

# Caring

## HEADLINES

April 15, 2004

## MGH celebrates Occupational Therapy Month

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(Photo provided by Occupational Therapy)

Pediatric occupational therapist, Tricia Cincotta, OTR/L, educates young patient on the importance of computer safety. Correct posture and ergonomics are just a few of the topics that will be addressed by occupational therapists as they share their expertise with the MGH community during National Occupational Therapy Month. Stop by their displays in the Central Corridor, April 19th and 23rd. (See story on page 4)

**MGH** Patient Care Services

Working together to shape the future

## In support of Senator Moore's bill to promote nursing and safe patient care

**A**s clinicians, we know that patient-care staffing decisions are complex and need to be based on individual patient need, the experience of care providers, and the context of the clinical setting. Outside of health care, the complexities of the issues are not well understood. And when you add a national nursing shortage to the equation, public understanding becomes even more murky. We've had many occasions to meet with policy-makers to help educate and inform them about these issues, and we have taken advantage of every opportunity.

Senator Richard T. Moore, chairman of the state's Committee on Health Care, understands the importance of being able to provide the right clinician to the right patient at the right time. He is an ally and an advocate for safe, high-quality care.

Senator Moore has introduced a bill entitled, "An Act to Support the Nursing Profession and Promote Safe Patient Care," which I believe addresses the root causes of the nursing shortage and proposes viable initiatives to reinvigorate the nursing workforce today, and in the future. In a statement issued November 19, 2003,

Senator Moore said, "I believe that nurses and nursing are the backbone of our health care delivery system... I believe what's really needed is a more comprehensive effort... if we are to successfully address quality patient care and promote a reinvestment in the nursing profession."

An Act to Support the Nursing Profession and Promote Safe Patient Care is indeed a comprehensive, long-range plan to address the nursing shortage and promote accountability for safe

signing state initiatives to enhance the development of the health-care workforce; and make recommendations to stimulate and enhance the nursing faculty pipeline

- the establishment of a nursing collaborative, a partnership between key state entities and the Massachusetts Center for Nursing. The collaborative will pursue private, federal, and grant funding to supplement state efforts to recruit and retain qualified nurses

**"I believe that nurses and nursing are the backbone of our health care delivery system... I believe what's really needed is a more comprehensive effort... if we are to successfully address quality patient care and promote a reinvestment in the nursing profession."**

**— Senator Moore, chairman of the Committee on Health Care**

staffing. I'd like to give you a brief overview of the bill because I think it's important for clinicians to understand this proposal that could significantly impact our future.

The bill calls for:

- an analysis of statewide workforce and faculty resources with an eye toward rede-

- the establishment of the Clara Barton Nursing Excellence Program, which includes a student-loan repayment program; a mentoring program; a scholarship program; a matching grant program; and other incentive-based programs to encourage students to pursue careers in nursing.



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

- establishing a mechanism to facilitate the hiring of nursing faculty at publicly funded schools of nursing
- implementing a system to ensure that hospitals are held accountable for staffing plans that take into account: the number of patients on a unit, the intensity of care required, the skill and experience of caregivers, the presence of technological support, and other pertinent factors
- requiring hospitals to have systems to collect, monitor, evaluate, and utilize quality-improvement programs that include evidence-based performance measures
- establishing a commission to analyze the Institute of Medicine's 2003 report, "Keeping Patients Safe: Transforming the Work Environment of Nurses," and make recommendations regarding state regulations, workforce shortages, and current

financing of hospital care in Massachusetts

Nurses share a common commitment to providing quality care in a safe environment. Our ability to achieve this goal depends on our ability to hire and retain well-educated, highly trained nurses who are supported in their work and have a strong voice in advocating for their patients. Senator Moore has put forth a bill that supports this commitment financially, educationally, and professionally. We know from experience that a comprehensive, long-term solution is needed. We know from experience that recruitment and retention are made easier when nurses are empowered decision-makers, are supported in their professional practice, and are valued as an integral part of the healthcare team.

I applaud Senator Moore for introducing this thoughtful and far-reaching bill.

## Nurse Recognition Week 2004

### Schedule of Events

*Sunday, May 2nd*

**Staff Nurse Reception**

7:00–9:00am

Trustees Room, Bulfinch 2

*Monday, May 3rd*

**Dedication of Nursing Sundial,**

a gift from the MGH Nurses' Alumnae

Association who commissioned sculptress, Nancy Schon, to create a sculpture honoring the nursing profession and MGH nurses

**9:30am** (Note time change!)

Bulfinch Lawn (Wellman Conference Room if it rains)

Reception to follow in Wellman Conference Room

*Tuesday, May 4th*

**"Behind the Editor's Desk: Strategies for Becoming a Published Author"**

Suzanne P. Smith, RN, EdD, FAAN, editor, *Journal of Nursing Administration* (JONA)

8:30–9:30am and 2:00–3:00pm

O'Keefe Auditorium (Reception to follow)

*Wednesday, May 5th*

**Research Day: Scientific Sessions**

**"Prolonged Mechanical Ventilation and Weaning: a Patient Profile"**

Susan Gavaghan, RN, MSN, clinical nurse specialist and 2001 Yvonne L. Munn, RN, Nursing Research Award recipient

**"Caring for Pregnant Women with HIV:**

Transforming Knowledge into Research and Practice"

Lynda Tyer-Viola, RNC, PhD(c), clinical nurse specialist and 2002-2003 Yvonne L. Munn, RN,

Nursing Research Award recipient

10:00–11:30am, O'Keefe Auditorium

Research posters on display throughout Nurse Week

*Wednesday, May 5th*

**Research Presentation and**

**Presentation of 2004 Yvonne Munn Nursing Research Awards**

**"Care of the Elderly: Making a Difference through Research"**

Lorraine Mion, RN, PhD

director of Nursing Services for Geriatrics, MetroHealth Medical Center, Cleveland, Ohio

