May 22, 2003

Caring HEADLINES

Nurse Week 2003

Inside:

Special Issue

Nurse Week Presentations:

Rachel Kaiser

Ellison 10 staff nurse, Rachel Kaiser, RN, with patient, Julie Nee

MGH Patient Care Services

Working together to shape the future

An inside look at 'the genius of nursing'

In what has become the signature event of Nurse Recognition Week at MGH, senior vice president for Patient Care Services and chief nurse executive, Jeanette Ives Erickson, RN, delivered her Nurse Week presentation, "The Genius of Nursing," on Thursday, May 8, 2003, in O'Keeffe Auditorium. Always impassioned, always empowering, and always unpredictable, this year's presentation delivered the goods… and then some!

Originally entitled, "Image is Everything," Ives Erickson changed it at the last minute to, "The Genius of Nursing," because she thought it better captured the ways in which nursing can help change the future.

"No issue is more critical to the future of health care than the growing shortage of nurses," said Ives Erickson. "And the factors affecting this shortage are complex. As healthcare leaders, MGH nurses must address this worldwide crisis head-on. We must create partnerships with government and community leaders, with parents and teachers. If we don't take a leadership role in addressing this shortage… who will?"

Ives Erickson shared some sobering statistics on the shrinking nursing workforce. According to some studies, by the year 2020, there will be a shortage of 800,000 nurses in the United States alone. The nursing workforce is aging, the demand for nursing care is increasing, and the rate of students entering nursing education programs has dropped 17% in the last eight years.

Why aren't young people choosing nursing as a career? What is the overriding perception of nursing as a profession among those choosing careers? Ives Erickson shared the results of a study conducted recently to determine the perceived benefits and disadvantages of a career in nursing.

Not surprisingly, the overwhelming majority of those surveyed thought 'doctors were it!' Only 5% of teens surveyed said they would choose nursing as a career (after doctor, teacher, lawyer, and 'other healthcare professionals').

So where does this negative impression of nursing come from? Does the general public have a realistic understanding of what nurses do? According to the study, there is a strongly held belief that nurses perform menial tasks; that critical-thinking and problem-solving are not skills that nurses possess; and that nursing does not offer adequate salaries, job stability, or potential for career advancement. Most people underestimated nursing salaries by half.

"And it doesn't help," said Ives Erickson, "that the image of nursing is continually distorted and denigrated in the media with films like, *Nurse Betty* and *Meet the Parents*, in which Ben Stiller's male-nurse character is constantly belittled."

News media is no better, said Ives Erickson, promoting unflattering images of nurses or ignoring coverage of nurses altogether. In a review of nearly 400 healthcare articles in major American publications, nursing was referenced only 11 times (or less than 1%).

Is it any wonder that people lack a clear understanding of what nurses really do?

Ives Erickson referred to the role of nursing as described by Margaret McClure, RN, nurse educator, researcher, and author. McClure talks about two pivotal roles of nursing: caregiver and integrator. In the more familiar caregiver role, nurses are concerned with patient dependency, comfort, therapeutics, patient education and constant monitoring and surveillance.

The integrator role has evolved as health care has become more complex. Nursing practice encompasses both clinical and administrative aspects. Technology,

continued on next page

Ives Ericskon calls on Peter Slavin, MD, president of MGH

psychology, maintenance, finance, managing resources, responding to emergencies, these are all part of nursing practice. Nurses integrate, prioritize, and coordinate a vast number of tasks and responsibilities—not unlike CEOs of major corporations.

Talking about nurses in terms of the important, indispensable work they do led to a discussion of magnet hospital recognition, the highest honor that can be given to a nursing service.

"Magnet hospitals attract and retain qualified nurses," said Ives Erickson. "Magnet hospitals show a correlation between high-quality patient care and a high level of nurse satisfaction. Interestingly, there is also a correlation between what magnet appraisers look for and what professional nurses want in their work environment. Things like teamwork, courtesy, respect, interdisciplinary education, autonomy and control over practice, support and opportunities for professional development are all characteristics of a magnet hospital. They are the same characteristics that empower nurses to be vital, active contributors to the healthcare team.

Ives Erickson reminded listeners that the MGH magnet hospital site visit is scheduled for June 10–12, 2003.

The 'unpredictable' part of her presentation came when Ives Erickson went out into the audience and started questioning people about their career choices, saying that part of the problem in recruiting young people to the profession of nursing is that our message is "too bland, too broad."

She asked people at random what they did, what their education was, what their interests were, if they were happy in their chosen professions, and if they would recommend their career path to others. She did this to demonstrate the similarities and the *differences* that exist in nursing.

"We need to start describing our practice in a way that more fully expresses the depth and breadth of what nurses do. We need to help others think differently about nursing practice and the impact that nurses have on health care. We need to help young people see that nursing is a profession that offers a limitless array of challenges and opportunities."

Ives Erickson asked audience members if they were ready to go out and start recruiting the next generation of nurses. And if so, what will our message be? What will we say?

When a young person says she wants a career that's high-tech, why not recommend nursing?

When a young person says he wants a career that's flexible and team-oriented, why not recommend nursing?

When a young person says she wants to develop strong business skills, why not recommend nursing?

Ives Erickson shared Webster's definition of, 'genius.' A genius is a guardian spirit; one with exceptional intellect and creative powers; one who has great influence over others.

"As nurses," said Ives Erickson, "you have the ability to influence others; to shape the future; to impact the decision-making of the next generation of nurses."

