

Caring

HEADLINES

March 20, 2003

Inside:

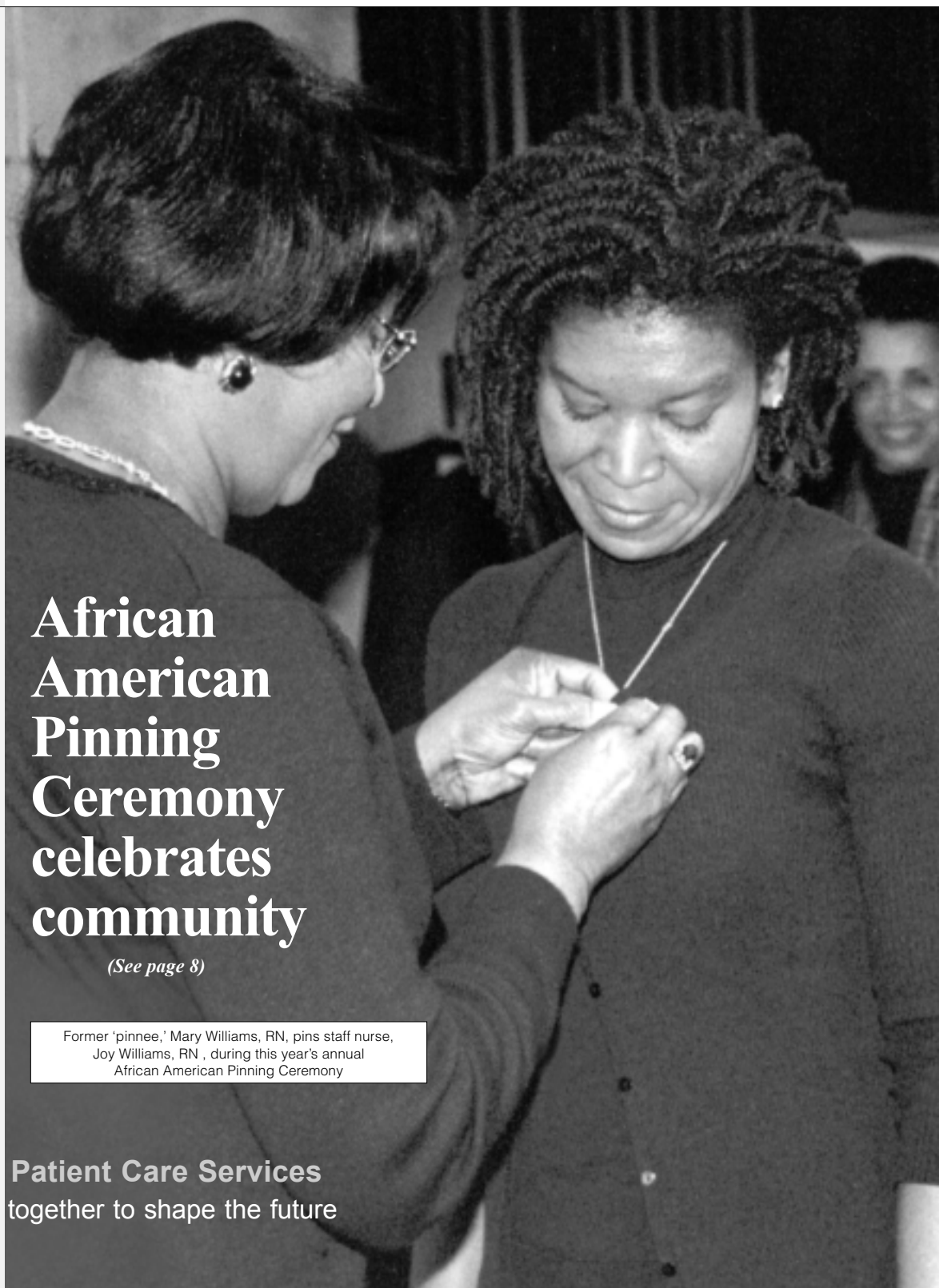
African American Pinning Ceremony	1
Jeanette Ives Erickson	2
• Above and Beyond	
Fielding the Issues	3
• Affordable Lodging	
New Grad Critical Care Graduation	4
Class of 2002 Meets Class of 1928	5
Health Literacy	6
Professional Achievements ...	7
Prayer Service for the Healing of AIDS	9
Exemplar	10
• Peter Hayes, RN	
International Visitors	11
• Northern Ireland	
PACU Nurses Certified	12
Magnet Hospital Update	14
Clinical Nurse Specialists	16
• Marion Phipps, RN and Susan Kilroy, RN	
Thank-You Note from Afghanistan	18
Educational Offerings	19

African American Pinning Ceremony celebrates community

(See page 8)

Former 'pinnee,' Mary Williams, RN, pins staff nurse, Joy Williams, RN, during this year's annual African American Pinning Ceremony

MGH Patient Care Services
Working together to shape the future



Above and beyond in the face of adversity

As healthcare providers and hospital employees, we are frequently exposed to illness, injury, and death. But in these past few weeks, I think you'll agree, we've had more than our share of tragedy.

On February 18th, in one of the worst blizzards on record for the Boston area, we lost a long-time member of our MGH family, Ricardo Diaz, when he was killed while removing snow

from the sidewalks around MGH. Mr. Diaz worked at MGH for 12 years and had many friends throughout the hospital. We send our condolences to his family and his co-workers in Building & Grounds.

Less than a week later, on February 21st, victims of the nightclub fire in Warwick, Rhode Island, were transported to MGH and Shriners. So many people were impacted by this tragedy. I personally witnessed

the incredible strength, skill, and compassion that was shown to these patients and their families by our staff. The camaraderie among MGH caregivers who responded was truly amazing.

On March 5th, iron worker, Christopher MacInnis was killed while working on the construction of our new ambulatory care building. Mr. MacInnis' family and colleagues have told us how supported they felt by all of you.

I can't overstate how impressed I was by the effort this hospital put forth to help the victims, family members, friends and each other during this time of great emotional stress. Clinicians, support staff, administrators, and others pulled together to meet every need, every challenge, every request for help.



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

It's true that in times of adversity, ordinary people do extraordinary things. But the employees of this hospital raised that bar to new heights these past few weeks.

I am privileged to work with each and every one of you. You are the heart and soul of this institution, and I thank you for your commitment, your expertise, and your willingness to go beyond what is expected, time and time again. Thank-you.

In recognition

Just so we don't lose sight of the excellent work that goes on here every day, I'm including the names of the most recent group of advanced clinicians and clinical scholars to be recognized in our Clinical Recognition Program (see shaded box on this page) and the recipients of the Golden Pen Award, our program that recognizes nurses for outstanding documentation practices (opposite page).

Clinical Recognition Program

Clinicians recognized

November 1, 2002–February 28, 2003

Advanced Clinicians

- Gail Alexander, RN, Ellison 4 SICU
- Lori Appleman, RN, Ellison 17
- Kevin Babcock, RN, Emergency Department
- Susan Bardzik, RN, Phillips House 20
- Erin Cox, RN, Ellison 9 CCU
- Kathryn DeGenova, RN, Blake 7 MICU
- Susan Gage, RN, Ellison 16
- Dean Haspela, RN, Ellison 11
- Deanna Kovalski, RN, Ellison 11
- Barbara Levin, RN, White 6
- Ines Luciani-McGillivray, RN, Emergency Department
- Thomas Lynch, RN, Bigelow 11
- Sandra Muse, RN, Ellison 16
- Ruthann Rockwell Looper, RN, Emergency Department
- Brenda Schwartz, RN, Ellison 11
- Amee Seitz, PT, Physical Therapy
- Cara Ventresca, OTR/L, Occupational Therapy

Clinical Scholars

- Anita Carew, RN, Ellison 3 NICU
- Marie Elena Gioiella, LICSW, Social Services
- Sandra Hession, RN, Blake 4 Endoscopy
- Carol McSheffrey, LICSW, Social Work
- Donna Slicis, RN, Pre-Admission Testing Area

Pain Relief Champions: Removing Barriers to Pain Relief

Are you serious about providing the best possible care for your patients?
Do you want to work collaboratively with colleagues from all disciplines?
Are you willing to work on projects that address pain?

