariisa Chabner, Nancy Conner, Dominique Davenport, Geoffrey Grant, Karen MacDuffie, Kate Murray, and Kudzaisha Takavarasha for their 'heroic' efforts in training members of the Volunteer Department to meet compliance standards for the HIPAA patient privacy act.

Service awards were presented to Francis Fine, Elaine Grollman, Tony Kim, Marge Lanoix, Elizabeth Morey, Richard Paulson, and Jennifer Tang, but the appreciation of the entire MGH community goes out to all the volunteers who make such an important contribution to the mission of this hospital every day.



(Photo by Michelle Rose)

Above: oncology social worker, Katie Binda, LICSW, who received the Volunteer Department's Trustees' Award, is pictured with Volunteer Department program manager, Paul Bartush (left) and chairman of the Board of Trustees, Edward Lawrence. At right: director of Volunteer Services, Pat Rowell, welcomes MGH volunteers, employees, family members, and visitors to the recognition ceremony on the Bulfinch terrace.



Pro-Tech students get a glimpse of ED nursing

—by Mary McAdams, RN, clinical educator

The Pro Tech Program, a partnership between MGH, East Boston High School, and the Private Industry Counsel, gives juniors and seniors from East Boston High School a chance to participate in a positive, structured work experience at MGH. Students in the program work and learn for 15 hours a week during the school year, and full-time during the summer.

The Pro Tech Program provides opportunities for students to work in various jobs and departments throughout the hospital, such as Nursing, Physical Therapy, and Pharmacy. Currently, there are 21 Pro Tech students at MGH; seven in the department of Nursing, and one in Physical Therapy.

After completing phase one of a competency-based training program, students in the department of Nursing, may assist with:

- maintaining the patient record
- creating admission packets
- distributing mail
- special projects in collaboration with the operation coordinator or nurse manager

Upon successful completion of phase-one, students may attend the second phase of training at the end of their junior

year. Successful completion of phase-two training allows students to have more direct contact with patients under the supervision of a registered nurse. At this point, students may:

- assist with transferring, lifting or moving patients
- assist patients with filling out menus

- make unoccupied beds
- distribute and fill water pitchers

Pro Tech students in the department of Physical Therapy work under the direct supervision of a physical therapist to:

- assist with patient escort and reception
- maintain the environment and monitor equipment

- assist therapists in exercises and functional activity

An integral part of the Pro Tech Program is the monthly forum. Monthly forums were created to better meet students' interests and learning needs, and provide an opportunity for students to share experiences. The May 27th monthly forum, presented by Trisha Flanagan, RN, clinical nurse specialist, and Francine Falvo, RN, focused on Emergency Nursing. Students were

shown a power point presentation on the MGH Emergency Department followed by a hands-on demonstration of intubation, cardiac monitoring, and defibrillation.

Students were amazed at what happens during a typical day in the Emergency Department. Pro Tech student, Rayheime Williams, who is currently working in Pediatric Cardiology said, "This forum gave me a deep gut feeling that nursing is the right choice for me. And the sky's the limit. I want to be a nurse, not because we need more male nurses, but because I want to help people and be a catalyst for change in the day and times that we live in."

For more information about the MGH Pro Tech Training Program, contact Galia Kagan, Pro Tech Partnership manager, at 4-8326 or Mary McAdams, RN, clinical educator, at 6-1607.



Above: East Boston High School students enrolled in the MGH Pro Tech Training Program, ask questions at monthly forum on Emergency Nursing.

At right: Trisha Flanagan, RN (right), demonstrates intubation techniques on mannequin while colleague, Francine Falvo, RN, and Pro Tech students watch with interest.



(Photos by Abram Bekker)

Remembering a great nursing leader: a visit from Ruth Sleeper's family

—by Donna Perry, RN,
professional development copordinator

Ruth Sleeper, RN, was a visionary leader in the areas of nursing practice, research, and education. Her influence was such that a building on Parkman Street on the main campus of MGH still bears her name; and her legacy lives on in the spirit of inquiry and excellence that drives MGH nurses today.

Recently, The Center for Clinical & Professional Development received word from a grand niece of Ruth Sleeper, former director of the MGH department of Nursing and School of Nursing

from 1946–1966. She and her sisters were coming to Boston to celebrate their mother's 75th birthday. Their mother, Nancy Ruth Sleeper Kolbe, is Ruth Sleeper's niece.