Our challenges are real, said Ives Erickson. "But if we talk about the great diversity of our profession, the benefits and rewards of nursing as a career, about our ability to influence, create, educate, and care for others, we will surely make a difference in the lives of our patients and in the lives of those who follow in our footsteps.

"I am a nurse," said Ives Erickson. "And it is a title I wear with great pride."

On diversity, marginalization, empowerment and culturally competent care

Afaf I. Meleis, RN

Introducing Afaf Meleis, RN, president of the International Council on Women's Health, Deborah Washington, RN, director of the PCS Diversity Program, said, "It is noteworthy that our distinguished guest speaker is credited with saying, 'Nursing has the potential to be the vehicle that brings about international peace.' "

In her presentation, "On Diversity, Marginalization, Empowerment, and Culturally Competent Care," Meleis shared many insights and philosophies about what she called, a clinician's journey to 'cultural proficiency.' She cautioned caregivers not to focus on cultural issues to the exclusion of other, equally important, factors in the care of minority patients. It is important to illuminate cultural issues, but not at the risk of creating or contributing to stereotypes. As we continue to develop our skills as culturally proficient caregivers, we need to consider cultural issues as an important part of the whole framework of care.

When we focus too narrowly on culture, said Meleis, we invite marginalization, ostracism, disrespect, and humiliation. We also lose sight of the needs of an increasingly multiethnic population. Just because a person is from a certain geographic area doesn't mean we can make assumptions about their religion, values, beliefs, or behaviors. As the world becomes a more heterogeneous place, many of these characteristics overlap, intersect, and evolve into practices that are unique to individual patients and/or groups. We need to be aware of common cultural issues while at the same time taking into account important differences.

Even within what we might consider homogeneous cultural populations, there are variances that impact our ability to provide meaningful, personalized care. Factors such as age; sexual perceptions; sexual practices; conversational styles (frankness vs. secrecy); relationships with time, nature, and authority; support systems; social networks; are only a few of the issues that need to be considered.

To illustrate her point, Meleis asked attendees to describe, 'the typical American woman.' Is she a New Yorker, a Californian, a mid-Westerner, a grandmother, a professional, a housewife, a student?

All generalizations are suspect, said Meleis. Observable patterns are much better indicators of what is called for in providing culturally proficient care.

Meleis defined culturally competent care as, 'a sensitivity to issues related to culture, race, gender, sexual orientation, social class, economic situation and physical dis/ability.' She described levels of cultural competence as ranging from cultural destructiveness, to incapacity, to blindness, to pre-competence, to competence, and finally, to cultural proficiency.

Cultural proficiency is a combination of knowledge, attitudes and skills, including practice-based experience, flexibility, research, respect, empathy, and effective cross-cultural communication.

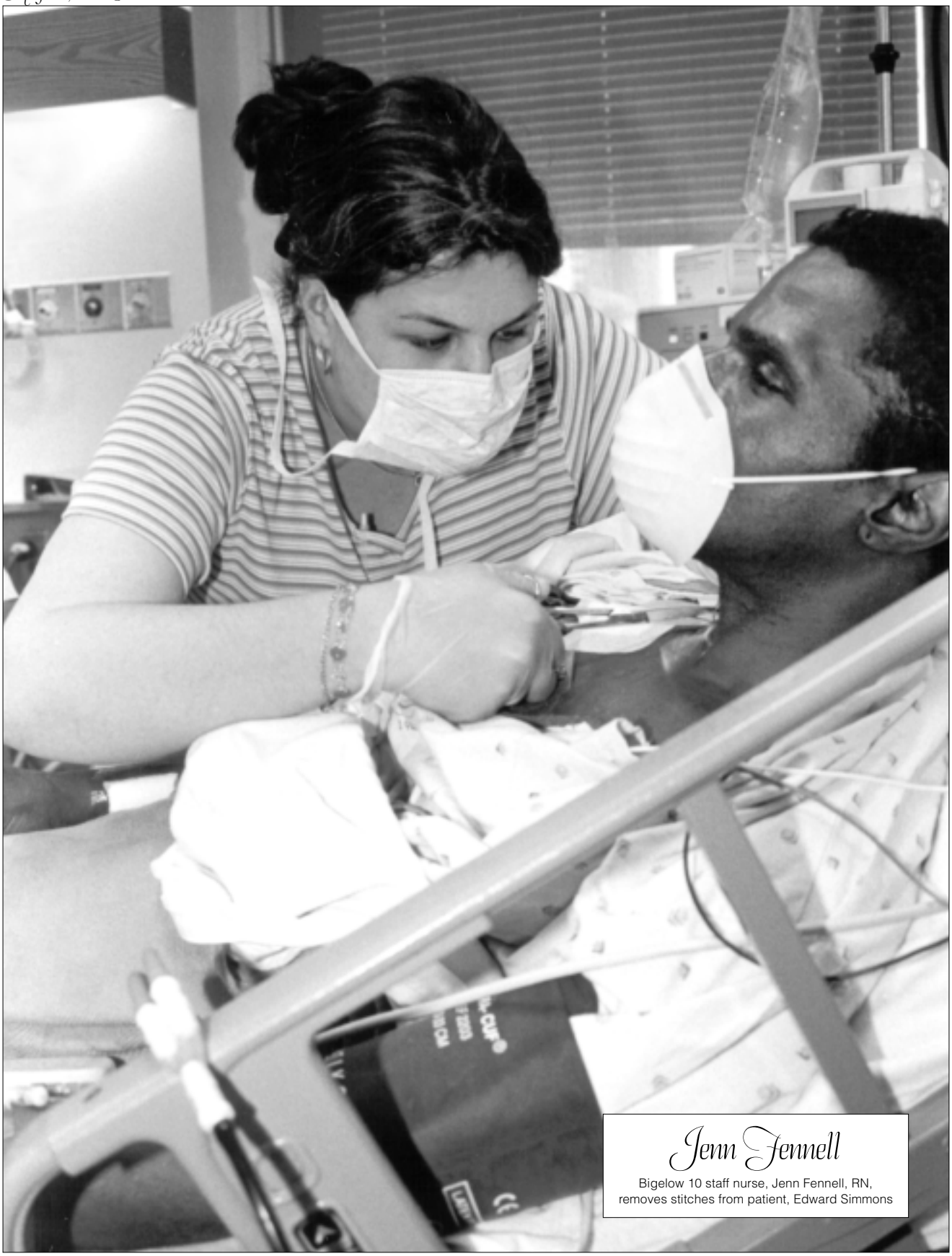
Meleis urged people to read books by authors from other cultures, from beyond the healthcare industry to glean a greater understanding of our expanding world.