If you are, Pain Relief Champions: Removing Barriers to Pain Relief was designed for you. All clinicians are invited to attend.

April 14–15, 2003
Holiday Inn Select – Government Center
Boston, Massachusetts

The course is free to MGH employees. Partners HealthCare employees pay \$60. Non-Partners participants pay \$120 Continental breakfast and lunch are included. CE/CMEs will be available

Pain Relief Champions is supported in part by a grant from the Mayday Fund and other sponsors. Applications are available on-line. For more information, call Tom Quinn at 617-726-0746 or go to:

painrelief@partners.org

Affordable lodging

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: Hotel rooms in Boston are so expensive. Does MGH offer any more affordable options for our patients and families?

Jeanette: Yes. Our Social Services Department operates two affordable lodges: Beacon House (near Joy and Myrtle Streets on Beacon Hill) and MGH at the Inn (located in the Tage Inn in Somerville). At each location we lease an entire floor and rent the apartments or rooms to our patients and families. An on-site MGH manager takes reservations and coordinates the stays for our guests.

Question: What are the accommodations like?

Jeanette: At Beacon House, there are 17 one-room studios each with a kitchen and private bath that currently rent for \$59 a night. In the Beacon House Annex there are 5 bedrooms that share a kitchen and bath that rent for \$30–\$40 per night. Beacon House is within walking distance of the hospital, and there is shuttle service in the morning and evening.

At MGH at the Inn, there are 22 rooms of various sizes each with a private bath and in-room refrigerator and microwave. Rooms rent for

\$59–\$108 depending on the number of people registered. A complimentary continental breakfast is offered, and daily shuttle service runs from 6:00am to 8:30pm.

Question: Who qualifies for affordable lodging?

Jeanette: These accommodations are for patients and/or family members of patients who are actively receiving medical care who live outside the greater Boston area. Lodging is short-term and requires patients to be independent in self-care and not in need of other home-care services. Lodgings are intended for those who cannot afford the medical rates at local hotels. Our accommodations do not offer all the services provided by hotels.

Question: How do patients and families find out about these accommodations?

Jeanette: Patients and families can get information in a variety of ways. Our website has a listing of affordable accommodations that includes the above

mentioned options as well as other non-MGH-operated facilities.

Patients and families can speak to unit social

workers who can help them select lodgings appropriate for their circumstances.

Or patients and families can call:

- Sharon Scott: manager of Beacon House at 6-7679
- Pamela Nunes: manager of MGH at the Inn at 4-2720

Patients will need to verify they are actively receiving medical care or treatment at MGH. Reservations can be made between the hours of 9:00am–4:00pm, Monday through Friday, and 10:00am–3:00pm on Saturdays and Sundays. For more information, call the department of Social Services at 6-2643.

Golden Pen Award recipients

The first Golden Pens have been awarded in the new recognition program that acknowledges staff nurses for exemplary documentation.

The following staff nurses received Golden Pens:

NICU: Mary Kate Mangan, Michelle Robertson, Stephanie Tromblee, Maureen Logue, and Denise Hamel
 PICU: Linda Hirota
 SICU: Lily Lee
 Ellison 6: Karen Bielecki, Nicole Flory, Kimberly Watson
 Ellison 7: Nancy Sartorelli
 Ellison 8: Christine Swanson, Elaine Bitar, and Erica Lee
 Ellison 10: Christopher Sharrett and Rachel Kaiser
 Ellison 11: Sharon Bolton, Marisa Shea, Christine Mattera, Kristin Dervay, Dianne Hall, Erika Ehnstrom, and Barbara Vozikis
 Ellison 12: Kathy Mackinaw
 Ellison 14: Joann Fugazzotto, Laura Thorley, Nicole LaBatte
 Ellison 16: Lesley Shea, Tina Schipani, Tim Sowicz, and Suzanne Burke
 Ellison 17: Celine Mani and Amanda Taylor
 Ellison 18: Geraldine Gardner and Tara Cirillo
 Ellison 19: Junior Senat, Kerri Richards, Bonnie Prall, and Marlis Hamory
 Phillips 22: Kristen McKenzie, Sonia Shea, Kristen Browne, and Susan McKay
 Blake 6: Pam Somers, Marissa Legare, Jennifer Snay, Tracey Adams
 MICU: Michelle McGaffigan and Marissa Lydick-Kaslow
 Dialysis Unit: Margaret Cherniak

Blake 8: Shannon Brady and Kerry Crisalli
 Blake 11: Mary McKinley and Susan DaSilva
 Blake 12: Linda Lawton, Patricia Hanson, and Danielle Salgueiro
 Blake 13: Lois Richards and Donna Sweeney
 RACU: Donna Hoffman and Dawn Crescetelli
 Bigelow 11: Danielle Rochette, Amy Stys, Chanda Plong, and Steven Grondell
 Bigelow 14: Jennifer Mahoney, Patty Murphy, Jennifer O'Neil, Tyese Aldrich, Kristine Cote, and Ann Eastman
 White 6: Claribell Amaya, Diane Doherty, and Jackie Doyle
 White 8: Leslie Wlodyka
 White 11: Karla Farrer and Katie Botelho
 Same Day Surgery Unit: Michele Silvia and Marie Rousseau

On February 25, 2003, The Labor and Delivery Unit converted to electronic documentation, so no Golden Pen is given on that unit.

Once a month, one Golden Pen recipient is selected at random to receive a \$50 American Express gift certificate. This month the gift certificate went to Jennifer Mahoney of Bigelow 14.

New Graduate Critical Care Nurse Program Graduation

On Monday, March 3, 2003, in the Grand Ballroom of the Holiday Inn on Blossom Street, 12 new graduate nurses were recognized for their work in completing the intensive six-month MGH-IHP New Graduate Critical Care Nurse Program. They are:

- Lindsay Coull, RN
- Elizabeth Goodwin, RN
- Michelle Gorski, RN
- Kate Greaves, RN
- Audrey Hincman, RN
- Chrissy Kimball, RN
- Marissa Lydick-Kaslow, RN
- Meredith Minchello, RN
- Thao Nguyen, RN
- Don Perreault, RN
- Kristen Spillane, RN
- Robin Weingarten, RN

In her opening remarks, associate chief nurse, Jackie Somerville, RN, noted that this graduating class brings the total number of nurses to complete the program to 36 (31 currently practicing at MGH, and 5 at NSMC). Said Somerville, "Today we celebrate not just your completion of this program, but the many contributions to your patients, their families, and to the nursing profession we are confident you will make in the months and years to come."

Ann Caldwell, president of the MGH Insti-

tute of Health Professions, in offering her congratulations to the group, quoted George Bernard Shaw in what she said was an 'appropriate anthem for the nursing profession.' Said Caldwell, "This is the true joy in life, the being used for a purpose recognized by yourself as a mighty one... I want to be thoroughly used up when I die, for the harder I work the more I live. I rejoice in life for its own sake. Life is no 'brief candle' to me. It is a sort of splendid torch which I have got hold of for the moment, and I want to make it burn as brightly as possible before handing it on to future generations."

The group heard from M.J. Pender, RN, of the Surgical Intensive Care Unit, who spoke on behalf of the preceptors who participated in the

program. Pender spoke about the challenges and rewards of precepting, her renewed respect for clinicians and co-workers at all levels, and her appreciation to leadership for their support of this important program. Said Pender, "We love nursing!"

Michelle Gorski, RN, acted as spokesperson for the new graduates. Gorski shared her feelings of accomplishment at having successfully completed the program. She spoke of her rewarding journey, gaining knowledge and self-con-

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At left: new graduate, Robin Weingarten, RN (right), accepts congratulations and certificate of completion from program coordinators, Laura Mylott, RN (left), and Miriam Greenspan, RN.