On June 13, 2003, a reception was held for Sleeper family members, Nancy Ruth Sleeper Kolbe, and her three daughters, Diane Gordon, Susie Harvey, and Mary Zagelmeier. The reception was an opportunity for past and present staff to share memories and recollections of the late MGH nursing

leader, and several MGH School of Nursing alumni were on hand to share their stories.

Staff nurse, Diane Smith, RN, graduated from nursing school the same year Ruth Sleeper retired from MGH. She recalled Sleeper's advice to, "read something non-nursing, non-medical, every day. It's important to maintain balance in your life and be a well-rounded citizen of the world."

Honor Keegan, RN, staff specialist in the Office of Quality & Safety, recalled Sleeper

as, "the embodiment of professional dignity. She never demanded anything of others that she

didn't demand of herself. She was a progressive, enlightened, forward thinker."

Georgia Peirce of Public Affairs remembered Sleeper in connection with her work with the Visiting Nurses Association and a south shore hospice organization. She called Ruth Sleeper, "a strong presence and a wonderful, gracious person."

Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse, presented the family with a framed portrait of Ruth Sleeper that included historical information about her life and career.

It was a privilege to help plan this event that reached back in history, filled me with inspiration, and allowed me to get to know more about this remarkable nursing leader.

Ruth Sleeper, RN director of the MGH department of Nursing and School of Nursing 1946-1966

- Ruth Sleeper earned her nursing diploma from the MGH Training School for Nurses in 1922.
- She was the director of the MGH department of Nursing and School of Nursing from 1946 to 1966.
- She was the first president of the National League of Nursing and received four honorary doctorate degrees.
- In 1959, Ruth Sleeper was awarded the prestigious Florence Nightingale Award.
- Ruth Sleeper was a pioneer in nursing research, conducting many studies, "for the purpose of increasing educational opportunities for student nurses and improving care to patients"
- Ruth Sleeper was a mentor before mentoring was fashionable
- As a leader, Ruth Sleeper had the qualities of vision, foresight, imagination, independent thinking, enthusiasm, a tremendous capacity for hard work, and the courage to forge new paths.



Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse, presents the family of Ruth Sleeper with a special, framed remembrance. Family members from left to right are: Mary Zagelmeier, Diane Gordon, and Nancy Ruth Sleeper Kolbe.

Occupational therapist helps dying patient maximize her potential

My name is Elizabeth Gonski. I have been an occupational therapist for more than three years; I've worked in the acute inpatient setting at MGH for eight months. I was assigned to the Medical Oncology rotation when I first started at MGH.

Occupational Therapy's role in cancer care is to optimize patients' quality of life by enabling them to engage in 'occupations' and activities such as personal hygiene, study, work, and leisure activities.

I had the opportunity to work with 'Robin,' a 36-year-old woman and mother of three. She was married and had worked as a teacher's assistant in a Boston school. Robin was diagnosed with non-Hodgkin's lymphoma in June of 2002. She had undergone chemotherapy at a community hospital and was transferred to MGH after suffering a relapse. I was consulted to evaluate her functional performance, assist in improving her activity-tolerance and increase her independence in activities of daily living.

The first time I met Robin was in December of 2002. She had just completed a long ICU stay during which she had been critically ill. When her medical con-

dition improved, I met with her on Ellison 14 to perform my initial evaluation. Robin's medical course was now geared toward another round of chemotherapy to put her back in remission, and aggressive therapy to maximize her functional performance and general strength and activity-tolerance so she would be able to receive a stem cell transplant.

After evaluating Robin, I found she was dependent in all activities of daily living and functional mobility. She had approximately five degrees of shoulder flexion; 130 degrees of elbow flexion; she could make loose fists and was unable to open her hands fully. She did not have the grasping strength to hold a washcloth or utensil. She was unable to feed herself or even use the call-bell to signal the nurse. Robin was extremely de-conditioned from her stay in the ICU and had steroid myopathy from the chemotherapy. She could answer simple questions about her family, but didn't engage in open-ended conversation. She had a flat affect.

I explained my role as an occupational therapist and together with Robin and her sister we developed therapy goals.

Robin wanted to be able to feed herself, perform basic grooming tasks independently (wash her face and brush her teeth), and use the telephone to talk to her children and husband. Therapy was both compensatory and remedial. Both approaches were used because Robin needed to feel she had some control and independence.

In order for Robin to achieve success, early on in our therapy I knew I would have to introduce adaptive equipment and make modifications to her environment. Safety and communication are always my primary concern, so one focus was to help Robin be able to call for the nurse independently. I arranged for Robin to use an adaptive call-bell that didn't require the fine-motor control or finger strength a typical bell required. Robin was able to use this with proper positioning in bed.