Said Meleis, "It is the juxtaposition of the patient's cultural reality and the caregiver's cultural reality that provides the greatest opportunity for learning."

"Becoming culturally proficient," said Meleis, "is a journey, a process, a life-long undertaking. It's helpful to ask ourselves, 'What does a culture that values diversity look like? What does *our* culture look like?' "

Karen Kumpavong-Gonsiewski

Pediatric staff nurse, Karen Kumpavong-Gonsiewski, RN, with 12-year-old, Rachel Forbes, on Ellison 18.

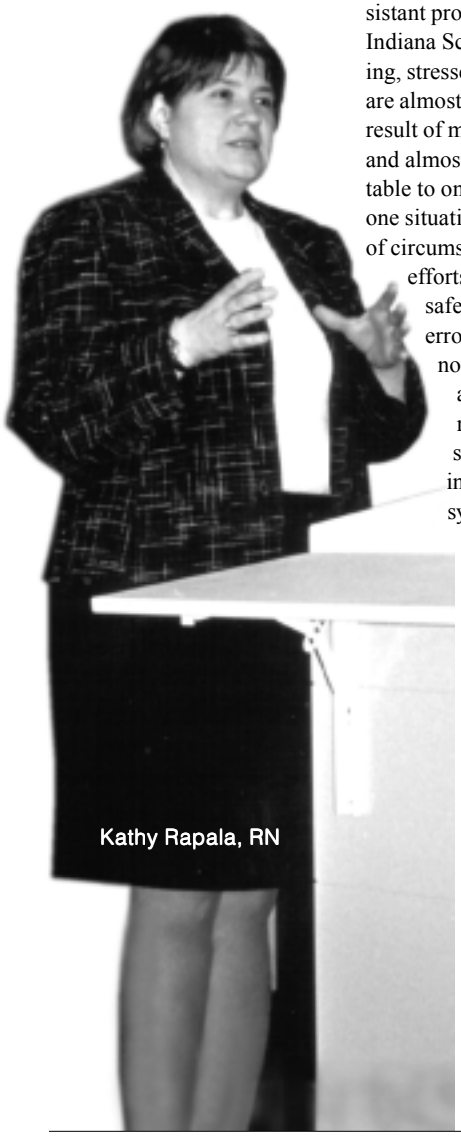


Jenn Fennell

Bigelow 10 staff nurse, Jenn Fennell, RN, removes stitches from patient, Edward Simmons

A new look at patient safety: understanding the complexity of work

Whoever it was who said hindsight is 20-20 never heard Pat Ebright and Kathy Rapala's presentation, "A New Look at Patient Safety: Understanding the Complexity of Work." One of the tenets of their work related to understanding the nature of errors is that hindsight is tainted by the fact that you already know the outcome when you initiate an investigation into how an error occurred. Knowing the outcome changes the perspective of an investigation and promotes an unrealistically 'linear' explanation as to how an error happened.


Kathy Rapala, RN

Pat Ebright, RN, assistant professor at the Indiana School of Nursing, stressed that errors are almost always the result of multiple factors and almost never attributable to one individual, one situation, or one set of circumstances. In our efforts to improve safety and prevent errors we should not be seeking to assign blame, rather we should be trying to create systems and environments that decrease the potential for errors to occur. Blame, said Ebright, is a social phenomenon; it does nothing to promote safety or error-reduction.

In a striking diagram depicting nurses' workload, Ebright demonstrated that nurses function in a highly complex and dynamic environment rife with distractions, time pressures, unpredictable events, fluctuating staffing, and constantly changing patient situations. Even under the most typical circumstances, nurses are constantly adapting, anticipating, accommodating, reacting, and coping. Clinicians, said Ebright, make the best decisions they can given the circumstances they are presented with.

With this understanding of the clinical setting, it's imperative that systems be in place for open discussion about safety issues before and after errors occur. Accountability needs to be redefined to encourage voluntary reporting of errors, near misses, and potentially hazardous situations. We all need to be accountable for creating an environment that is safe for employees to discuss errors and patient-safety issues.