Below left: preceptor,

addresses the group.

Below right: Michelle Gorski, RN, speaks on behalf of the class of new graduate critical care nurses.



Nursing class of 2002 meets nursing class of 1928

—by Mimi O'Donnell, RN,
clinical nurse specialist, Ellison 8

In September of 2002, Mrs. Dorothy George, a 92-year-old retired nurse was admitted to MGH. Mrs. George graduated from nursing school in 1928. During her stay on Ellison 8, she was cared for by Lindsey Coull, RN, and Chrissy Kimball, RN, class of 2002, who participated in the New Graduate Critical Care Nursing Program.

Mrs. George is very proud of her nursing career. When she was in school they graduated two classes a year, one in January and one in June.

The valedictorian of each class received a full scholarship to a BSN program. Mrs. George

was valedictorian of her class, but shortly after she graduated, the stock market crash of 1929

occurred, and the bank that funded the scholarship closed. Mrs. George recalls that time with great disappointment, but she remained a life-long learner, attending whatever classes she needed to improve her practice.

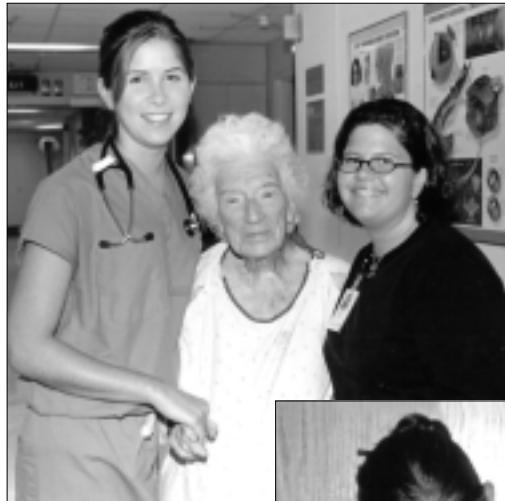
From 1928 until she retired in 1972, Mrs. George worked all but the 18 years she took off to raise her children. When she returned to work, she took a refresher course at MGH. During her career she worked as a private duty nurse, a staff nurse, and a nursing administrator.

When asked what she thought about how nurs-

ing is practiced today, she observed that nurses work very hard; she was impressed by the scientific and technological knowledge nurses need to have.

However, as she watched staff care for her and others, she said she realized that the basics really hadn't changed that much. Monitoring parameters that were important in 1928 are just as important today—heart rate, blood pressure, elimination. Nursing is still about caring for patients.

It's nice to know, almost 75 years later, that some things never change.



Graduation

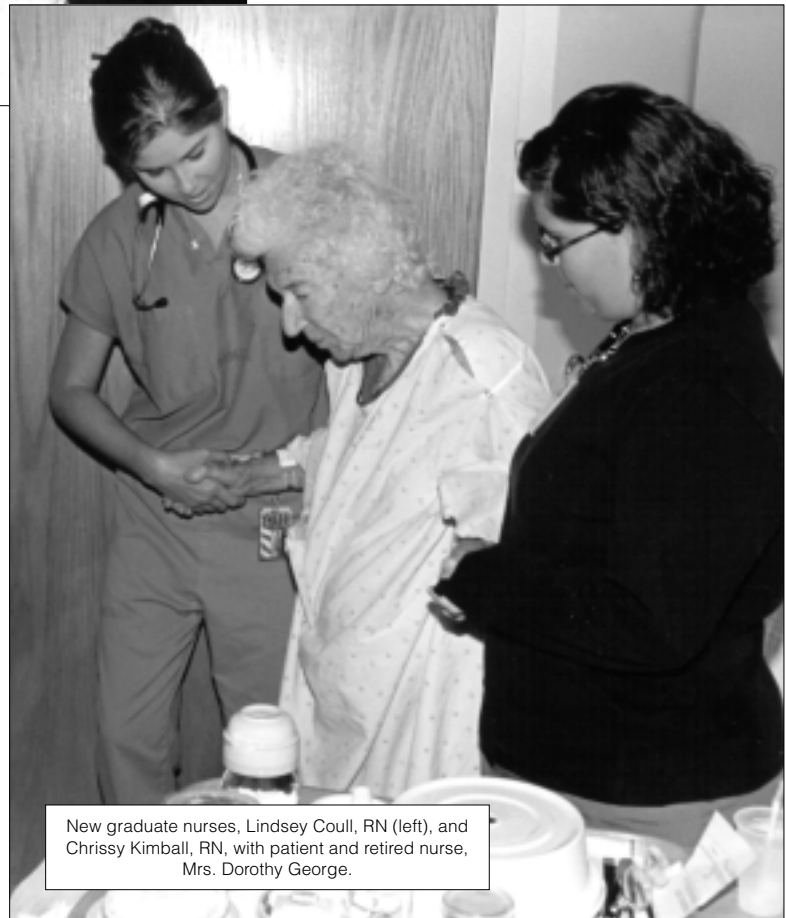
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fidence under the watchful eye of her preceptor. Gorski thanked her preceptors, unit leadership, and co-workers for their support and encouragement.

Co-coordinator of The New Graduate Critical Care Nurse Program (along with Miriam Greenspan, RN), Laura Mylott, RN, thanked Jeanette Ives Erickson, RN, senior vice president for Patient Care, for her vision in creating the program; Trish Gibbons, RN, associate chief nurse, The Center for Clinical & Professional Development, for her support and creativity in

meeting every challenge; Ann Caldwell for her on-going collaboration and standards of academic excellence; unit leadership, physicians, and other health professionals for helping to create an environment conducive to learning for these nurses.

Myott thanked the preceptors, 'the backbone' of the program for their commitment, dedication and talent. And to the new grads, she said, "Your enthusiasm, intellect and resilience were energizing and inspirational. I know you will all evolve into excellent practitioners and leaders. Thank-you for your hard work and dedication; and congratulations."



New graduate nurses, Lindsey Coull, RN (left), and Chrissy Kimball, RN, with patient and retired nurse, Mrs. Dorothy George.

Health literacy: the silent crisis

—by Lori J. Pugsley, RN,
Patient Education Committee

There is a silent crisis looming in health care today. Almost half of adults in the United States have difficulties with reading and math. Though the health literacy crisis may not be front-page news, it does impact the way patients manage their health, comply with treatment regimens, and influence healthcare costs.

Health literacy is the ability to per-

form basic reading and math tasks necessary to function successfully in a healthcare environment. When information is given to patients about a newly diagnosed condition or treatment plan, people can become confused and overwhelmed regardless of their educational background.

Patients with low health literacy have the greatest difficulty reading, understanding and acting on the information they receive.

Nearly half of our adult population is deficient in reading and math skills. Currently 21% of adult Americans

are functionally illiterate (they read below a fifth grade level). Another 25% are only marginally literate. These 90 million adults may not be able to read consent forms, prescription bottles, discharge instructions or follow-up appointment instructions. They may not be able to understand written or oral instructions given to them by doctors and nurses. To be health literate a person must be able to read, understand, and act on information provided by their caregivers. Without this ability, patient safety becomes an issue of great concern.

Medication labels and self-care instructions are two of the most important written instructions patients receive. Only 50% of *all* patients take medications as directed. Patients who have low health literacy have even more difficulty following these directions.

A study published in *JAMA* in 1999 stated that, only 42% of patients studied understood the direction, "Take medication on empty stomach." 26% didn't understand appointment slips, and 60% didn't understand a standard consent form.

Other common tasks patients struggle with include: completing a medical history, understanding follow-up care, and filling out

informed consent forms.