We adapted her original call-bell so that she could have control over both the television and the call-bell. By lifting up the surface of the buttons, essentially making them larger, Robin could use the weight of her hand to press the buttons.

I used cylindrical foam to build up the handles of utensils to allow Robin to grasp



Elizabeth Gonski, OTR/L
occupational therapist

them more easily. I modified her tray set-up so she would need elbow flexion only (not shoulder flexion) to bring food to her mouth. Robin became able to feed herself portions of meals and eventually entire meals.

I introduced other adaptive equipment, including a book stand to allow Robin to read (a meaningful leisure activity for her). We positioned the telephone so she could use it with only elbow flexion to speak to her husband and children. Robin's sister was there for every session and was educated along with Robin's nurses about positioning and adaptive equipment.

During our sessions we also worked on upper-extremity strengthening, coordination exercises, sitting balance, activity-tolerance, and cognition through therapeutic exercises and meaningful activities. Literature shows that when participating in meaningful and functional activities, patients

achieve higher levels of motor control, range of motion, strength, and facilitate a quicker recovery. Robin worked on strength and fine-motor tasks as well as activity-tolerance and sitting-balance through activities such as playing cards, throwing and catching a ball (she was her daughter's softball coach), tying shoes (she was a pre-school teaching assistant), sorting through photos of her family and friends, manipulating coins, and opening sugar packets for coffee.

As Robin progressed in her therapy, adaptive equipment was removed as she reached functional levels where she no longer needed it. She was able to see her progress and success. She was now able to sit at the edge of the bed with limited assistance. She could feed herself, perform her own grooming tasks, wash her upper body, put on and take off her johnny, and use the

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Exemplar

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telephone. She had full range of motion in her shoulders and functional grasp strength.

Robin was medically ready for rehab by mid-January. The plan was for her to go to rehab to gain strength and functional ability, then return to MGH for a possible stem cell transplant.

Robin returned to MGH toward the end of January. She had made wonderful progress in rehab. She was walking with a walker, using the bathroom with minimal assistance, and performing all upper body activities of daily living.

OT was consulted again. At this point, I began to work on higher-level activities to continue to maximize her occupational function. At the same time, Robin was evaluated to see if she would be a candidate for stem cell transplant. Unfortunately, her liver function tests were high; there was suspicion of a tumor in her liver; and she was still too weak to undergo transplant.

Robin's medical plan was revised to include more chemotherapy to rid her of the cancer with the expectation that she would then return to rehab. We continued her occupational therapy to try to maintain and/or improve her functional status. In the next month, Robin did not respond to chemotherapy, and she had worsening ascites

and pleural effusions causing her to be short of breath. Her platelet levels were between 8,000 and 10,000 despite frequent blood transfusions. Robin's functional status was declining, and she again became very weak and dependent. She was also depressed and experiencing a lot of fear and anxiety.

Robin's doctor encouraged PT and OT to continue to work with Robin despite her low platelet levels and critical illness. A guideline followed by both OT and PT recommends that patients remain on bed rest when platelet levels fall below five due to risk of bleeding. As a team, we felt that activities such as sitting on the edge of the bed and transferring to a chair would be essential if she had any chance of surviving stem cell transplant.

Robin no longer looked forward to our sessions. She was very weak, uncomfortable, anxious and scared. I started to introduce relaxation techniques, music, and breathing exercises, but Robin wasn't interested. Finally, she stopped responding to transfusions, and it was thought she had sepsis. With the doctor's advice, Robin and her family decided on comfort measures only.

Even at this point, I felt occupational therapy had a role in maximizing Robin's quality of life. I was reminded of an article I read once called, "Rehabilitation of Patients with Advanced

Cancer," in the August 15, 2001, *Cancer* journal.

"All the work of the professional team... is to enable the dying person to live until he dies, at his own maximum potential performing to the limit of his physical and mental capacity with control and independence whenever possible."

I asked Robin if she'd be interested in making a collage of photographs that she could give to her family. She was very interested, so I asked her sister to bring in some photographs. Unfortunately, Robin did not live long enough to start this project. Her mother and family came in and we were asked not to wake Robin because it was difficult to keep her comfortable.