Kathy Rapala, RN, risk manager for Clarian Health Partners, Inc. shared the journey of the Clarian network toward creating a culture of safety. Their program consists of a systems approach to error- review; a multi-disciplinary team method; a focus on learning from adverse events; and a non-punitive policy concerning staff.

The cornerstone of Clarian Health's patient safety culture is a new program called The Safe Passage Nurse Program. Under The Safe Passage Nurse Program, a nurse is designated by the unit to become the local safety expert working closely with unit staff, Risk Management, physicians, and other departments to continuously monitor and improve patient, employee and visitor safety. The program has proven to effectively reduce errors; contribute to a positive, safety-conscious environment; improve patient outcomes; and impact the financial well-being of the institution.

Rapala spoke about the 'synergy' that comes from The Safe Passage Program. By providing nurses with the most up-to-date patient-safety information, creating an effective communication network and a workable mechanism by which to analyze and learn from errors, both nurses and patients benefit from The Safe Passage Program.

Said Rapala, "Staff- and patient-safety are intertwined. It is the responsibility of every person who works in health care to work together to achieve optimal patient safety."

The Safe Passage ® name and process are proprietary to Clarian Health Partners, Inc., 2002; all rights reserved; patent pending

Quality of life in implanted cardioverter defibrillator recipients: the impact of a device shock

Wednesday morning's scientific sessions combined years of research experience with the enthusiasm of a novice researcher, the result of which was a rich reminder of the importance of the spirit of inquiry in the delivery of patient care.

Diane Carroll, RN, clinical nurse specialist and one of MGH's most prolific nurse researchers, presented the results of her study, "Quality of life in implanted cardioverter defibrillator recipients: the impact of a device shock."

Carroll provided some startling statistics on the incidence of sudden cardiac death, noting that 60% of all cardiac deaths are sudden. She provided a brief history of the use and effectiveness of implantable cardioverter defibrillators (ICDs), including the fact that in the year 2000, 61,000 ICDs were implanted in cardiac patients (an increase of 227% from 1993).

The purpose of Carroll's study was to compare the quality of life of patients who received a device shock during the first year after implantation with those who didn't. Knowing that there is a 20–50% chance that the ICD will fire during the first year; knowing that the sensation associated with the shock has been described as being hit in the chest with a baseball bat; and knowing that ICD implantation has been successful in prolonging life, Carroll and associates saw a pressing need to evaluate quality of life in this patient population.

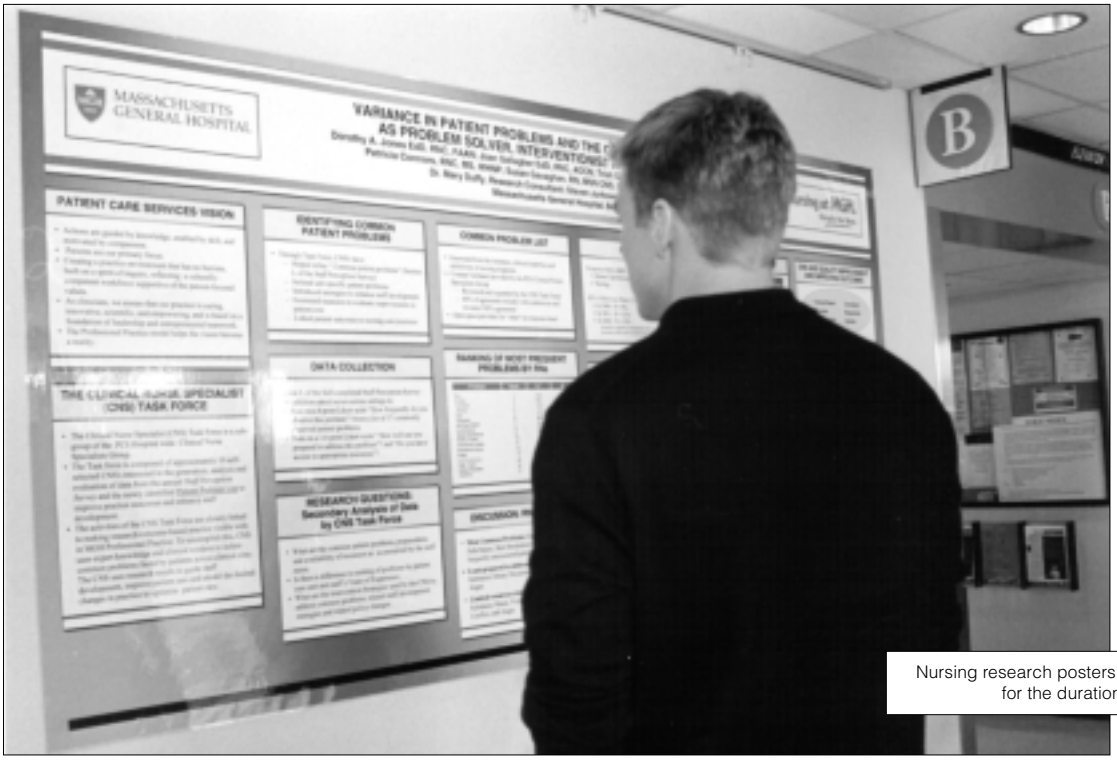
Patients in both groups completed a number of questionnaires and measurement tools (including the SF-36, the Ferrans & Powers QOL Index, the Profile of Mood States, and a Patient ICD Questionnaire) at the time of implantation, six month post-implantation, and one year post-implantation. Quality-of-life indicators measured anxiety, depression, psychological distress, confidence, and physical and social functioning.