1:30–3:00pm

O'Keefe Auditorium

Reception to follow

*Thursday, May 6th*

**"Racial and Ethnic Disparities in Health: Past, Present, and Future"**

Martha H. Hill, RN, PhD, FAAN, dean, John Hopkins University School of Nursing; and W. Michael Byrd, MD, Harvard School of Public Health

10:00–11:30am

O'Keefe Auditorium

*Thursday, May 6th*

**"Nurses: Keeping Patients Safe"**

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

1:30–3:00pm

O'Keefe Auditorium

*Thursday, May 6th*

**Staff Nurse Reception**

3:00–4:30pm

Trustees Room, Bulfinch 2

MGH president, Peter Slavin, MD, and the MGH Disparities Committee invite you to attend

### **Racial and Ethnic Disparities in Health: The Past, Present, and Future**

W. Michael Byrd, MD, instructor and senior research scientist, Harvard School of Public Health

Martha H. Hill, RN, PhD, FAAN, dean, Johns Hopkins University School of Nursing

**Thursday, May 6, 2004**

**10:00–11:30am**

**O'Keefe Auditorium**

For more information, call Angela Maina at 724-4613

### **The Employee Assistance Program**

presents

### **Training for Managers and Supervisors**

Learn how EAP can help with behavioral health, mental health, and substance-abuse concerns. Join us for a presentation that will include case studies and discussion.

**Tuesday, May 4, 2004**

**3:30–5:00pm**

**Burr Conference Room 5**

For more information, call 726-6976.

# Occupational Therapy

## Celebrating Occupational Therapy Month: skills for the job of living

The MGH Occupational Therapy Department invites you to celebrate and learn more about the practice of occupational therapy during the month of April. Occupational Therapy (OT) has been described as the profession that helps people, “do what they need to do to succeed in everyday life.”

The goal of occupational therapy is to help individuals improve their ability to perform tasks of daily living. Occupational therapy works with individuals who present with physical, developmental, emotional, cognitive or visual

problems. It uses purposeful activities as part of rehabilitation to improve patients’ function during self-care, home and community activities, work, school, and leisure time. This year’s theme, “Skills for the job of living,” captures the essence of occupational therapy. OTs look at how a disease, accident, or condition affects a person’s ability to perform the roles in society that are important to him or her (parent, student, teacher, friend, etc.)

At MGH, the Occupational Therapy Department is rich with talent, experience, and creativity. Patient care is provided

by 28 full- and part-time clinicians to inpatients and outpatients on the main campus and in our off-site clinic at the MGH Revere Health Center. Outpatient OT specializes in hand and upper extremity, neurological rehabilitation, pediatric, and lymphedema treatment.

Inpatient OT is provided on all units in the hospital including specialized care in the Neonatal Intensive Care Unit and the Burn Unit.

Please join us in celebrating OT Month with two displays in the Central Corridor on April 19th and 23rd. Members of the OT staff will provide information on driv-

ing, ergonomics, arthritis, and home safety.

### MGH Occupational Therapy Hand Fellowship Program

In September, 2003, the Occupational Therapy Department established a hand fellowship of advanced study for graduate students and clinicians in partnership with the Tufts University Occupational Therapy Department. The fellowship is the first of its kind to be established in the Boston area. The program consists of three semesters of course work at Tufts University followed by a four-month clinical fellowship in the OT department at MGH, culminating in a certificate of advanced graduate study. Students who complete the program will increase their knowledge, skill, and confi-

dence in the management and rehabilitation of a variety of hand and upper-extremity diagnoses. Students are mentored by certified hand therapists who practice in the outpatient Occupational Therapy setting. Occupational therapists who specialize in the treatment of upper-extremity and hand injuries provide academic and clinical training experiences.

The fellowship complements the hospital and OT Department’s mission of education and community outreach and helps boost the number of qualified hand therapists in the area. The fall semester was well attended with a class of 20 students.

For information about the hand fellowship for advanced study, contact the Occupational Therapy Office at 4-0147.



(Photos provided by Occupational Therapy)

Occupational therapist, Amy Orroth, OTR/L (center), with patient (left) and student, Sarah Flaherty



Betsy  
Gonski

My name is Betsy Gonski, and I am an occupational therapist on the upper medicine rotation. I grew up in Northampton, Massachusetts. I attended Boston University and have been practicing occupational therapy for five years in a variety of settings. I've worked at MGH for almost two years and have had the opportunity to rotate through Surgery, Medicine, Oncology, and Trauma. One of the unique contributions occupational therapists make to

the medical rotation is assisting the team in determining whether patients are able to live safely on their own. We assess patients' ability to perform day-to-day activities such as dressing, showering, cooking, and managing money. Using adaptive techniques and equipment, we maximize a person's independence in every environment. This is called maximizing occupational performance.



Cara Ventresca

My name is Cara Ventresca. I am originally from Rochester, New York, but I have lived in the Boston area for seven years. I earned my degree in Occupational Therapy in 1992 from the University of Buffalo. I've worked in the MGH outpatient OT Department since

1998, specializing in rehabilitation of hands and upper extremities. I became a board-certified hand therapist (CHT) in 1999. I love working with patients with hand injuries because it is clinically challenging and rewarding, and I feel I make a great impact on people's lives as I help them use their hands again after injury. I was

the first occupational therapist at MGH to apply for, and receive, advanced clinician status through the Clinical Recognition Program. I'm very proud, not only to be working at a great hospital like MGH, but to work with such an esteemed and caring group of occupational therapists.