I was very fortunate to have worked with such an amazing woman. Although Robin did not survive, she was a true survivor, never giving up. I hope that my role as occupational therapist assisted Robin to truly live her life as fully and independently as possible throughout her struggle with cancer. Working with Robin was an incredible learning experience for me as an occupational therapist. I was given the opportunity to work with Robin as she came full circle. I worked with her as she persevered toward recovery, and as she prepared to leave life. I experienced how therapy and goals must change as the course of the patient's journey changes.

MGH Gift Shop receives Reader's Choice Award for Boston's #1 gift shop

Community Newspaper Company, the organization that publishes the *Tab* and many other community newspapers throughout eastern Massachusetts, recently held its annual Reader's Choice Awards, and the MGH Gift Store and Flower Shop was voted Boston's #1 gift shop.

During the month of February, Community Newspaper Company included ballots in many of its newspapers (and on-line) asking readers to vote for their favorites in a variety of categories, including, restaurants, entertainment, services, shopping, and other activities. Ballots were tallied by an independent consulting company, and the results were published in the June, 2003 Reader's Choice Award supplement section. A list of all winners can be found on the Community Newspaper Company website at: www.townonline.com/choice.

Says Pat Rowell, director of Volunteer and Interpreter Services, "Joanne Ellison, director of the LVC Shops and the Beauty Shop, and her whole team do an outstanding job in meeting the needs of our patients, visitors, and staff. They always have their ears to the ground, listening to what customers are saying. They constantly adapt their stock and inventory to reflect what the customers want. They really deserve this recognition."

The MGH community joins Rowell in congratulating the staff of the MGH Gift Shop.

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

Elizabeth's narrative brings to light the unique contributions occupational therapists make in the care of patients, even at the end of life. When Robin is robbed of control and independence, Elizabeth's skill and

creativity help her reclaim her life and keep hope alive.

"All the work of the professional team... is to enable the dying person to live until he dies..." That's exactly what Elizabeth did—she maximized Robin's potential at every stage of illness with great compassion and understanding.

Thank-you, Elizabeth.

Focusing on written communication

—by Rosemary O'Malley, RN, staff specialist

Recently, a number of staff nurses participated in two focus groups to discuss written communication practices related to, "Knowing Your Patient." Golden Pen recipients (nurses who had been recognized for exemplary documentation practices) and nurse preceptors were surveyed to ascertain best practices in documentation in the clinical setting. Participants included staff from White 6, White 9, White 11, Ellison 6, Ellison 10, Ellison 11, Ellison 19, the PICU, Blake 12, the OR, and the SDSU.

Several themes emerged from these focus groups, one of which

was the importance of written communication in medical records. It was felt that written communication is a crucial factor in providing individualized care and an important tool for multidisciplinary collaboration.

Verbal reporting between nurses changing shifts is an effective form of communication, but there is always the possibility of misinterpretation or omission of information. Written communication in patients' medical records ensures accurate communication of assessment, plan of care, interventions, and evaluation, and it is available to all disciplines.

Participants in the focus groups stressed the importance of individualizing nursing care for every patient.

Accurate documentation was another theme. A medical record should be a record of all care provided to patients during their hospitalization. Nurses related experiences with legal reviews of medical records in which they were asked to recall incidents that had occurred six to nine months earlier. Accurate documentation is needed to help recall events that happen so long ago.

Staff who exhibit exemplary documentation practices report that the importance of docu-

mentation was ingrained in them either in nursing school or through work experience.

Participants cited unit-based leadership as instrumental in promoting sound documentation practices. It was felt that the ongoing attention of nurse managers and clinical nurse specialists contributes to high documentation expectations. Some units use the results of monthly CNS audits to provide topics for staff-meeting discussions; some units conduct a review of medical records at staff meetings to give staff an opportunity to review evaluation criteria; some units provide documentation feedback via e-mail, notes to

staff, or through one-on-one discussions.

Preceptors stress the importance of documentation throughout orientation of new employees. Preceptors felt the orientation period was a comfortable and appropriate time to give feedback to new staff about documentation practices.

When asked about educational offerings, participants responded that in-service training should occur on units 24/7. Participants in the two documentation focus groups encourage colleagues to show their value of nursing practice by accurately communicating what nurses do in patients' medical records.

Below left: staff nurse, Dean Haspela, RN, participates in focus group on written communication. Right (l-r): Patricia Hanson, RN, Blake 12 ICU; Amy Levine, RN, SDSU; and Dawn McLaughlin, RN, PICU.