Recipients of ICDs who received a shock during the first year recorded:

- significantly lower mental health scores on the composite summary (SF-36)
- lower scores on the psycho/spiritual domain (QOL)
- significantly higher levels of tension and fatigue and more anger (POMS)
- significantly higher psychological distress (POMS)

The study demonstrated that ICD recipients who receive a shock are more vulnerable to psychological distress during the first year after implantation. Since there is no way to predict who will or will not experience a device shock at the time of implantation, nursing interventions should be targeted to all ICD recipients, thereby improving the outcomes for all ICD recipients, especially those who receive a shock during the first year.

Diane Carroll, RN



Nursing research posters were o
for the duration of Nur

The environment of care for premature infants in the NICU: radiant warmers vs. Ohmeda Omni beds

Peggy Settle, RN

New nurse researcher, Peggy Settle, RN, nurse manager for the Neonatal Intensive Care Unit (NICU), drew inspiration for her research proposal from two noted nursing giants: Florence Nightingale, who said, "Put patients in the best condition to heal themselves;" and our own Ed Coakley, RN, who said, "Stop thinking about that and start thinking about what's important." (Inspiration works in mysterious ways!)

Settle's research question grew out of her own observations as an experienced neonatal nurse. She knew that premature babies are at greater risk for insensible water loss because of the immaturity of their skin and from exposure to changes in air flow in the space surrounding their beds. Insensible water loss results in fluid, electrolyte, and glucose imbalances that require frequent nursing interventions to maintain homeostasis.

Traditionally, premature babies are cared for with the use of radiant warmers and isolettes, which require the baby to be moved frequently for routine tests, procedures, and weighing.

New technology has produced a hybrid combination of radiant warmer and isolette, called the Ohmeda Omni Bed. The new bed has a built-in scale, is temperature-controlled, and allows the baby to remain in one place while caregivers perform the necessary routine procedures, assessments, and interventions. The Omni Bed, or 'giraffe,' as it's called, provides a comfortable, safe, and peaceful environment for the premature infant while at the same time allowing clinicians ease of access in delivering care.

Settle's research project will look at the differences in fluid, electrolyte, and glucose balances in premature infants (less than, or equal to, 30 weeks gestation) who are cared for with radiant warmers versus the Ohmeda Omni Bed during the first seven days of life.

The study will encompass an intensive chart review dating back to 1998, comparing weight, fluid, electrolyte, and glucose levels of premature infants during the first seven days of life who were cared for with radiant warmers versus the Ohmeda Omni Beds.

Speaking to other nurses who may have a desire to embark on research projects, Settle stressed the need to be observant in your practice setting, engage in discourse with your colleagues and co-workers, and ask questions! Those questions are research proposals waiting to happen.

So the next time you find yourself on your unit, and you or a colleague says, "I wonder what would happen if...?" That could be a research question!

n display throughout the hospital
se Recognition Week.

Enhancing behavioral care for youths with diabetes

Before introducing the guest speaker for this year's 9th Annual Yvonne L. Munn Nursing Research Lecture, senior vice president for Patient Care, Jeanette Ives Erickson, RN, announced the creation of the new Yvonne L. Munn Center for Nursing Research. Said Ives Erickson, "This expansion from a nursing research program to the Yvonne L. Munn Center for Nursing Research marks a new level of commitment to nursing research at MGH. The Center, made possible through a generous gift from Yvonne Munn, will be the platform for a world-class program that provides opportunities to challenge current thinking and identify new ways to shape and influence evidence-based nursing practice."

Margaret Grey, DrPH

Ives Erickson turned the podium over to Trish Gibbons, RN, associate chief nurse for The Center for Clinical & Professional Development to introduce guest speaker, Margaret Grey, DrPH, associate dean for Research Affairs at the Yale School of Nursing. After listing Grey's many honors and accomplishments, Gibbons shared that Grey is quoted as saying, "I am, at heart, a clinician who does research."

Grey shared the results of her research study, "Enhancing Behavioral Care for Youths with Diabetes," funded by the NIH. Based on prior research, Grey suggested that the adolescent population presents a distinct set of challenges when it comes to complying with treatment and medication regimes associated with diabetes. Previous studies indicated that adolescents with diabetes are especially prone to depression; are difficult to engage in intensive treatment regimens; and that difficulties in disease management may stem from the many social factors associated with just being a teenager. Grey and her colleagues looked at these results and wondered if empowering young people with coping skills in conjunction with an intensive diabetes management regime would impact adolescents' metabolic control; psychosocial well-being (including reducing incidence of depression and improving quality of life); and reduce the rate of adverse events associated with the disease (such as hypoglycemia and weight gain).

The study was comprised of young people (12-20 years of age) who had Type 1 diabetes, a sincere desire to improve metabolic control, no other chronic illnesses, who were in the appropriate grade for their age, and who fell within a certain range of ability to maintain control over their disease for the past six months.

One group was given traditional diabetes management information and education. The other group was given the same management information and education, but also underwent five sessions of coping skills training to augment their preparedness to deal with the disease.

The goal of coping skills training was to increase participants' sense of mastry and competence by identifying and minimizing nonconstructive coping styles and forming more positive patterns of social behavior.

Coping skills training included:

- social problem-solving
- communication skills training
- cognitive behavior modification
- conflict resolution.

There was a strong focus on social issues commonly encountered by adolescents. Role-playing was employed to help teach coping skills, reinforce positive behavior, and inspire a sense of self-worth and self-assertiveness.