My name is Jessica McGuigan, and I am the occupational therapist serving neurologically impaired patients in the outpatient department. I grew up in New Jersey and received a bachelor's degree in Psychology at Rutgers University. I worked in Social Work while attending graduate school at College Misericordia in Pennsylvania for Occupational Therapy. Four years ago, my first job as an OT was in an acute-care hospital where I treated physically impaired patients and ran groups on the inpatient Psychiatric Unit and Eating Disorders Clinic. My work with these groups focused on assisting patients to develop coping and communication skills

necessary for safe return to the community. As my practice evolved, I specialized in treating patients with neurological impairments and spent two years in New York working on Brain Injury and Spinal Cord Rehabilitation units. I moved to Boston a year and a half ago, and after a short stint in inpatient Orthopedics, I returned to my area of interest in the inpatient Neurology Department. I began working on an interdisciplinary task force on cognitive-behavioral interventions for brain-injured and agitated patients. In January, I became the lead therapist for the outpatient neurological program, specializing in the rehabilitation of cog-

nitve and visual-perceptual functioning, ADLs, and community reintegration. Occupational Therapy is essential for neurologically impaired patients as they return home to resume their life roles. An exciting new aspect of my position is working in the MGH grant-funded Huntington's Disease Clinic where I help patients maintain independence for as long as possible with adaptive equipment, patient- and family-education, exercise, and compensatory strategies for memory loss and cognition. A holistic approach to the patient's lifestyle and roles make occupational therapy a unique and essential service.



Jessica McGuigan

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## Occupational Therapy

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Janet Haddock

My name is Janet Haddock. I live in Rowley, Massachusetts, with my two children but I'm originally from Connecticut where I attended Quinnipiac College. I have practiced occupational therapy for 19 years and have specialized in hand therapy for the past 17 years. I've been at MGH for about eight months (unless you count being a student

here 20 years ago!) My time is split between the Boston and Revere campuses with the majority of my time spent treating patients at the MGH Revere Health Center. I have a special interest in Hansen's disease and hope, one day, to participate in an outreach program treating patients with leprosy in Asia and South America.



Dyna Schmeltz

My name is Dyna Schmeltz. I am originally from Pittsburgh, Pennsylvania, and have lived in Boston for the past ten years. I graduated from the Boston School of Occupational Therapy at Tufts University five years ago. I currently work on the Orthopedic units as part of the burn and trauma teams, but I have worked on the Neurology, Trauma, Cardiac, and General

Medicine units in my four years as an inpatient OT at MGH. My role on the orthopedic team is teaching patients to perform activities of daily living independently after an orthopedic injury or joint replacement using compensatory strategies (with and without adaptive equipment). I recently developed an educational handout for patients who have had the new, minimally invasive, total hip replacement. I am one of two MGH OTs

certified to administer the Assessment of Motor and Process Skills (AMPS), a standardized evaluation of a person's ability to function in the community. AMPS is a great tool for developing a treatment program, helping the team with discharge planning, and determining the efficacy of treatment on a person's functional performance and quality of life.

My name is Tricia Cincotta, and I have been an occupational therapist at MGH for eight years. I grew up in Watertown, Massachusetts, and graduated from Boston University with a BA in Occupational Therapy in 1995. I have worked on most units, services, and rotations, and have found a wonderful interest and specialty in pediatrics. I have worked in our Neonatal Intensive Care Unit (NICU) and general pediatric units for the last four years. During illness or injury, children and infants are limited in their ability to be a child

and have fun. One of the major contributions OT makes in the area of pediatrics is using play and normal childhood activities to help children resume their life roles and function. When I am asked by parents what their child's 'occupation' is, I explain that children have many occupations regardless of age. Their occupations are playing, feeding themselves, using their hands, socializing, and just being a kid. We integrate parents and siblings into our teaching and treatment sessions to facilitate progress, involvement, and discharge.



Tricia Cincotta



Nancy Kelly

My name is Nancy Kelly, and I am a senior occupational therapist on the inpatient service at MGH. I have lived in eastern

Massachusetts all my life. I graduated from Boston University in 1984 with a degree in Occupational Therapy, and I have been an oc-

cupational therapist now for 20 years. Over the course of my career, I have practiced in a variety of settings including, inpatient and out-

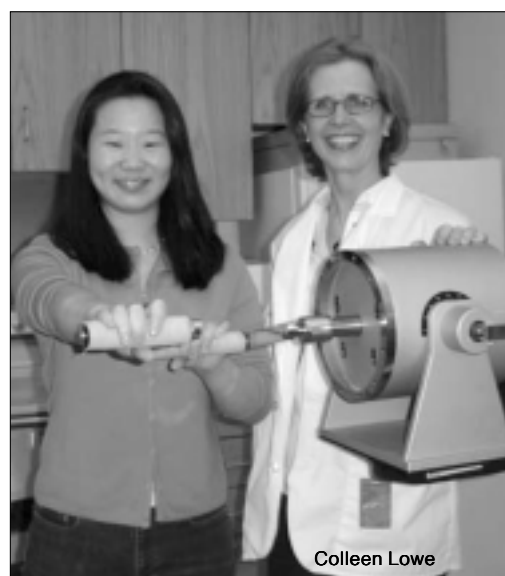
patient rehab, home care, and skilled nursing facilities. I 'came full circle' when I started working at MGH in January, 2002. My very first exposure to OT was as a volunteer in the OT Department when I was a high school student, and then I completed a three-month psychiatry internship here as an OT student. Practicing at MGH has been a non-stop learning experience. I'm currently working on the Burn Unit, an area where not many OTs have an opportunity to practice. I've really enjoyed being a part of collaborative governance's Quality Committee; it has given me a chance to impact hospital-wide issues and promote OT's role on the interdisciplinary care team.