ABLE Award: Celebrating Experience

—by Steve Taranto, Human Resources manager

Miriam 'Mim' Fern, MGH resource specialist for the department of Social Services, was one of 13 recipients of Operation ABLE's Greater Boston Mature Worker Award for outstanding mature workers (age 50 and older). A special luncheon, emceed by Paula Lyons, consumer editor for WBZ, was held on Thursday, June 19, 2003, at the Radisson Hotel in Boston. Fern was joined by family, friends, and co-workers from Social Services and Human Resources.

Operation ABLE (Ability Based on Long Experience) is a private, non-profit organization that promotes employment and training opportunities for individuals

who represent economically, racially, and occupationally diverse populations. The mission of the organization is to serve people aged 45 and older.

Fern was nominated by Evelyn Bonander and Ann Daniels, director and clinical director (respectively) for the department of Social Services. She was nominated for her outstanding contributions to MGH over the past 36 years. Since hired to create the Patient Activity Center in 1967, Fern has demonstrated imagination, resourcefulness, creativity, and a capacity to enable her patients to be effective volunteers. Over the years, she has kept pace with the changes in the healthcare environment

and has been tireless in developing new activities for her patients. Fern has given care, attention, understanding, and confidence to so many.

Her commitment, enthusiasm, and patient advocacy, which were honored at the Operation ABLE ceremony, will be greatly missed. At the age of 76, Fern has decided to retire.



(photos provided by Eileen White)



At left: Retiring Social Services resource specialist, Miriam 'Mim' Fern, with co-worker, Ken Scheublin, LICSW, at a retirement party in her honor.

Above: Fern with Jeff Davis, senior vice president for Human Resources. Fern is retiring after 36 years at MGH.

Golden Pen Award recipients

In the new program that acknowledges staff nurses for exemplary documentation, the most recent Golden Pen recipients are:

NICU: Joanne Riley, Janet Bell
SICU: Ana Arce-Matos, Karen Griffin, Ericka Rogasky, and Julie Farrar
Ellison 7: Erin Higgins, Miguette St. Gerard, Nancy Ross, Maureen Boyce, Maureen Bonannp, Kassie Lopez, MaryLou Emanuelle,
Ellison 11/Cardiac Access Unit: Colleen Baker, Kelly Keough
Ellison 12: Patricia Keane

Ellison 19: David Miller, Leah Apphia
MICU: Katie Neville, Carloyn Bryant, Stacey Fabrizio, Jane Bryant
Blake 12: Anthony Villanueva, Darlene Loso, Kelly Ricard, Lisa Townsend, Teresa Vander Boom, Lori Schatzl, Patricia Hanson, Meredith Pitzl, Danielle Salgueiro, and Linda Lawton
Dialysis: Loretta Godfrey
Bigelow 11: Steven Grondell and Megan Knecht

White 7: Kassie Lopez, Sue Diehl, Sue LeRoux, Ann Hobart, Stephanie Deviney, Joanne Jefferies, Margaret Matthews, Sue Evangelista, Michelle Anderson, Sherry Goddard, Chelsea Morello
White 10: Molly McCormick
SDSU: Cheryl Ryan, Maureen Mullaney, Elizabeth, Ellen Walsh, Kelley, Carol Card, Janet Doherty, Maureen Daley

Once a month, one Golden Pen recipient is randomly selected from previous and current recipients to receive a \$50 American Express gift certificate. This month, the gift certificate went to Erika Ehnstrom of Ellison 11/Cardiac Access Unit.

Capasso, Munro publish

Virginia Capasso, PhD, and Barbara Munro, PhD, co-authored the article, "The Cost and Efficacy of Two Wound Treatments" that appeared in *AORN Journal*, in May, 2003.

Capasso presents

Virginia Capasso, PhD, presented "Hastening Wound Healing," for the Greater Boston Chapter of AACN, at the Newton Marriott Hotel, on March 25, 2003; and "Update on Wound Care," at the Nursing Spectrum Expo, at the Burlington Marriott Hotel on March 26, 2003.

Capasso publishes

Virginia Capasso, PhD, co-authored two chapters in *Primary Care: a Collaborative Practice* (2nd Edition). She co-authored the chapter entitled, "Abdominal Aortic Aneurysm," with E. Lynne Kelley, MD, and the chapter entitled, "Carotid Artery Disease," with Jeff Dattilo, MD.

Nardini honored for excellence in volunteer leadership

Nurse manager, Jean Nardini, RN, received an award from the American Nephrology Nurses Association for excellence in volunteer leadership on May 4, 2003, in Chicago. She was recognized for her years of work at the local, regional, and national levels of ANNA.