Data was collected every three months for a year (including baseline data); and every six months after that for five years. A number of tools were used to measure quality of life, level of satisfaction, level of worry and concern, and self-efficacy.

Grey's study showed that adolescents who participated in coping skills training experienced:

- an improvement in metabolic control
- higher self-efficacy
- a lower negative impact of diabetes on their quality of life
- fewer worries about diabetes
- (in females) fewer severe hypoglycemic events and less weight gain

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Patricia Lynch

Scrub nurse, Patricia Lynch, RN, in the Same Day Surgical Unit Operating Room

Kathleen Egan

GCRC staff nurse, Kathleen Egan, RN, with patient, Francisco Perez

Managing the menopausal patient in 2003: a practical approach

In a well-attended, information-packed, evening session co-sponsored by Women's Health and the department of Nursing, Susan Oliverio, MD, presented both a broad overview and a very detailed look at issues affecting menopausal women.

Borrowing from the Council of Affiliated Menopausal Societies (CAMS), Oliverio shared the accepted definition of menopause as: "The permanent cessation of menstruation resulting from the loss of ovarian follicular activity. Menopause occurs with the final menstrual period, which is known with certainty only in retrospect a year or more after it occurs."

Some of the side-effects commonly associated with menopause include: bloating, irritability, mood swings, breast tenderness, hot flashes, irregular bleeding, and assorted urogenital symptoms.

Hot flashes, the second most frequently reported side-effect (after irregular periods), said Oliverio, is caused by the withdrawal of estrogen from the system that results in a complex interaction of catecholamines, estrogen, testosterone, endorphines and other neuropeptides. Hot flashes typically begin a year or two before menopause and can persist for six months to five years or longer. Many women describe hot flashes as intense heat and sweating followed by a cold clammy sensation, often accompanied by anxiety and/or palpitations. Potential triggers include: stress, spicy foods, alcohol, caffeine, and certain medications.

It is a 'cruel twist of fate,' said Oliverio, that menopause occurs at a time of life when many women are experiencing other major changes, such as divorce, widowhood, caring for aging parents, career changes (or retirement), or significant financial hardships.

The big question among menopause-aged women is whether or not to use hormone replacement therapies. Adding to the confusion are hundreds of stories and articles in national magazines and journals offering opinions, biases, suggestions, anecdotal information and, sometimes, unsubstantiated facts. What is a woman to do?

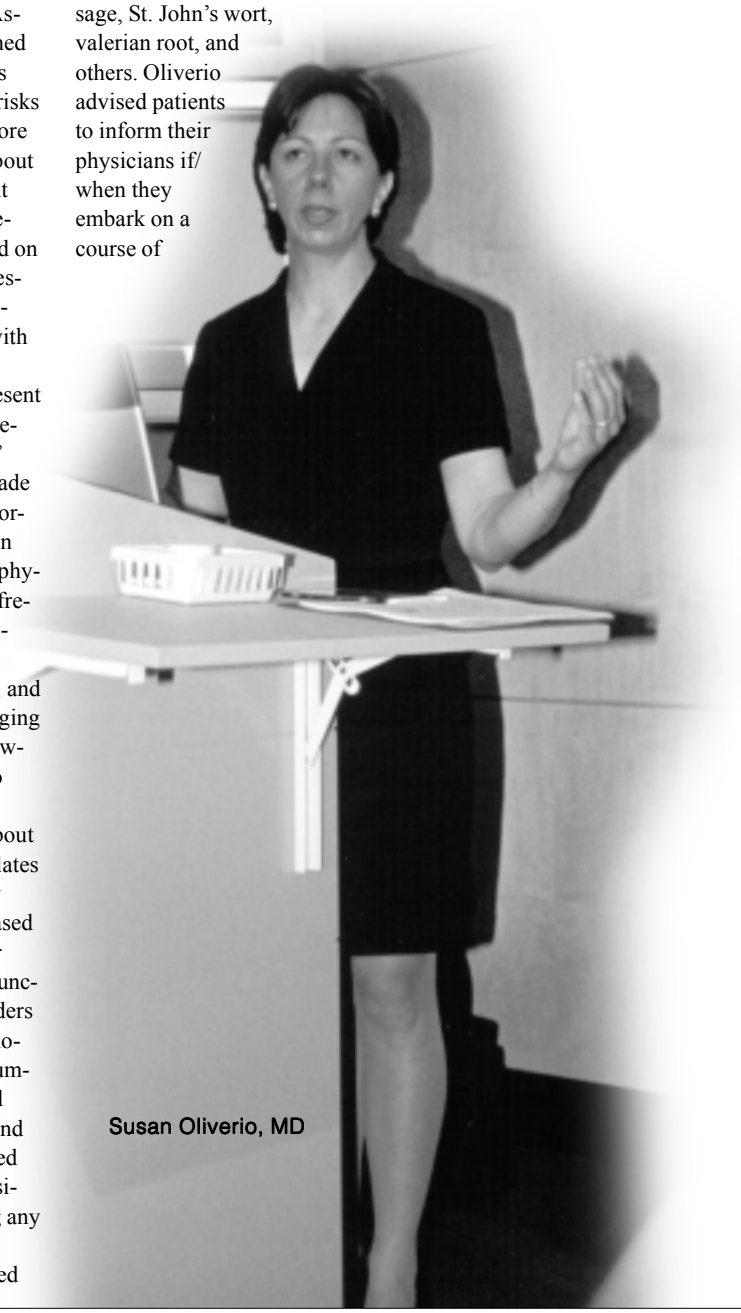
Oliverio shared the results of two recent hormone replacement studies, saying, hormone therapy should *not* be used for the primary prevention of any chronic diseases such as heart disease or osteoporosis; and the decision to use hormone replacement therapy should be individualized based on each woman's medical history, symptoms, preferences, tolerance, and risk factors.