April is Occupational Therapy Month. The MGH department of Occupational Therapy invites you to celebrate OT Month by visiting their displays in the Central Corridor on April 19th and 23rd. Information will be available on driving, ergonomics, arthritis, and home safety.

My name is Colleen Lowe, and I am an outpatient occupational therapist who specializes in the treatment of hand and upper-extremity injuries and dysfunction. I received my undergraduate degree from the University of New Hampshire and my graduate degree in Public Health from Boston University. My interest in hand therapy started when I covered the hand clinics for the plastic and orthopedic services during my first job in New York. After one year, I moved to Boston and began working at MGH where I continued to pursue my interest in hand and upper-extremity injuries in the well-established MGH hand sur-

gery service under the late Dr. Richard Smith. I was fortunate to have worked with, and been mentored by, Dr. Smith and Dr. Robert Leffert, two excellent surgeons and teachers. I have practiced at MGH for 19 years. Several years ago, I returned to school to get my degree in Art History and Sculpture. Working at MGH keeps me from being a 'starving artist' and my art degree helps me in the treatment and analysis of visual artists and musicians. A subspecialty in the hand therapy department is caring for artists and musicians because of the unique upper-extremity problems, dysfunction, and artistic needs they

have. Dr. Fred Hochberg has worked closely with the OT Department to develop the Musician and Performing Arts Therapy Program. Many of the musicians I treat have repetitive stress injury (a disabling, task-specific, limb motor-control problem that makes it difficult or impossible to play an instrument). As an OT, I assist musicians to return to their prior level of performance with a program of postural exercises, neural mobilization, intrinsic strengthening exercises, sensory discrimination re-training, ergonomic education, fitness conditioning and, in some cases, instrument modification. My years at MGH have



Colleen Lowe

been very rewarding because of the patients who have crossed my path

and because of the many educational opportunities here.

## Patient-education, clearly defined goals, and adaptive technology help occupational therapist help patient

My name is Tanya Oliver, and I am an occupational therapist. I remember the first day I walked through the doors of MGH in April of last year, nervous and excited to begin this new chapter in my career. While I had two years of experience under my belt, it was a humbling feeling to begin working as an occupational therapist in this institution I grew up hearing was the 'best of the best.' After several weeks of intense orientation, I was assigned to the Neurology Service on White 12. I took a deep breath, held my head high, and delighted in knowing that I would be challenged to improve my skills as a therapist every day.

I've met many amazing individuals whose stories I could spend hours recounting, but there's one individual I've been fortunate to work with during two of his admissions to the Neurology Service. I chose this particular patient to write about because of the rapport I developed with him and his family and the success he was able to achieve through our collaborative efforts and hard work toward mutually established goals.

'John' is a 50-year-old, retired upholsterer, gardener, son, uncle, boyfriend, and expert at

crossword puzzles. He lives with his girlfriend five houses away from his parents, brother, and two nephews whom he calls his 'lifeline.' John's complicated medical history began in 1996 when he was first diagnosed with hepatitis C. It was around this time that he became involved in IV-drug and alcohol abuse. In 1997 he was admitted to MGH with leg pain and numbness. An EMG showed neurological changes involving sensory and motor nerves in both legs. He began three cycles of plasma exchange with no significant improvement. In 1998, he started IFN (a drug treatment) for the hepatitis C and began using a cane. The onset of upper-extremity numbness caused him to be admitted a second time for another course of plasmapheresis, and a biopsy revealed a protein deficiency. He had a nerve disorder that affected the upper extremity with interruption of the nerve signal in the right ulnar nerve and losses in the median nerve. He was also diagnosed with lymphoma, and soon John had to file for disability.

I met John and his family during his third admission to MGH in the fall of last year. Upon entering the room, I was greeted with big smiles; they joked that I was the

only one able to pronounce his Italian last name correctly! John was admitted and diagnosed with mononeuritis multiplex, secondary to his protein deficiency, with symptoms of increasing leg and arm weakness and pain. He underwent four days of IVIG, and on his fifth day, an EMG showed marked right axonal loss. He was started on cyclophosphamide IV, with a plan for discharge with monthly IV treatments and home occupational therapy and nursing services.

John's fourth admission was later that fall. He presented with increased bilateral arm pain originating in his upper back and shoulders and radiating to his forearm and hands, with the sensation of 'pins and needles' throughout the ulnar distribution. Entering John's room to meet him for the second time, I was received with a friendly greeting and a sigh of relief—John was happy to see a familiar face.

John was in the process of eating breakfast when I arrived. As I watched him, he struggled to manipulate his utensils placing one hand over the other to grasp the fork between his palms. Lifting the cup to his mouth frustrated John because he would often spill its contents. All his

condiments and containers had to be opened and arranged for him. When his family called during his meal, he struggled to grip the phone and bring it to his ear, dropping it into his lap several times. John was frustrated and this motivated me to work hard with him.

I re-evaluated his upper extremities and determined that John was able to actively complete range of motion in all planes in his shoulders, elbows, and wrists, with about 3/5 of his full strength. He fatigued quickly with only one repetition and reported increased pain bilaterally. In his left hand, John had deficits in thumb opposition and abduction of the digits, however he was able to flex his digits to the distal palmar crease, which is significant for functional hand use. Strength in his left hand was 2/5. In his right hand, he had full, active range of motion in all planes in a gravity-eliminated position and his strength was also 2/5. His sensation was im-

paired for hot and cold in the median and ulnar distributions bilaterally and along the right forearm. He wasn't able to localize light touch in the ulnar nerve distributions, and reported increased numbness in the median nerve distribution. At rest, both of John's hands fell into a claw position. When I brought this to his attention, he immediately mentioned how uncomfortable his hands felt, particularly during the night.