Tyrrell presents

Rosalie Tyrrell, RN, professional development coordinator, presented, "Understanding and Leading a Multigenerational Workforce," at the MONE leadership conference on April 16, 2003.

On May 9, she was a panelist for a discussion on, "Best Practices: Integrating Lessons Learned," at the 37th Annual Human Resource & Labor Forum sponsored by the Massachusetts Hospital Association and the Massachusetts Healthcare Human Resource Association.

Catinazzo and Clark honored

Carolyn Catinazzo, LPN, of MGH Dermatology and Joan Clark, RN, formerly of MGH Dermatology, recently received the Khosrow Momtaz Award (for 2001 and 2002 respectively). Dr. Momtaz was a dermatologist who passed away in 2001. The award is given to caregivers who demonstrate a compassionate and caring approach to patient care.

MGH clinicians contribute to textbook

The following MGH staff contributed to the textbook, *Primary Care: a Collaborative Practice* (2nd Edition), which was published recently:

Karen Borden, NP (Medical Oncology); Virginia Capasso, NP, (Vascular Surgery and MGH Wound Care Center); Constance Dahlin, NP, (Palliative Care Service); Jeffrey Datillo, MD, (former Vascular fellow); E. Lynne Kelley (former Vascular fellow); Annabel Edwards, NP, (Pain Service); Jane Flanagan, NP, (Pre-Admission Testing Area); Patricia Flanagan, NP, (Emergency Department); Denise DeJoseph Gauthier, NP, (Cardiology); Maryjane Giacalone, NP, (Cardiology); Eric Isselbacher, MD, (Cardiology); Noreen Lahey, NP, (Neurology); Patricia Lowry, NP, (Cardiology); Claire McGowan, NP, (Pre-Admission Testing Area); Denise Mullaney, NP, (Cardiology); Jennifer Neves, NP, (Pre-Admission Testing Area); Joseph Rampulla, NP, (Pre-Admission Testing Area); Barbara Roberge, NP, (Senior Health Practice); Debra Toran, NP, (GYN/Oncology); and Randall Zusman, MD, (Cardiac Unit)

Coakley presents

Mandi Coakley, RN, staff specialist, presented her research on, "The Exploration of Energy Expenditure Between Provider and Recipient of Therapeutic Touch Treatment (TT) and the Response of (TT) on Health Individuals," at the Eastern Nursing Research Society Meeting held in New Haven, March 28, 2003.

SLP Department recognized for work with homeless children

On May 22, 2003, the MGH Speech Language Pathology Department was recognized at the Horizons Initiatives' 7th annual Recognition and Awards Dinner for their work with homeless children at Horizons Initiatives Community Children's Centers.

Edwards a leader in pain management

Annabel Edwards, RN, has been elected to a two-year term on the board of directors for the American Society of Pain Management Nurses (ASPMN). She recently presented, "What's New in the World of Anti-Inflammatory Medications?" at the annual national meeting of ASPMN in Kansas City. Edwards also presented, with three of her colleagues, a pre-conference workshop entitled, "Conducting a Neurological Examination: Correlating Findings with Treatment Planning."

MGH nurses receive research grant

Clinical nurse specialists, Colleen Gonzalez RN, Patti Fitzgerald, RN, and Diane Carroll, RN, and staff nurses, Jeanne Elliott, RN, and Heather Vallent RN, recently received a \$500 AACN Clinical Inquiry Grant for their research project, "Visiting Preferences of Patients and Families." The study examines patient's preferences for visitors in the intensive care and general care units.

Educational Offerings and Event Calendar now available on-line

The Center for Clinical & Professional Development 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.

Leadership change for the PNPIC

—by Jan Duffy, RN, PCS staff specialist



Suzanne Algeri, RN,
outgoing chair, PNPIC



Kathleen Carr, RN,
incoming chair, PNPIC

The Pharmacy Nursing Performance Improvement Committee (PNPIC) was created in April, 2001, to provide a formal mechanism for communication and problem-solving around issues related to Nursing and Pharmacy. The committee brings representatives of both departments together on a regular basis to discuss, analyze, and make recommendations to ensure a safe, efficient, and effective drug-delivery system.

The PNPIC is co-chaired by a staff nurse and a staff pharmacist and includes representa-

tion from all role groups involved in drug distribution. Using the collaborative governance model, coaches from Pharmacy and Nursing provide support to the committee.