Oliverio developed a Menopause Health Assessment Tool designed to help women assess their symptoms and risks in order to make a more informed decision about hormone replacement therapy. Questions related to risk are asked on a 'Yes-No' basis; questions related to symptoms are presented with a scale ranging from 'Not Present,' to 'Present but Tolerable,' to 'Present and Intolerable.'

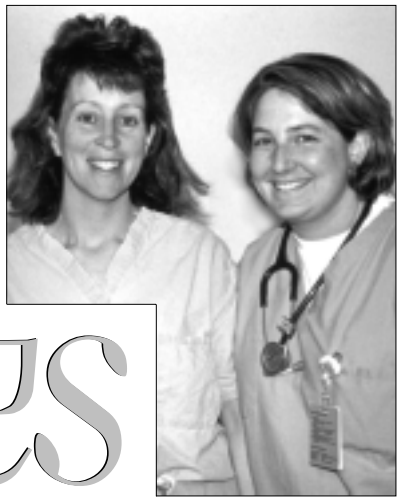
If a decision is made to go forward with hormone therapy, women should consult their physicians about doses, frequency, treatment options (including oral hormones, the patch, and other options), managing side-effects, and knowing when and how to stop therapy.

Oliverio spoke about sexual health as it relates to menopause. Many women report decreased sexual desire and/or pleasure, sexual dysfunction, and other disorders during and after menopause. There are a number of treatments and products available, and Oliverio again advised consulting your physician before initiating any treatment regime.

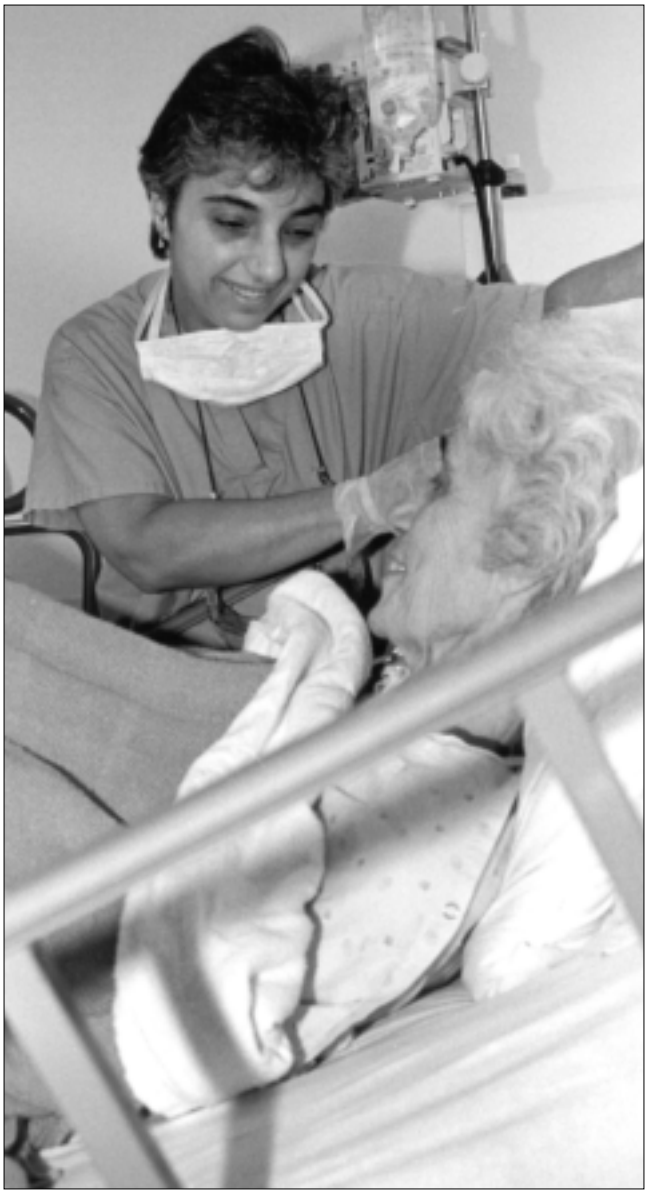
Oliverio concluded with a discussion about complementary and alternative therapies. Some herbal remedies used to ease menopausal symptoms include: flaxseed, gingko, ginseng, licorice, sage, St. John's wort, valerian root, and others. Oliverio advised patients to inform their physicians if/when they embark on a course of non-traditional medications, especially if they are taking other prescribed medicines. She also recommended buying only high-quality herbal products that clearly state the expiration date, name, and address of the manufacturer; and never take more than the recommended dose.



Susan Oliverio, MD



MGH Nurses



simply the Best

Enhancing Behavioral Care for Youths with Diabetes

continued from page 10

Grey concluded that coping skills training is helpful in assisting adolescents with diabetes to improve their metabolic control and quality of life. She went on to suggest that coping skills training may be helpful for other patient populations, as well.