I educated John about how he could position his hands to increase comfort and protect the integrity of his tendons, joints, and muscles using bilateral, resting hand splints. Upon applying the splints, John reported feeling increased comfort and was anxious to give them a try. I educated John and his nurse on the nighttime schedule for the splints and the importance of frequent skin checks. John agreed to try the splints that night and we would as-

*continued on next page*



Tanya Oliver, OTR/L  
occupational therapist



## Exemplar

*continued from page 8*

sess them the following day.

After only fifteen minutes, I noted that John's functional performance had significantly decreased since his last admission. I felt it was important to discuss with John his personal goals in order to direct treatment and discharge plans to meet his needs appropriately. John began to speak freely about his deficits and what he wanted to achieve through OT. He voiced concerns regarding his declining ADL (activities of daily living) capabilities, as he had begun to require increased assistance from his girlfriend for many tasks.

His primary goals were to become independent with self-feeding (particularly coffee), putting on his sneakers, and answering the phone, as he enjoyed his daily conversations with his nephews and brother. He also wanted to be able to continue to do his crossword puzzles without dropping his pen. He explained that he'd been independent at home, bathing with a shower chair, toileting with a commode, and making coffee. He was beginning to require more assistance getting dressed, particularly putting on his socks. With this knowledge, I planned to return the following morning to continue evaluation and treatment. John had po-

litely deferred further activity at that time due to fatigue.

Bright and early the next morning, I returned to meet John for breakfast. I checked his skin to assess for any increased redness from the splints and observed there was none. He said he had tolerated them all night and felt less pain in the morning. I brought four pieces of cylindrical foam to adapt his utensils and toothbrush. I educated John on how to support his arms to increase mobility and conserve energy, and to grasp utensils in a way that would be optimal for his range of motion and strength. After a demonstration and more instruction, John was able to successfully cut his food and feed himself using a special grasp on the right. I provided John with an adaptive drinking cup that had a curved handle, which he was able to hold securely in his palm to drink his favorite beverage! With such immediate success, John became eager to continue treatment.

In order to assess and advance John's functional mobility and ADLs, we decided to try a sponge bath at the sink. John required close supervision to walk to the bathroom without an assistive device. He sat on a chair and was able to sponge bathe using a mittied sponge, which I had recommended during his last stay and his family graciously brought in. He was supervised to don pants and a sweat-

shirt. He explained that he no longer wore shirts or pants that had buttons or zippers. He required moderate assistance to put on his socks but said his girlfriend would probably need to continue helping him with this. I adapted his sneakers with elastic shoelaces, and John was able to put them on with minimal assistance using a long-handled shoehorn from home.

Returning to his bedside chair, I told John my idea for his telephone. I was able to create a simple, adapted handle on the receiver using a piece of Velcro and some strapping. This allowed John to slip his fingers through a loop and utilize wrist extension to lift the phone to his ear. After a short period of practice, John was able to independently answer the next phone call, which just happened to be from his nephews. He smiled, and his eyes filled with tears.

After leaving John's room that morning, I spoke with Physical Therapy, Case Management, and John's neurologist; they were all anxious to hear about his session. In rounds, we discussed his medical plan and discharge needs. I learned that John's EMG showed further conduction blockage and further axonal loss in the median nerve. I felt that home OT would be required in order to continue to maximize his functional performance with ADLs, his functional mobility, leisure pursuits, continued educa-

tion in the use of adaptive equipment, and developing a home exercise program. The plan was for John to receive IVIG to promote nerve regrowth and return home with services.

I was able to work with John two more times before he was discharged. His family was present for these sessions, and I was able to educate them on the use of adaptive equipment and safety with ADLs, particularly helping John set up for certain tasks. During those next treatments, I introduced relaxation techniques because I had noticed John sitting with his arms held tightly to his body, his shoulders elevated. While he hadn't realized this, he did admit to feeling stressed and anxious much of the time. Over the next two days, John practiced relaxation techniques on his own. I taught him a gentle, range-of-motion and stretching program to prevent him from becoming weaker and help him maintain muscle length and joint integrity. I gave him handouts to take home and provided him with a built-up pen and pencil that he could use to do his crossword puzzles.

John was discharged the following day. As we said good-bye, I wished him luck and shook his hand. He grinned and said, "You did so much for me. Thank-you."

I begin every day at MGH hoping to meet others like John who will challenge me to work hard and appreciate the

rewards of this profession. And I do meet those people. They're patients, nurses, physical therapists, speech pathologists, doctors, my clinical supervisors, rehab directors, and especially, my fellow occupational therapists. I'm thankful to have had the opportunity to work so closely with John, his family, and the entire interdisciplinary team. John inspired me with his hard work and life philosophy, which in a way mirrors the mission of occupational therapy—identify your goals and utilize all your *abilities* to achieve them.

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

Tanya's joy and passion for her practice are evident throughout this narrative. She took great care to learn what skills and activities were important to John, and then together they set goals to ensure that John could achieve the highest level of functioning—whether it was doing a crossword puzzle, drinking coffee, or answering the phone to talk to his nephews. In addition to skills and special equipment, Tanya gave John a sense of control over his environment; and that's a powerful intervention for someone who feels like he's losing control.

Thanks to Tanya's skill and perseverance, John really was able to function to the best of his ability.

Thank-you, Tanya.

## A look back at the rich history of nursing at MGH

Not long ago, director emeritus, Ed Coakley, RN, was asked by senior vice president for Patient Care, Jeanette Ives Erickson, RN, to search MGH archives for photographs and memorabilia that capture the contributions of nursing throughout our rich history. Phase 1 of that project is complete in the form of a photo gallery on temporary display in the administrative offices on Bulfinch 2.

Phase 1, entitled, "Tracing the Emergence of Professional Nursing

at MGH: 1821–1960," provides a glimpse into the development of nursing practice at MGH during the formative years of the profession and against a backdrop of historic milestones.