People prefer simple, attractive materials. No matter what their educational background, context is critical. Even well-educated adults struggle with health concepts, terms, and systems. There are a number of factors that contribute to this barrier to learning:

- The system itself: a hospital can be a confusing environment for many adults
- Their own bodies: many people don't understand their own bodies or how they work
- Stress: most patients are under enormous stress, both physically and emotionally
- Power imbalance: patients are often in a vulnerable position
- Information overload: most people want 'informational' reading to be quick and easy

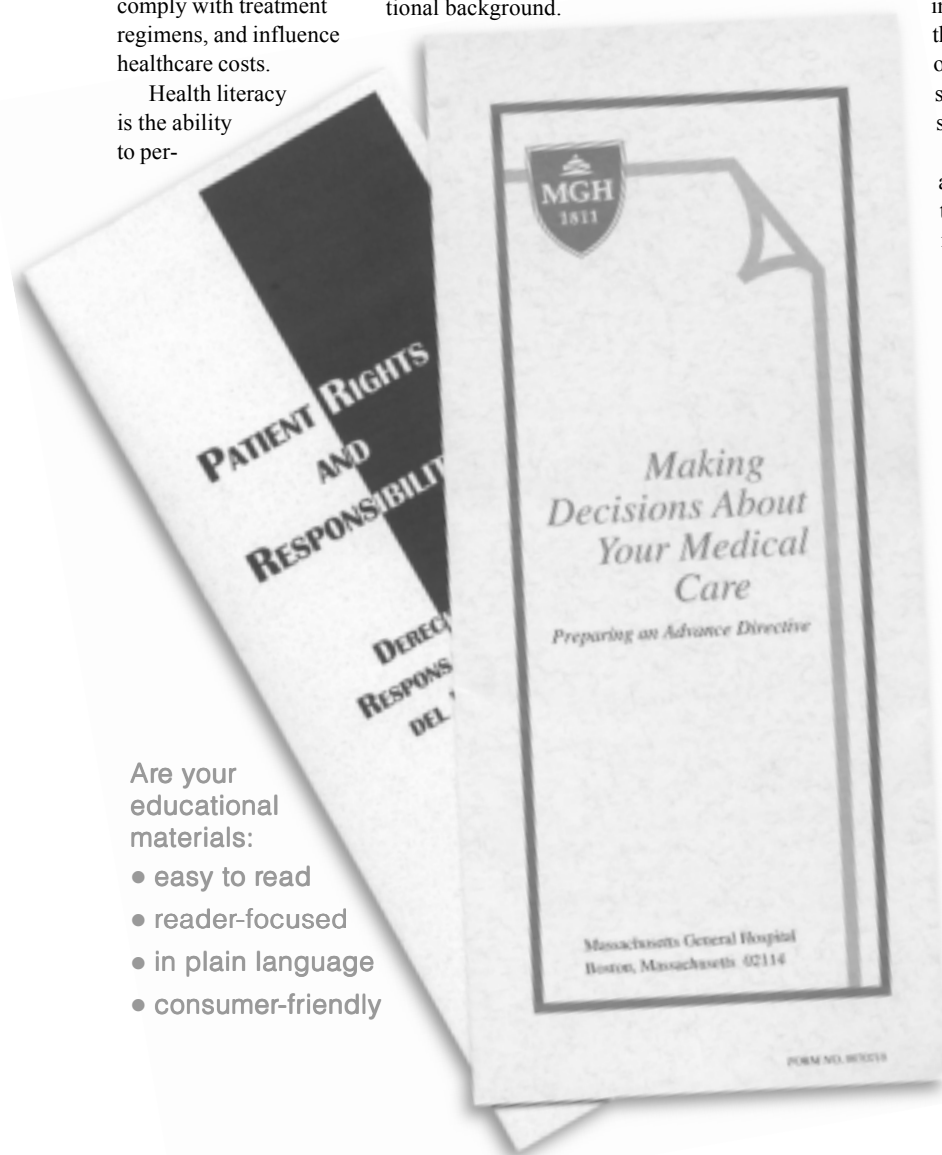
These are just some barriers to effective health learning. When you consider language barriers, sensory losses, cultural differences, age, religion, and the fact that there's limited time to spend with patients on education, you begin to see why easy-to-read instructions are not just a good idea for low literacy adults.

Patients with limited health-literacy skills often feel embarrassed, ashamed, or stigmatized. Sometimes they hide their inability from doctors, family members, and friends. Completing medical forms and regis-

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Are your educational materials:

- easy to read
- reader-focused
- in plain language
- consumer-friendly



Agretelis, Coakley, Gallagher and Somerville publish in *Nursing Spectrum*

In the February 10, 2003, issue of *Nursing Spectrum*, Joan Agretelis, RN; Amanda Coakley, RN; Joan Gallagher, RN; and Jacqueline Somerville, RN; published the article, "Grow an Oncology Nurse."

Carroll publishes in *Nursing Spectrum*

Diane Carroll, RN, clinical nurse specialist, published her article, "APNs Improve Mending of Hearts," in the January 27, 2003 issue of *Nursing Spectrum*.

Graf chosen for RMF/HSRI Review Board

Christina Graf, RN, director of PCS Management Systems, has been selected to represent MGH on the Review Board for the Risk Management Foundation/Healthcare Safety Research Institute. The Review Board will be comprised of one individual from each of the following institutions: MGH, BWH, BIDMC, HVMA, Children's Hospital, Dana Farber Cancer Institute, the Harvard School of Public Health, and two individuals representing the practical needs of the healthcare delivery system.

Capasso receives Bowditch Award

Vascular clinical nurse specialist, Ginger Capasso, RN, was a recipient of this year's Bowditch Award, which is given in recognition of contributions to improving quality of care while reducing costs. Capasso was recognized for her efforts to establish a home-care program for post-operative vascular surgery patients.

MGH/HMS receive grant to study palliative care in ICU setting

MGH and Harvard Medical School received a three-year, \$375,000 grant from The Robert Wood Johnson Foundation's Promoting Excellence in End-of-Life Care Program. Funds will be used to integrate a patient- and family-centered care program into the Medical Intensive Care Unit. Co-principal investigators for the project are Adele Keeley, RN, nurse manager of the MICU, and Andrew Billings, MD, director of Palliative Care.

Celentano and McGillivray appointed to EnCare Injury Prevention Program

Ines Luciani McGillivray, RN, and Karen Celentano, RN, staff nurses in the Emergency Department, have been appointed state chairs of the EnCare (Emergency Nursing Care) Injury Prevention Program for the Massachusetts Emergency Nurses Association.

Burnham, Carroll, McNamara and Smith publish in *Alternative Therapies*

Diann Burnham, Diane Carroll, RN; Mary Ellin McNamara, RN; and Christine Smith, RN, published, "The Effects of Back Massage Before Diagnostic Cardiac Catheterization," in the January/February, 2003, issue of *Alternative Therapies*.

Warchal presents at Leadership Conference

Sue Warchal, RN, staff nurse in the Emergency Department, presented, "Developing an Emergency Department Ethics Forum," at the National Emergency Nurse Association Leadership Conference in Albuquerque, New Mexico, on February 28, 2003.

Health Literacy

continued from page 6

tering for care are among the most difficult and embarrassing tasks. Patients feel intimidated by staff and often forgo care rather than let their providers know they don't understand. Shame may also prevent a challenged reader from seeking help or explanations about important information.

Following are some tips on how to create a shame-free environment:

- Set up a system for reviewing medications, discharge instructions, and follow-up appoint-

ments before the patient leaves. (A good approach is to say, "A lot of people have trouble reading and remembering information. Is this a problem for you?" or "Is there someone who helps you remember to take your medicine?")

- Bring a family member or friend in to help the patient with reading or to reinforce medical information at home
- Review all procedures with staff to simplify language
- Conduct a follow-up call to check understanding and compliance

- Set a policy to offer assistance with paperwork

Some tips on how to improve verbal communication:

- Read to, and review with, your patient the written information you give them
- Use the 'teach back' technique. This is where patients repeat the instructions back to the provider.
- Use the 'chunks and checks' technique. Provide patients with two or three concepts at a time and then check for understanding.