Suzanne Algeri, RN, staff nurse on Ellison 10, who has co-chaired the PNPIC along with Steve Haffa, RPh, since its inception, will be stepping down in July. Algeri has been an effective and influential leader. Her understanding of the complexities of the drug-distribution system, her knowledge of nursing practice and commitment to quality have been in-

valuable assets in leading the committee to identify concerns and implement changes.

Some of the improvements implemented under Algeri and Haffa's leadership include:

- two annual "Staff Satisfaction With the Medication System" surveys
- implementation of improved labeling for intermittent intravenous medications
- implementation of a customer-service line to improve response to missing medications
- clarification and communication of medication-system standard operating procedures

Kathleen Carr, RN, staff nurse on Ellison 9, and a member of PNPIC from the beginning, will assume co-chair responsibilities when Algeri steps down. Carr shares Algeri's commitment to collaboration in continually working to improve the medication system.

Haffa will continue as co-chair of the PNPIC; Algeri will remain a member; and the current coaches will continue to support the work of the committee.

For more information or to voice concerns related to the drug-distribution system, please contact any member of the PNPIC. The committee meets on the fourth Thursday of each month.

PNPIC Committee Members

Suzanne Algeri, RN 4-5010
Scott Belknap, CPhT 6-2509
Lisa Bouchard, RPh 6-3571
Kathleen Carr, RN 4-4910
Michelle Chan, RPh 6-2231
Meg Clapp, RPh 6-2513
Elizabeth Coe, RN 6-6100
Diane Doherty, RN 6-6106

Jan Duffy, RN 6-3201
Alice Edmonds, RN 4-4610
Stephanie Fuller, RN 4-4610
Grace Good, CNS 4-3277
Steve Haffa, RPh 4-8427
Doris Halliday, RN 4-4610
Marian Jeffries, CNS 4-4031
Laurin Kenny, RPh 6-3572
Loretta Marioni, RPh 6-3571

Angela Merchant, RPh 6-3572
Ray Mitrano, RPh 6-1704
Motuma Nataee, RPh 6-6508
George Reardon 6-5392
John Reilly, RN 4-5910
Angela Solis, OA 4-4910
Carolyn Washington, OC 4-7275
Brenda Whelan, RN 4-5100

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For more information, call: 617-724-1746.

Next Publication Date:

July 17, 2003



JCAHO pain standards: assessing and managing patients' pain

—by Rosemary O'Malley, RN,
staff specialist

During the upcoming Joint Commission on Accreditation of Healthcare Organizations (JCAHO) visit, surveyors will be looking for evidence of compliance with two new pain-related standards. Pain-management has always been an area of concern, and several pre-existing JCAHO standards focus on issues related to pain and pain-management.

This is the first in a series of articles in *Caring Headlines* that will discuss various aspects of the new JCAHO pain standards. This article focuses on the chapter dedicated to, "Patient Rights and Organizational Ethics."

The new standard states that, "Patients have the right to appropriate assessment and management of their pain." This standard raises the profile of pain-management among all patient populations and

settings. It prioritizes an important symptom that can go under-recognized, and therefore, under-treated. This standard is the foundation for all other standards that address pain.

The standard requires:

- initial assessment and regular reassessment of pain
- the education of all relevant providers in pain-assessment and pain-management
- the education of patients regarding pain and pain-management and their role in assessing and managing pain
- communicating in a culturally sensitive way that pain-management is an important part of patient care

In addition to new standards in the "Patient Rights and Organizational Ethics" chapter, pain is an issue in other standards related to patient rights. JCAHO surveyors

will look for evidence of compliance with these and other standards through a review of policies, interviews with clinicians and patients, a review of patient-education materials, and clinical chart reviews. They will want to see evidence that:

- patients (and family members, when appropriate) are included in care decisions, including managing pain effectively
- all three standards that address advance-care planning and end-of-life care identify pain as a condition to be addressed

MGH has added new language to its patient rights statement to better reflect our commitment to pain-management. It now includes the line, "You have the right to expect evaluation and treatment of pain." The *Patient Rights and Responsibilities* brochure for inpatients will be available in July; the outpatient brochure will be available in August.

The "Pledge to Patients" posters (see shaded box) first displayed in the hospital in 2000, have been reprinted and will be distributed shortly.

For more information, please contact Tom Quinn by e-mail at painrelief@partners.org or call 617-726-0746.