Coakley's research took him to the Treadwell and Claflin libraries, the MGH Photo Lab, the MGH Archives Office, the MGH Nursing Alumnae Association, The MGH Planning Office, as well as to several past employees of the hospital. Documents and photographs from the early days of MGH nursing



During the Spanish American War, MGH cared for patients suffering from typhoid fever and malaria contracted in the semi-tropical climates of Cuba and Puerto Rico. The first patients arrived in August of 1898. Many of them were so emaciated they appeared to be dead. A tent was erected on the Bulfinch lawn where nurses cared for them in a make-shift ward.

were hard to come by, but Coakley found evidence of the value and contributions of MGH nurses dating back to when the hospital first

opened its doors in 1821.

Phase 2 of the nursing archives project will capture the next 40 years of nursing at MGH from 1960–2000.

Ives Erickson invites all members of the MGH community to visit the nursing photo gallery in its temporary location on Bulfinch 2 or when it's relocated to its permanent home in The Center for Clinical & Professional Development.

If you know of any photographs, documents, or artifacts that would help chronicle the history of nursing at MGH, please contact Ed Coakley at 726-5152.



At left: Ed Coakley, RN, director emeritus, stands beside the nursing photo gallery on Bulfinch 2

Above: One of the photographs found by Coakley while, "Tracing the Emergence of Professional Nursing at MGH: 1821–1960."

## MGH celebrates Social Work Month

—by clinical social workers, Lucia Coale, MSW; Lara Harris-David, MSW;  
Marisa Iacomini, MSW; and Shoshana Savitz, MSW

March was National Social Work Month, an occasion to recognize and celebrate the contributions of social workers across the country. Social workers practice in a variety of settings, including schools, hospitals, medical centers, ambulatory medical practices, children's services, rehabilitation programs, community mental health programs, military and veterans services, and employee assistance programs.

At MGH, clinical social workers are masters level, licensed, mental health professionals trained to help people find solutions to numerous problems—from day-to-day coping issues to life's most difficult situations. This is accomplished through a unique combination of counseling and

direct connection with a network of community resources. All social work services are private and confidential.

Clinical social workers work with inpatients, outpatients, and their families to:

- deal with patient and family crises brought on by acute and traumatic illness or injury
- cope with illness, hospitalization, and treatment regimens and related life stressors
- assist in helping to manage problems in marital, parenting, and other personal relationships as identified by patients
- enhance communication with the medical treatment team to enable patients and families to be active partners in their own health care, including helping patients with discus-

sions around choosing healthcare proxies

- work with treatment teams and families on end-of-life issues and decision-making
- access hospital and community services

The MGH Social Service Department acknowledged Social Work Month with a speaker series that included Deborah Colton, MSW, vice president for External Affairs for MGPO and Patient Care Services; and Eve-

lyn Bonander, MSW, executive director of MGH Social Services.

Colton spoke about the advocacy efforts of the MGPO regarding legislative issues around Mass Health cuts and hospital reimbursement.

As director of Social Services for 18 years, Bonander has navigated the department through numerous changes and challenges. Bonander's presentation touched on practice and organizational changes over the past two decades along with the dynamic nature of health care and Social Work's ability to adapt to and meet the needs of a challenging environment.

Said Bonander, "Social work at MGH has a rich history. We are the first hospital-based social work department in the country, and in 2005 we will celebrate our one-hundredth anniversary. From its inception, the department was interdisciplinary, including nurses, physicians, teachers, and volunteers. This interdisciplinary focus continues today, not only in hospitals, but in community settings as well."

For more information about social work at MGH or nationally, go to: [www.mghsocialwork.org](http://www.mghsocialwork.org), or [www.http://www.naswdc.org/](http://www.naswdc.org/).

### The Employee Assistance Program presents

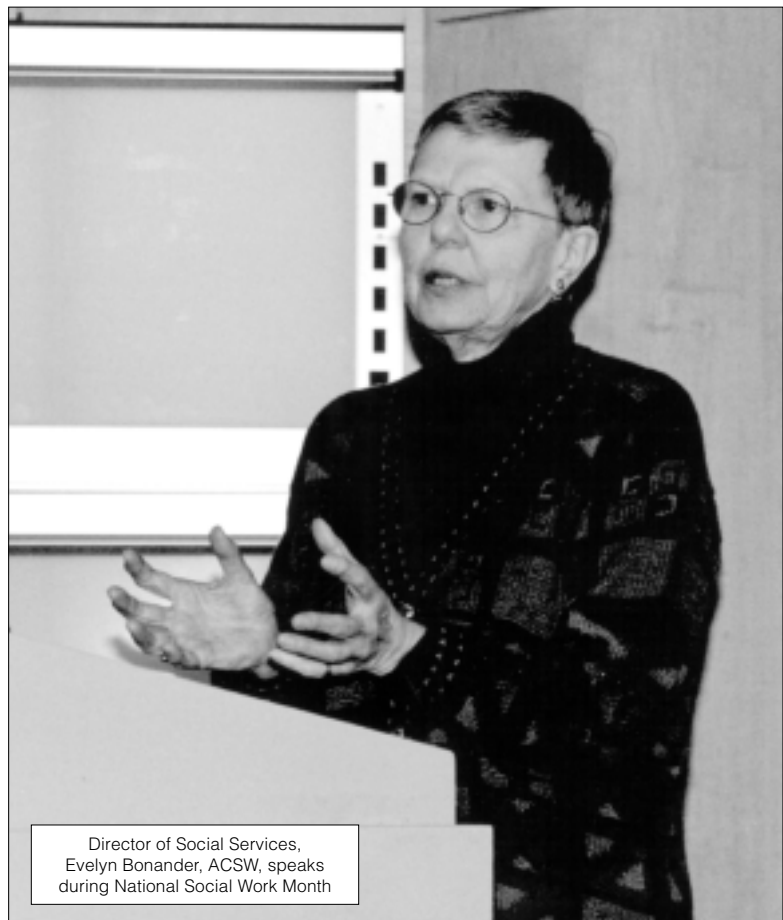
### Working and Breast-Feeding

presented by  
Germaine Lamberge, RN

This presentation will provide expectant and nursing parents with basic information on how to use breast pumps and continue nursing while working. Session will include a tour of the MGH Mother's Corner.