- Speak slowly
- Avoid medical jargon

The ramifications of poor health literacy are serious. Today, many Americans are not able to function adequately in a healthcare setting. This raises legitimate concerns. If we don't increase awareness about this problem and find solutions, 50% of adults (our patients) will not use their medications correctly. They won't be able to follow discharge instructions. They won't be able to follow self-care instructions for chronic illnesses. And they will continue to report poor health and have

increased likelihood of hospitalization. This increases lengths of stay as well as the nation's annual healthcare costs by billions of dollars.

Take time to look at your educational materials to ensure they are:

- easy to read
- in plain language
- consumer-friendly
- reader-focused

In a future issue of *Caring Headlines*, the Patient Education Committee will include tips on how to write easy-to-read patient-education materials.

For more information, call Taryn Pittman, at 4-7352.

African American Pinning Ceremony

This year's African American Pinning Ceremony, held on February 14, 2003, in O'Keeffe Auditorium, focused on community. Guest speaker Sandra Henriquez, CEO of the Boston Housing Authority, shared her recollections of coming to Boston as a person of color more than 20 years ago and the subtle racism that permeated the culture then... and now.

A video entitled, *My Roxbury*, captured the beauty, landmarks, and local charm of a Roxbury that many in the black community call home.

Deb Washington, RN, director of the PCS

Diversity Program, spoke about 'that sense of connectedness' that African Americans feel even if they're just passing one another on the street.

The African American Pinning Ceremony that began four years ago as a 'curiosity' to many employees has become a cherished annual event at MGH. And this year's

honored guests were: Cheryl Dear, unit service associate; Joyce Henry, patient care associate; Drina Prescod, RN; Shirley Prescod, LPN; Angela Solis, operations

associate; Bernida Washington, operations associate; and Joy Williams, RN.

Congratulations to the 2003 African American 'pinnees.'



At left: this year's African American Pinning Ceremony recipients

(l-r):

LPN; Joy Williams, RN; Cheryl Dear, USA; Angela Solis, OA; Bernida Washington, OA; Joyce Henry, PCA; and

Above left: a young member of the Suzuki Institute performs during musical interlude.

Above: former pinnee, Rischa Mayes, RN, pins Joy Williams, RN.

MGH and the Black Church Week of Prayer for the Healing of AIDS

On Thursday, March 6, 2003, MGH observed the Boston Black Church Week of Prayer for the Healing of AIDS in the MGH Chapel with readings from (clockwise from lower left): [redacted] of the AIDS Action Committee; Sandy McLaughlin, LICSW; Mary Martha Thiel, director of the MGH Chaplaincy; Deb Washington, director of the PCS Diversity Program; Dee Dee Schiano, LICSW; Oswald Mondejar of Human Resources; Father Felix Ojimba; Jeanette Ives Erickson, senior vice president for Patient Care Services; Valerie Ellen Stone, MD; and Reverend Linda Knight. Inspirational music was provided by vocalist, Aaron Stone, and accompanist, Brother Dennis Slaughter.



Sometimes all it takes is a little therapeutic touch...

*M*My name is Peter Hayes, and I am a staff nurse in the Pre-Admission Testing Area. It was a typical morning in the clinic when patient flow starts to get busy. I called in a well-dressed, professional-looking woman, I'll call her Carolann. She was 43 years old and had come to the Pre-Admission Testing Area for a scheduled left-sided craniotomy that was scheduled to be performed in a few days. Her diagnosis was a pituitary tumor. She had been experiencing blurred vision, a ringing-buzzing sound in her ears bilaterally, and extreme fatigue for some time now. As I began my nursing assessment, I could see and hear clearly her fear and anxiety.

On a busy day, you try to move along as efficiently as possible to help keep the flow moving. But in this case my instincts told me to slow down and listen up. I put my pen down. Carolann was very clear about her thoughts, fears and anxiety concerning her surgery and its outcomes. She was the owner of her own successful real estate business. Her disease was beginning to impact her mentally, physically, emotionally and spiritually. As she opened up, she continued to express her emotions.

In the last several weeks she had tried to do this on her own, but unable to focus she hadn't had much success. Her belief systems and 'faith' were being tested.

I turned to the back of the assessment form where we have a page related to complementary therapies. I noticed that Carolann had marked 'Yes.' I asked if she'd be interested in a little meditation, some relaxation techniques, and a mode of therapy called, Therapeutic Touch. She sat back and took a deep breath; she couldn't have been more ready or willing.

Therapeutic Touch is a form of healing that involves energy. A Therapeutic Touch practitioner positions his or her hands several inches away from the patient's head, neck, back, and extremities, and gently re-directs energy with the intention of healing and relaxing the patient. Breathing techniques, meditation, and guided imagery are often used in conjunction with Therapeutic Touch. A Therapeutic Touch treatment usually lasts about ten minutes. Most patients report a feeling of calmness, relaxation and other positive inner effects.

Carolann appreciated her session very much. There was a visible change in her appearance

as she looked more relaxed and was actually smiling by the time we finished our interview. She said she never in her wildest dreams would have thought that a big hospital like MGH would offer this kind of caring environment and complementary therapy. Even though she still had concerns, a greater sense of trust and assurance was beginning to develop, and her fears were starting to diminish.

I followed Carolann throughout her recovery and spent several mornings providing Therapeutic Touch and helping her meditate. It came to be a tool that allowed her to calm and relax herself on her own. Those of us who do this often call it grounding, or centering oneself.

A while later, I received a letter from Carolann. It took me by surprise. She wrote: "For several nights after my surgery, at home, and many hours this past week, your words drifted into my consciousness when I felt I had reached my capacity to deal with my recovery. Moment by moment, I asked for help and got it. I don't mean it was easy, but it did come in the nick of time. I don't think it was by chance that we met. You are one of those guides sent to help me along the way. Thank-you so much



Peter Hayes, RN, staff nurse
Pre-Admission Testing Area

for the tools and the words of encouragement behind them."

When I showed the letter to one of my colleagues she said, "That's what we do here!" This is just one of many services provided here in the Pre-Admission Testing Area by MGH nurses. Many of us in the PATA are versed in various modalities of alternative therapy. We find it helps form connections with our patients, and it's a way to offer reassurance for patients who may be feeling anxious about their hospitalization. And alternative therapy is not just good for the patient; I think it informs and enhances our practice in the PATA.

I have since spoken with Carolann by phone. She tells me that although her tumor was removed, she continues to have symptoms of mild visual disturbances, some buzzing in her ears, and fatigue, although that is improving. She mentioned she's involved with a women's health center in her area that also pro-

vides alternative medicines and therapy. Carolann agrees that Therapeutic Touch and meditation have helped her learn an important life lesson. She continues to follow her medical regimen along with alternative therapies that allow her to exercise and enjoy life, decreasing her anxiety and enhancing the healing process.

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

Tailoring care to meet the individual needs of each patient; thinking outside the box; and being fully present despite a growing case load—these are the hallmarks of a good clinician. Peter quickly identified Carolann's needs and gave her his full attention and support to help her through this difficult time. Indeed, he did give her the tools and encouragement she needed to participate in her own healing.

This is a wonderful narrative. Thank-you, Peter.

Building relationships with Northern Ireland

Patient Care Services recently hosted a group of nursing students from the University of Ulster, in Northern Ireland. As part of the senior nursing curriculum at the university, students participate in a trans-cultural nursing program designed to help develop caring skills and sensitivity to cultural diversity.

In addition to studying theoretical aspects of trans-cultural nursing, students are given the opportunity to interact with individuals from other cultures and are encouraged to reflect on their own culture and ethnicity.

This was a first for Patient Care Services. We have hosted international visitors many times in the past on a variety of occasions, for a variety of clinical, educational, and professional reasons. This visit marked the first time we have been asked to share our expertise in the area of diversity with international visitors.