Grey advised clinicians that when working with adolescents, "Remember, it's not all about insulin and diet. It's about having the tools to cope in everyday adolescent situations." It's important to listen to what they tell you and try to understand what they're going through. When you encounter a young person who's having difficulty managing a chronic disease, it's a good idea to say, "What's the problem here? Help me understand why this isn't working."

Following Grey's presentation, Ives Erickson returned to the podium to present the 2003 Yvonne Munn Nursing Research Awards. This year, research awards went to Peggy Settle, RN, nurse manger of the Neonatal Intensive Care Unit, for her study, "The Environment of Care for Premature Infants in the NICU: Radiant Warmers vs. Ohmeda Omni Beds;" and Lynda Tyer-Viola, RN, clinical nurse specialist, for her study, "Development and Psychometric Evaluation of a Measure of Opinions of Pregnant Women with HIV."

In closing, Ives Erickson shared some of the lessons she attributed to Yvonne Munn during her tenure as associate general director of Nursing from 1984-1993. Some of those lessons included:

- the importance of data-driven decision-making
- the importance of visible communication
- the importance of setting a strategic direction
- the importance of having a patient- and family-driven agenda
- the importance of ensuring that the three-fold mission of MGH—practice, education and research— is embraced by nursing.

Said Ives Erickson, "I'm certain if Yvonne were here today, she'd agree that her teachings are alive and well. She would be proud of the advancements we have made in research-based practice."

Settle accepting award

Tyer-Viola accepting award

The Employee Assistance Program

Work-Life Lunchtime Seminar Series presents

"Keeping our Children Safe: Parenting in Unsafe Times"

Presented by
Candelaria Silva, parenting specialist

Parents and caregivers have growing concern about the safety of children in today's world. This session will offer techniques to keep your children safe from stangers and predators, and discuss how to ensure that violence in the media does not affect your children.

Thursday, June 19, 2003
12:00–1:00pm
Wellman Conference Room

For more information, call EAP at 726-6976.

MGH nurses in the public eye

Joanne Empoliti, RN, clinical nurse specialist, nominated for *Nursing Spectrum* New England Nurse of the Year

Sally Millar, RN, director, PCS Information Systems, nominated for *Nursing Spectrum* New England Nurse of the Year

Keith Perleberg, RN, nurse manager, nominated for *Nursing Spectrum* New England Nurse of the Year

Mark Hammerschmidt, RN, staff nurse, MICU, nominated for *Nursing Spectrum* New England Nurse of the Year

Mimi Bartholomay, RN, staff nurse, Blake 2 Infusion Unit, one of three area nurses (nominated by the general public) selected for *The Boston Globe* and Boston Works' Salute to Nurses

Nursing Spectrum New England Nurse of the Year finalists, (l-r) Empoliti, Millar, and Perleberg with Governor Mitt Romney.

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June 12, 2003

Please recycle

Elaine Capers

Phillips House 21 staff nurse, Elaine Capers, RN, with patient, Dudley Davis

When/Where	Description	Contact Hours
June 3 8:00am–4:30pm	**Chemotherapy Consortium Core Program** Wolff Auditorium, NEMC	TBA
June 4 8:00–11:30am	**Intermediate Arrhythmias** Haber Conference Room	3.9
June 4 12:15–4:30pm	**Pacing: Advanced Concepts** Haber Conference Room	4.5
June 5 7:30–11:00am, 12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -
June 5 1:30–2:30pm	**Nursing Grand Rounds** O'Keeffe Auditorium	1.2
June 5 1:00–2:30pm	**The Joint Commission Satellite Network presents:** "Staffing Effectiveness: Finding Long-Term Solutions" Haber Conference Room	- - -
June 6 8:00am–4:30pm	**Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other** Training Department, Charles River Plaza	7.2
June 9 8:00am–4:30pm	**Post-Operative Care: The Challenge of the First 24 Hours** O'Keeffe Auditorium	1.2
June 11 8:00am–2:30pm	**New Graduate Nurse Development Seminar I** Training Department, Charles River Plaza	6.0 (for mentors only)
June 11 1:30–2:30pm	**OA/PCA/USA Connections** Bigelow 4 Amphitheater	- - -
June 12 and 13 7:30–4:30pm	**Pediatric Advanced Life Support (PALS) Provider Program (2 days)** Wellman Conference Room	- - -
June 13 8:00am–4:30pm	**Diversity in Child-Bearing** O'Keeffe Auditorium	TBA
June 17 8:00am–2:00pm	**BLS Certification for Healthcare Providers** VBK601	- - -
June 18 7:30–11:00am, 12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -
June 18 1:30–2:30pm	**USA Educational Series** Bigelow 4 Amphitheater	- - -
June 18 9:00am–4:30pm	**Management of the Burn Patient** Bigelow 13 Conference Room	6.9
June 19 8:00am–4:30pm	**Workforce Dynamics: Skills for Success** Training Department, Charles River Plaza	TBA
June 19 1:30–2:30pm	**Nursing Grand Rounds** "Wound Assessment and Management." O'Keeffe Auditorium	1.2
June 19 10:00–11:30am	**Social Services Grand Rounds** "Relational Recovery Theory: Closing the Intimacy Gap Between Men and Women." For more information, call 724-9115.	CEUs for social workers only
June 20 7:00am–12:00pm	**CVVH Core Program** VBK 601	6.3

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.

Joan O'Connor

Staff nurse, Joan O'Connor, RN, with patient, George McDuffee, at the MGH Revere Health Center

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