**Tuesday, April 20, 2004**  
**12:00–1:00pm**  
**VBK 401**

For more information, contact the EAP at 726-6976.



Director of Social Services,  
Evelyn Bonander, ACSW, speaks  
during National Social Work Month

## New Graduate Nurse in Critical Care Program

—by Laura Mylott, RN,  
program co-coordinator

On Friday, March 12, 2004, 14 registered nurses were recognized for completing the intensive MGH-IHP New Graduate Nurse in Critical Care Program. The integration of these new professionals into the MGH critical care nursing staff brings the total number of graduates of this program to 49.

Catie Sullivan RN; Kerry Tyman, RN; Andrea McGrath, RN; Dan O'Brien, RN; Katie James, RN; Rebecca Rick, RN; Kim Aguilar, RN; Suzanne Gotell, RN; Meaghan Plummer, RN; Andrea Warner, RN; Sarah Collins, RN; Lori Wat-

son, RN; Faith Erdemir, RN; and Liz Glaser, RN all received certificates of completion.

Debra Burke, RN, associate chief nurse; Margery Chisholm, RN, director of the Graduate Program in Nursing at the IHP; and Laura Mylott, RN, manager and faculty of the New Graduate Nurse in Critical Care Program, spoke about the rigorous and demanding challenges of the program, the invaluable support and expertise of the preceptors, and the generosity of the 24 MGH clinicians who teach in the program.

Implementation of the program is guided by

the team of critical care nurse managers and CNSs who meet regularly under Mylott's leadership to address opportunities for program development.

Representing the graduating class, Kerri Tyman, RN, read a poignant narrative describing the nursing care she provided to a terminally ill young father in the Bake 7 Medical Intensive Care Unit (MICU). Tyman's clinical experience was particularly noteworthy for its depiction of the 'hard work' involved in transitioning from a student nurse to a professional in an acute, clinical environment. She described how her prac-

tice developed under the expert guidance of preceptors, Jennifer Mathison, RN, and Margaret Flessner, RN.

Mary Lavieri, RN, clinical nurse specialist in the MICU, along with Mathison and Flessner, spoke about the unique partnership preceptors and new graduates form during the 6-month program, and how critical

this relationship is to a successful and satisfying preceptorship for all involved.

For more information about the New Graduate Nurse in Critical Care Program, contact the nurse manager or CNS of any of the ICUs, or Laura Mylott at 4-7468. For application information, call Sarah Welch in Human Resources at 6-5593.



At left: Back row (l-r): New Graduate Nurse in Critical Care Program participants, Lori Watson, Faith Erdemir, Andrea Warner, Katie James, Kerri Tyman, Rebecca Rick, Liz Glaser, Andrea McGrath, and Sarah Collins. Front row: Suzanne Gotell, Meaghan Plummer, Dan O'Brien, and Catie Sullivan. (program participant, Kim Aguilar, not pictured). Above: Kerri Tyman, Jennifer Mathison, and Margaret Flessner, of the Blake 7 MICU, speak at ceremony.



## Deveney, Fallon receive Durant Fellowship in Refugee Medicine

On Friday, April 2, 2004, Grace Deveney, RN, staff nurse on Bigelow 11, and Katie Fallon, RN, staff nurse on Phillips House 20, became the first MGH nurses to receive the Thomas S. Durant, MD, Fellowship in Refugee Medicine. The Durant Fellowship was established by friends and colleagues of Dr. Durant shortly after his death in 2001. The fellowship honors Durant's memory and dedication to service by sponsoring healthcare professionals to follow in his footsteps serving refugee populations and victims of humanitarian disasters.

The reception in the Trustees Room on Bulfinch 2 was attended by friends and colleagues of the fellowship recipients as well as hospital leadership, administrators, and supporters of the

fellowship and the Durant family. Last year's Durant fellow, Kris Olson, MD, gave a slide presentation of his experiences working in a refugee camp along the Thai-Cambodian border.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, introduced this year's fellows, both of who are nurses in the General Medical Service. About Deveney, she said, "Grace is a registered nurse on Bigelow 11. She is well traveled and passionate about her work. In her application for this fellowship, Grace wrote: 'I look forward to this opportunity to make a difference—to not just be saddened by the way the world is, but attempt to make it better in some small way. I truly believe changes can come from the power of many, but only when the many come together to

form that which is invincible... the power of one.'"

Of Fallon, Ives Erickson said, "Katie came to MGH in 1999. She had the privilege of caring for Dr. Durant when he was hospitalized on Phillips House 20. In Katie's fellowship application, she recalled learning about Dr. Durant's contributions to the world. She wrote: 'I was struck with admiration. I remember thinking to myself, that's what I want to do. Dr. Durant's willingness to help others and his selfless sharing of his knowledge, skill, and time inspired me.'"

For more information about the Thomas S. Durant, MD, Fellowship in Refugee Medicine, call Larry Ronan, MD, at 4-3874, or visit the fellowship website at: [www.durantfellowship.org](http://www.durantfellowship.org).

Katie Fallon, RN (left) and Grace Deveney, RN, at reception in the Trustees Room



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Written contributions should be submitted directly to Susan Sabia **as far in advance as possible.**

*Caring Headlines* cannot guarantee the inclusion of any article.