Six students from the University of Ulster visited MGH on January 27, 2003, for a tour of the hospital. The following week, students returned and spent time shadowing staff nurses, Shah Bakhshalizadeh, RN, and Deborah Zapolski, RN, on the White 9 Medical Unit. They also

—by Donna Perry, RN,
professional development coordinator

had an opportunity to meet with Cynthia Lasala, RN, clinical nurse specialist, who spent time talking with them about nursing practice at MGH. The students were

impressed with the high level of 'independence' in nursing practice in the United States.

The PCS Diversity Steering Committee hosted a special lunch-

eon for the students, which gave the group an opportunity to engage in rich discussions about ethnic and religious issues. Students shared their experiences with the conflict in Northern Ireland and the progress being made there. They commented on the need for young people to move beyond the prejudices of past generations.

Taryn Pittman, RN, patient education specialist, gave the students a tour of the Blum Patient & Family Learning Center, which they found extremely helpful.

Bonnie Zimmer and Mayumi Yamada shared information about the MGH HAVEN Program. Students found the discussion about domestic violence very enlightening, saying that further education on this topic is needed in Northern Ireland. They were happy to be able to take information on the HAVEN Program home to share with their colleagues.

The visit was rewarding for MGH staff as well as the students: Michelle O'Rourke, Rachel McVeigh, Beverley Pickett, Danny Dougan, Emma Logan, and Louise Carvill. Upon their return, they will give a presentation to their classmates on their experiences in Boston and at MGH.



Above: third-year nursing student, Beverley Pickett, from the University of Ulster, in Northern Ireland, with White 9 staff nurse, Deborah Zapolski, RN, and patient, Joseph Genica.

At right: student, Louise Carvill, with White 9 staff nurse, Shahrzad Bakhshalizadeh, RN, at the computer.



PACU nurses certified: they did it their way!

—by Jane Kimbrough, RN

*M*y name is Jane Kimbrough, and I am one of 53 registered nurses who works in the PACU. Six of my colleagues and I were fortunate enough to attend the 21st National Conference of the American Society of Peri-Anesthesia Nurses (ASPAN), in San Diego last April.

One experience that really hit home for me, occurred during the opening ceremony. The president of ASPAN asked the peri-anesthesia nurses in attendance to stand and be recognized as she

called out the names of their home states. As she called out each state, nurses stood and cheered. Then she asked for certified post-anesthesia nurses (CPANs) to do the same. When she called Georgia, a group of about ten nurses sitting behind us stood up and cheered in celebration of their professional certification. When she called Massachusetts, not a single person in our area stood. I became acutely aware of the number of CPAN colleagues attending this conference, and

the lack of certified nurses in our own Post Anesthesia Care Unit.

At a staff meeting in May, 2002, I shared this experience with my colleagues in the PACU. I hoped I could interest some of them in taking the CPAN exam when it came up in November. Boston was not a scheduled test site, but if we could get 10 applicants, ASPAN would grant us a special test date. To the delight of everyone, most nurses present expressed an interest in learning more about CPAN certi-

fication, the exam, and the ASPAN organization.

With the support of Kathy Cullen, RN, our nurse manager, and Dawn Tenney, RN, associate chief of Peri-Operative Nursing, we advanced the process from thinking to acting.

Every staff nurse who wanted to sit for the exam purchased the recommended books and began

to study. Some staff had not studied for an exam since their boards, but that didn't dampen their spirit or their commitment to seeking certification.

We held weekly and bi-monthly educational sessions in the PACU, conducted by Kevin Dennehy, MB, BCh, assistant professor of Anes-

continued on next page



(Photo provided by staff)



PACU nurses who earned CPAN certification as a team are (above; l-r): Jackie Presswood, RN; Eileen Edmonds, RN; and Marjorie Jordan, RN. At left (standing): Joan Lynch, RN; Jane Kimbrough, RN; Madeleine McGarry, RN; Cameron DeMarche, RN; and Shellie Verano, RN. (Seated): Sharon Kelly-Sammon, RN; Elizabeth Martins, RN; Kathy Cullen, RN; Jean Price, RN; and Noreen Casey, RN.

PACU Nurses Certified

continued from previous page

thetia and staff intensivist in the SICU. At these sessions, we reviewed the CPAN practice exam and other topics staff felt were pertinent. We purchased the CPAN review video tapes and study guides, and had these materials available on the unit to reference whenever we needed them.

We were reimbursed for the certification exam fees through the Demetri Souretis Hospital Scholarship Fund. More than ten nurses signed up, so we were able to secure a November test site at the University of Massachusetts in Boston.

On November 2, 2002, we sat for the CPAN exam. We were nervous

and excited but armed with a stack of brand new #2 pencils. Kathy (Cullen) had purchased them, sharpened them, and asked Father Phil McGaugh to give them a special blessing for the occasion.

After what seemed like an eternal waiting period, the results came back in late December. Thirteen PACU nurses successfully passed the exam.

I think I speak for the group when I say that achieving CPAN certification reflects our commitment to our patients, their families, our colleagues, and the profession of Nursing. It brings a sense of personal and professional pride.

It is rewarding to have formal validation of our specialized knowledge and experience. It demonstrates our concern for quality patient care, and our commitment to life-long learning.

More members of our staff have signed up to take the next CPAN exam in April, 2003, and still others will take it in November.

Because it was that group of Georgia nurses who initially inspired us to pursue certification, I think it's fitting to end with a quote from Nobel Peace Prize winner and former President, Jimmy Carter, who said, "We'll never know whether something new and wonderful is possible, unless we try."

We tried. And we succeeded!

Educational Offerings now available on-line

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

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

The Employee Assistance Program Work-Life Lunchtime Seminar Series presents

"Home Buying"

Presented by Bob Gray, senior mortgage originator, Harvard Credit Union

Buying a house or condominium for the first time can be an overwhelming experience. This seminar will give you an overview of the financial aspects of the purchasing process, including an explanation of the steps necessary to secure a mortgage and obtain pre-qualification status.

**Thursday, April 10, 2003
12:00-1:00pm**

Wellman Conference Room

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

Women's Health Symposium

Combating Weight Issues with Your Body and Mind

Symposium will be centered around managing weight issues including the effectiveness, safety, necessity, and availability of various weight-loss therapies.

Guest speakers:
Lee M. Kaplan, MD, director of
MGH Weight Center
Deborah A. Vineberg, PsyC,
clinical psychologist

**Wednesday, April 2, 2003
5:30-7:30pm
O'Keeffe Auditorium**

To register, fax your name
and address to: 617-726-7475.
Please indicate if you plan
to bring guests.

Celebrate National Women's Health Week with

5 Simple Ways to Stay Healthy

Help celebrate National Women's Health Week with the Women's Health Coordinating Council.
Learn simpler ways to enjoy a healthier life, such as:

- eating better
- moving around
- not smoking
- getting regular medical exams and screenings
- being safe

**Wednesday, May 14, 2003
9:00am-4:00pm
Main Corridor**

MGH-Timilty Partnership seeks promising pen pals

Through letter-writing, the MGH-Timilty Promising Pen Pals Program bridges generations by matching Timilty Middle School students with adult pen pals. Since 1986 the Promising Pen Pals Program has enhanced students' literacy and helped improve writing skills, while providing an opportunity for young people to meet positive role models. The program culminates with a breakfast reception in early June where students meet their pen pals. Pen pals correspond through letters and/or email. Bilingual (English/Spanish-speaking) pen pals also needed.

For more information about the Promising Pen Pals Program, please e-mail nsoto@timilty.boston.k12.ma.us

Magnet Hospital Champions are Talking...



Magnet hospital certification will prove MGH has fantastic nurses. The process of getting ready will make us raise our own bar and strive to improve our systems. We need to feel proud. This certification will boost our morale and our view of ourselves.