Our Pledge to Patients with Pain

- Your caregivers will listen to you about your pain and take it seriously
- Your pain will be carefully assessed
- We will provide you with the information you need to understand your pain and the ways it can be managed
- We will seek to prevent pain as well as treat it
- We will try to respond promptly to your reports of pain

Get REAL!

Have you ever thought about the impact MGH has on the environment?

REAL (Raising Environmental Awareness League) is a newly formed environmental group seeking new members.

For more information, contact:
peaceout@quik.com or rhoor@partners.org

Joint Commission Satellite Network Presentations

July 10th: "Medication Use: Preventing Errors"

August 14th: "Emergency Management: Creating and Implementing an Effective Plan"

September 18th: "Putting the Pieces Together: Self Assessment, Priority Focus Process, and Tracer Methodology"

October 16th: "Realizing the Vision: Effective Leadership"

November 13th: "Hospital-Wide Competency Assessment"

December 18th: "Performance Improvement: Achieving Results"

For information about these sessions, call 6-3111

Call for Nominations

The Marie C. Petrilli Oncology Nursing Award

Nominations are now being accepted for The Marie C. Petrilli Oncology Nursing Award.

The award was created to recognize the high level of caring, compassion, and commitment reflected in the care of oncology patients at MGH. Any nurse who cares for patients with cancer is eligible to be nominated. Two nurses will be selected. Recipients will each receive \$1,000.

Any employee, manager, physician, patient, or family member can nominate a nurse by completing a brief nomination form, which will be available on all inpatient units, the Gray lobby information desk, in the MGH Cancer Center, and in the Cancer Resource Room on Cox 1.

A letter of support must accompany the nomination form. Nominations should be received no later than July 30, 2003.

For more information, call
Julie Goldman, RN, at 617-724-2295.

Educational Offerings

July 3, 2003

When/Where	Description	Contact Hours
July 15 7:30–11:00am and 12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
July 15, 17, 22, 24, 29, 31 7:30am–4:00pm	Greater Boston ICU Consortium CORE Program BIDMC	44.8 for completing all six days
July 17 1:30–2:30pm	Nursing Grand Rounds “Pain Management: Equianalgesic Dosage Conversions.” O’Keeffe Auditorium	1.2
July 23 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
July 25 8:00am–4:30pm	Caregiver Skills Training Department, Charles River Plaza	7.2
July 28: 7:30am–4:30pm July 29: 7:30am–4:30pm	Intra-Aortic Balloon Pump Workshop Day 1: MAH. Day 2: (VBK607)	14.4 for completing both days
August 7 7:30–11:00am and 12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
August 7 1:30–2:30pm	Nursing Grand Rounds “Recognizing the Patient with Delirium.” O’Keeffe Auditorium	1.2
August 11 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
August 13 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
August 13 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater	---
August 13 8:00–11:30am	Intermediate Arrhythmias Haber Conference Room	3.9
August 13 12:15–4:30pm	Pacing: Advanced Concepts Haber Conference Room	4.5
August 14 1:30–2:30pm	The Joint Commission Satellite Network presents: “Emergency Management: Creating and Implementing an Effective Plan” Haber Conference Room	4.5
August 19 7:30–11:00am and 12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
August 19 8:00am–4:00pm	Intermediate Respiratory Care Bigelow 9 Conference Room	TBA
August 21 8:00am–12:00pm (Adult) 10:00am–2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK 401 (No BLS card given)	---
August 21 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
August 27 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
September 2 8:00am–4:30pm	Chemotherapy Consortium Core Program Wolff Auditorium, NEMC	TBA
September 4 7:30–11:00am and 12:00–3:30pm	CPR—American Heart Association BLS Re-Certification 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>.

Reading Disabilities graduates class of 2003

(Photos by Abram Bekker)



The MGH department of Reading Disabilities recently graduated 36 students from its Reading Disabilities Language Training Program. Graduates completed an intensive practicum in the Orton Gillingham remedial reading technique and are now qualified to teach children and adults with dyslexia.

Above: Director of Reading Disabilities, Phyllis Meisel (left), presents graduate, Deb McGann, with her training certificate.

Above left: Meisel is pictured with former graduate and guest speaker at this year's graduation ceremony, Willie Gustavson (left) and Julie Bertram, a Reading Disabilities staff therapist.

At left: Meisel with (l-r) Bertram; Carol Demmer, graduate; Susanne Flick, graduate; Leslie Sandler, graduate; Carol Romans, graduate; and Stephanie Edwards, administrative assistant.

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