—Andrea Hoyt, RN, staff nurse, Phillips House 22, General Surgery, 10 years in practice



I made a choice to work at MGH because I have found an environment that fosters independent professional practice. The Department of Nursing shows a commitment to ongoing education through support of academic pursuits and courses relevant to our practice. The management triad of the nurse manager, clinical nurse specialist, and operations coordinator is committed to patient care and exhibits concern for the practitioner by ensuring we have the education, resources, staffing, and equipment we need to provide for those in our care. I would like to see national recognition for this model. Magnet certification will improve our position in the market to recruit and maintain nurses in the future.

—Susan Finn, RN, staff nurse, Blake 2, Infusion Unit, 28 years in practice.



MGH is a hospital that values autonomy, diversity, and excellence in patient care. MGH supports its employees by providing resources, opportunities for advancement, and a professional, respectful workplace. When you work here, you know you can make something of yourself if you believe that you can. If that's not a Magnet hospital, what is...?

—Mary Williams, RN, staff nurse Bigelow 13, Burn Unit, 31 years in practice.



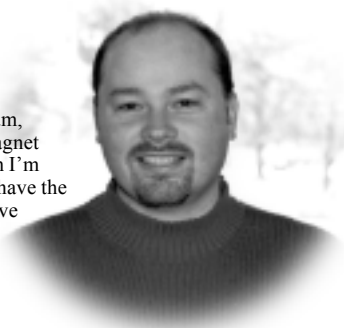
I'm interested in Magnet hospital certification because I think MGH has more to offer nurses than any hospital in the northeast. I still love my job after five and a half years here.

—Sharon Kelly-Sammon, RN, staff nurse, PACU, 23 years in practice.



As a dedicated member of the healthcare team, I believe MGH exhibits the qualities that a Magnet hospital requires. I always feel confident when I'm heading to work, no matter what shift, that I will have the resources I need to grow, be safe, and achieve positive patient outcomes.

—Steven Grondell, RN, staff nurse, Bigelow 11, General Medicine, 2 years in practice.



...I want the MGH Nursing Service to get the recognition it deserves for being one of the best nursing services in the country. MGH is frequently recognized for the excellent care provided by our physicians. Magnet hospital certification will acknowledge the nursing care patients receive at MGH in conjunction with their medical and surgical care. I take great pride in my own personal nursing practice and am proud to participate in the process of obtaining this honor for our nursing service. I was fortunate to start my nursing career at a Magnet hospital many years ago. I left that hospital when I felt it no longer had the energy or ambition to be part of the solution. At MGH, I feel the excitement of being a member of an extraordinary nursing service again. I look forward to taking on the challenge of bringing Magnet certification to MGH and getting MGH Nursing the recognition it deserves!

—Debra Pereira, RN, staff nurse, Ellison 11, Cardiac Access Unit, 19 years in practice.



I am an example of a nurse who is excited to come to work each day at the MGH. ...I am an example of a nurse who is working in a meaningful way, with an excellent team, who looks forward to being challenged by my work. I am proud to be a nurse and want to see our hospital and fellow nurses recognized for the excellent care they give every day. Our leaders at MGH have shaped a strong, supportive community of nurses; they provide us with educational offerings, opportunities for growth, and an environment of autonomy.

—Stefanie Modri, RNC, staff nurse, Obstetrics, 4 years in practice.



It's a way to enhance our nursing practice and showcase our strengths in different areas. We already practice optimal nursing care; why not be recognized for it?

—Immacula Benjamin, RN, staff nurse, Ellison 18, Pediatrics, 25 years in practice.



My interest in the Magnet hospital process stems from my desire to have MGH nurses recognized for their excellence in practice. During my many (23) years here, I have been proud of our nursing practice model, the way management supports professional nursing practice, and how we've worked together to promote positive patient outcomes.

—Erica Edwards, RN, staff nurse, Ellison 9, CCU, 26 years in practice.

I've always believed that MGH should be a Magnet hospital. I'm excited that we're going through this process. The hospital is a great environment for nurses, with a nursing leader who fosters excellence in practice. MGH deserves to be recognized for this excellence, and I want to be actively involved in the process.

—Audrey Jasey, RN, staff nurse, Ellison 16, General Medicine, 5 years in practice.



I have always been proud to work at MGH. In the four years I have worked here, I have been continually impressed by the quality of our nursing staff. I think it's very important to be recognized as a Magnet hospital. I think it will encourage other nurses to want to work here, and at the same time, make nurses who already work here proud to be a part of such an outstanding group of nurses.

—Andra Diephuis, RN, staff nurse, Emergency Department, 8 years in practice.



I remember learning about the Magnet hospital program 19 years ago as an innocent new grad... The Magnet hospital concept of excellence has stayed with me over the years. It highlights the standards that make a health care institution, not only a wonderful place to practice professional nursing, but a safe place to receive health care. Magnet hospital certification will be a great recruiting tool for MGH in these challenging times.

—June McMorrow, RN, staff nurse, White 13, Research Unit, 19 years in practice.



I've had the opportunity to travel, live, and work as a nurse all over the United States. No institution is more deserving of Magnet hospital certification than MGH.

—Patricia von Titte, RN, staff nurse, Blake 11, Psychiatry, 40 years in practice.



Magnet Recognition status would formally and publicly recognize the outstanding contributions MGH nurses have made over the years to the nursing profession. The application process itself shows the world that MGH nurses don't rest on their laurels. Positive reinforcement is always desirable, but there's an even more important reason I'm interested in Magnet hospital certification. It sends a signal to the world that MGH nurses are working long and hard in the pursuit of excellence. It's sure to attract nurses to the MGH who, to borrow a page from the US Army, aspire to be the best they can be.

—Alicia Rounds, RN, staff nurse, Ellison 19, Thoracic Surgery, 30 years in practice.



Safety in Motion: a look at intra-hospital patient transportation

This past year, an interdisciplinary team was formed to examine and improve patient transportation throughout the hospital. Joan Fitzmaurice, RN, director of the Office of Quality and Safety, convened the group to achieve the following objectives:

- Create a safe and efficient system for intra-hospital transport of acutely ill patients to and from diagnostic testing sites and interventional procedures.
- Develop and implement standards of care, protocols, and competency-based training to support this system.
- Design systems to measure the workload associated with intra-hospital transportation of patients.
- Incorporate key indicators of this system into ongoing monitoring activities of quality programs.

Because clinical nurse specialists are in a unique position to be able to observe patient care processes on our respective units, we (Susan Kilroy and Marion Phipps) were asked to join this team. We would like to share some of the findings and work of this group to date.

In reviewing information, we were amazed to

—by Susan Kilroy, RN, and Marion Phipps, RN,
clinical nurse specialists

discover the amount and complexity of patient transfers at MGH. We provide as many as 207,000 patient transfers a year, which breaks down to 17,500 a month, 575 a day. Typical patient transfers include: trips from the ED to test sites, procedures, and the OR; trips from the ED to patient units; and trips from patient units to test sites, procedure, and the OR.

Every patient transfer consists of an average of six 'hand-offs.' A hand-off is the point at which a patient is transferred to the next person responsible for her care. For example, a typical transport to Radiology may look like this: a transporter reports to the nurses' station on a patient care unit. The nurse and transporter go to the patient's room and together ensure that the

patient is safely transferred to a wheelchair. The transporter takes the patient to his test site in Radiology and reports his arrival to the receptionist. The patient goes with a clinician for his test, and then goes back to the receptionist while Patient Transport is notified that he is ready to be returned to the unit. Often patient transfers occur in settings of very high patient acuity.

Fitzmaurice informed our group that there has been a significant change in patient acuity over the past few years. According to Fitzmaurice, there has been a 25% decrease in less acute patients and a 13% increase in ICU patients. From 1999-2001 there was a 36% increase in the number of patients requiring one-to-one care. Patients are often older with complex,



Marion Phipps, RN (left), and Susan Kilroy, RN, clinical nurse specialists

multi-system problems; and 18% of our patients require ventilator support. This combination of higher acuity, shortened length of stay, and an increase in the number of tests and procedures performed off the unit, increases the chances that a patient will experience a change in her condition while off the unit.

As part of our work, we reviewed existing policies and standards around patient transportation. Several important processes, such as the use of patient identification bands, were audited.

One of our first tasks was to decide on a name for the project that would capture the attention and interest of hospital employees. Knowing that safety was our primary concern, the group came up with the name: "Safety in Motion: It's Everyone's Business."

Currently, several initiatives are under way.

One sub-committee is coordinating a 'best-route' pathway for pa-

tient travel. This is defined as the safest, most efficient way to transport patients throughout the hospital.

This is a complex issue that involves routes to and from, as well as within large testing sites some of which encompass multiple buildings. The designation of elevators is part of this process. The group is reviewing and revising current policy on patient transportation.

Another sub-committee is investigating resource availability at test sites (i.e., what can be provided for patients in the way of monitoring and interventions while they're off the unit). This may include clinical resources, equipment, and/or emergency assistance. A comprehensive assessment of clinical support and equipment in each setting is part of this evaluation.

A third group is looking at what information needs to be communicated from one patient

continued on next page

Safety in Motion Committee

Joan Fitzmaurice, RN	Office of Quality and Safety
Mandi Coakley, RN	Patient Care Services
Laura Dunlop	Administration
Susan Kilroy, RN	Patient Care Services
Millie LeBlanc, RN	Patient Care Services
Efrat Miodovnik	Patient Care Services
Kathy Myers, RN	Patient Care Services
Kathleen O'Neil	Patient Care Services
Deb Palmer	GI Unit
Marion Phipps, RN	Patient Care Services
Ed Raeke	Material Management
George Reardon	Patient Care Services
Judy Silva, RN	Patient Care Services

International Women's Day: March 8th

On March 5, 2003, members of the Patient Care Services Diversity Steering Committee staffed a booth in the Main Corridor in observance of International Women's Day (celebrated worldwide on March 8th). Committee members distributed information on

the origins of the celebration, which began, informally, around the turn of the 20th century and has since grown into an international movement for peace and equality for women everywhere.

International Women's Day is an opportunity to reflect on the contributions and achieve-

ments of women throughout history in economic, social, cultural, educational and political arenas.

Diversity committee members recommend doing something special for an important woman in your life. (But you don't have to wait for International Women's Day to do that!)



PCS Diversity Steering Committee members (l-r): Barbara Olson, LICSW; Firdosh Pathan, RPh; Claribell Amaya, RN; and Lulu Sanchez, manager of Interpreter Services, staff International Women's Day booth

Safety in Motion

continued from previous page

setting to the next and the best way to accomplish this. Currently, the OR Checklist is an effective communication tool between in- and out-patient units. Any patient going to the OR has an OR Checklist. The group agreed that rather than inventing a new tool, we will

expand on the OR Checklist to make it suitable for other settings as well.

The group is examining the types of patient information that would be essential to have when a patient is off the unit and how best to quickly retrieve that information. Each patient record contains the patient's preference for life-sustaining treatment. Since this information is readily available in the patient's record, it shouldn't be necessary to du-

PLICATE it on a communication sheet.

Once the work described above is completed, The Safety in Motion Committee will devise an internal communication plan to inform staff of changes, implement the new policies, and roll out the new communication sheet. Implementation will be followed by ongoing monitoring of the effectiveness of these changes.

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Publisher

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

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Submission of Articles

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

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

Next Publication Date:

April 3, 2003



A thank-you note from MGH nurse serving in Afghanistan

MGH nurse, Greg McKenna, RN, is currently stationed in Afghanistan as a member of the US Army Special Forces. McKenna would like his friends in the MGH community to know he's working hard, doing well, and making a difference in a country far away from home and family.



*Letter from Greg McKenna
January 26, 2003*

Somewhere in Afghanistan

I began working for MGH as a staff nurse on Ellison 12 (Baker 3, at that time) in 1989. Ann Kennedy has been my nurse manager for more than 13 years.

I graduated from the NEU Graduate Nurse Practitioner Program in 1997 and took a position as clinical nurse specialist on the Med-Surge Unit at Spaulding Rehabilitation Hospital under Tim Quigley, vice president for Patient Care Services in 1999.

In 2002, I was hired by Susan Loomis as an occupational health nurse practitioner. But from the very beginning, I maintained my staff nurse (per diem) position on Ellison 12 because I so enjoy working at the bedside.

I joined the Army right after high school, qualifying for Special Forces medical specialist certification. In August, 2002, I was called back to active duty for Operation Enduring Freedom Afghanistan. Partners, MGH, and my managers have been very supportive of this difficult time.

I can't say a lot about the particulars over here, but I've been living in Afghanistan for several months. My teammates and I bring much training and knowledge from our civilian lives, and these capabilities contribute to the success of our mission on a daily basis.

I wanted to take a moment to thank my co-workers who have written and been so supportive. I've received letters from all over Massachusetts, from school children, and scout troops. So many people I've never met have opened their hearts. It makes being away from home, family, and friends a little more tolerable. Thank-you.

Educational Offerings

March 20, 2003

When/Where	Description	Contact Hours
April 3 7:30–11:00am, 12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
April 3 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
April 3 1:00–2:30pm	The Joint Commission Satellite Network presents: “Enhance the Relevance of JCAHO Standards: What’s New for 2003?” Haber Conference Room	---
April 4 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Training Department, Charles River Plaza	7.2
April 4 8:00–11:45am	Intermediate Arrhythmias Haber Conference Room	3.9
April 4 12:30–4:30pm	Pacing: Advanced Concepts Haber Conference Room	4.5
April 9 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
April 9 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater	---
April 10 10:00–11:30am	Social Services Grand Rounds “When Trauma Hits Home: Dealing with Vicarious Traumatization.” For more information, call 724-9115.	CEUs for social workers only
April 11 and April 17 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
April 15 7:30–11:00am, 12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
April 16 1:30–2:30pm	USA Educational Series Bigelow 4 Amphitheater	---
April 17 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
April 23 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
April 24 7:00am–12:00pm	CVVH Core Program VBK 601	6.3
April 24 8:00am–12:00pm (Adult) 10:00am–2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK 401 (No BLS card given)	---
April 24 1:00–2:30pm	Conflict Management for OAs and PCAs VBK 601	---
April 25 8:00am–4:30pm	Preceptor Development Program: Level Training Department, Charles River Plaza	7
April 28 and May 1, 5, 6, 12, 15 7:30am–4:30pm	ICU Consortium Critical Care in the New Millennium: Core Program Wellman Conference Room	45.1 for completing all six days
April 28: 7:30am–4:30pm April 29: 7:30am–4:30pm	Intra-Aortic Balloon Pump Workshop Day 1: SEMC. Day 2: (VBK607)	14.4 for completing both days

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>.

Nursing Career Expo

Human Resources invites you to learn more about nursing at MGH, including opportunities for staff nurses (experienced and new graduates), clinical nurse specialists, patient care associates, and surgical technologists.

Sunday April 6, 2003

12:00–4:00pm

North and East Garden Dining Rooms

The Center for Clinical & Professional Development will provide a one-hour continuing education session to participants of the Expo. The session is free, and 1.2 contact hours will be awarded.

“Accelerating Wound Healing”

1:00–2:00pm

Haber Conference Room

For more information, contact: Megan Brown
(mcbrown@partners.org) at 726-5593
or fax: 726-6866.

The MGH Nursing Alumnae Association

presents

Nursing Update 2003

March 28, 2003 8:00am–4:30pm
O’Keeffe Auditorium

7.2 contact hours. Cost: \$40
For more information, call 617-726-3144

The Employee Assistance Program Work-Life Lunchtime Seminar Series

presents

“Working and Breastfeeding”

Presented by Germaine Lambergs, RN,
lactation consultant

Expectant and nursing parents will learn the basics of breastfeeding, including the use of breast pumps, reverse feeding, problem-solving; and participants will have a tour of the MGH Mother’s Corner.

Wednesday, April 2, 2003

12:00–1:00pm

Vincent Burnham Room 401

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



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