Articles/ideas should be submitted in writing by fax: 617-726-8594

or e-mail: [ssabia@partners.org](mailto:ssabia@partners.org)

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

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## Interested in expanding your knowledge of spiritual care?

Through the generosity of the MGH department of Nursing, two fellowships are available for the winter 2005 Clinical Pastoral Education Program (CPE). Applicants for spiritual caregiver fellowships must be registered nurses in the department of Nursing practicing as direct-caregivers and have a minimum of two years nursing experience.

The CPE program is accredited by the Association for Clinical Pas-

toral Education (ACPE). It provides a vehicle for caregivers to expand their knowledge of spiritual care. This is important as spiritual care takes its place alongside traditional physical, psychological, and social care in the current health-care setting. And JCAHO continues to mandate the availability of spiritual care to hospitalized patients.

The winter CPE program starts on January 3, 2005, and runs part-time through May 20. Group

sessions are held on Mondays (excluding January 17 and April 25) from 9:00am–5:00pm. Applications for the program and the Spiritual Caregiver Fellowship, are due by September 1, 2004.

Cecile Hannon, RN,

a previous spiritual caregiver fellow, reports, "CPE gave me the benefit of a caring and nurturing environment of like-minded people to explore my spirituality more deeply. It reinforced my commitment to identify and integrate

this important component into my patients' plan of care."

For more information about the Spiritual Caregiver Fellowship and/or to obtain an application, please contact the MGH Chaplaincy at 6-2220.

### The Annual Pain Relief Champions Course

A wide range of pain-related topics will be discussed. Participants will gain knowledge and skill in pain assessment and management and be prepared to be agents for improved care in their own work settings.

**Part 1: Monday, April 26, 2004**  
**Wellman Conference Room**  
**7:30am–4:30pm**

**Part 2: Tuesday, May 18, 2004**  
**Walcott Conference Room**  
**7:30am–4:30pm**

(Attendance on both days is encouraged)  
Nursing contact hours and CMEs are available  
Clinicians from all disciplines are welcome

For more information, contact Tom Quinn at 726-0746,  
PainRelief@Partners.org, or <http://www.massgeneral.org/>

## Preparing for the future: MGH offers career development series

MGH Training & Workforce Development is hosting a series of career-development workshops to inform employees about opportunities in health care. Workshops will highlight careers at MGH in Nursing, Radiology, Respiratory Therapy, Surgical Technology, Ultrasound and Veterinary Technology.

The series is open to all MGH employees. Employees considering applying for the Support Service Employee Grant, or who are interested in

pursuing other career-development options are encouraged to attend. The first session, which will focus on financial aid, Support Service Employee Grants, and tuition reimbursement, will take place April 28, 2004, from 12:00–1:00pm.

For more information, visit the Training & Workforce Development website at <http://is.partners.org/hraffiliates/mgh/index.html>; e-mail [mghtraining.org](mailto:mghtraining.org), or call 726-2230.

## Schedule of workshops

Wednesday, April 28, 2004  
12:00–1:00pm  
Clinics 1 Lower Amphitheatre  
"Financial Aid, Support Service Employee Grant, Tuition Reimbursement"

Friday, April 30, 2004  
12:00–12:30pm  
Clinics 1 Lower Amphitheatre  
"Surgical Technician"  
12:30–1:00pm  
Radiology"

Tuesday, May 4, 2004  
12:00–12:30pm  
Clinics 1 Lower Amphitheatre  
"Pathology"  
12:30–1:00pm  
"Pharmacy"

Tuesday, May 11, 2004  
12:00–12:30pm  
Clinics 1 Lower Amphitheatre  
"Radiation Therapy"  
12:30–1:00pm  
"Respiratory Therapy"

Friday, May 14, 2004  
12:00–12:30pm  
Clinics 1 Lower Amphitheatre  
"Ultrasound"  
12:30–1:00pm  
"Radiology"

Tuesday, May 18, 2004  
12:00–12:30pm  
Clinics 1 Lower Amphitheatre  
"Pathology"  
12:30–1:00pm  
"Veterinarian Technicians"

Wednesday, May 19, 2004  
12:00–12:30pm  
Clinics 1 Lower Amphitheatre  
"Respiratory Therapy"  
12:30–1:00pm  
"Nursing"

Tuesday, June 1, 2004  
12:00–6:00pm  
Walcott Conference Rooms  
"Technologist and Allied Health Internal Career Day"

# Educational Offerings

April 15, 2004

When/Where	Description	Contact Hours
April 26 and May 18 7:30am–4:30pm	<b>Pain Relief Champion Class</b> Day 1: Wellman Conference Room; Day 2: Walcott Conference Room	TBA
April 28 8:00am–2:30pm	<b>New Graduate Nurse Development Seminar II</b> Training Department, Charles River Plaza	5.4 (for mentors only)
April 30 8:00am–4:30pm	<b>Psychological Type &amp; Personal Style: Maximizing Your Effectiveness</b> Training Department, Charles River Plaza	8.1
May 4, 6, 11, 13, 24 and June 1 7:30am–4:30pm	<b>Greater Boston ICU Consortium CORE Program</b> NEBH	44.8 for completing all six days
May 6 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK 401	---
May 12 7:00am–12:00pm	<b>CVVH Core Program</b> Haber Conference Room	6.3
May 12 8:00am–2:30pm	<b>New Graduate Nurse Development Seminar I</b> Training Department, Charles River Plaza	6.0 (for mentors only)
May 12 1:30–2:30pm	<b>OA/PCA/USA Connections</b> “Food & Nutrition: How We Interact to Best Serve our Patients.” Bigelow 4 Amphitheater	---
May 12 4:00–5:00pm	<b>More Than Just a Journal Club</b> Walcott Conference Room	---
May 12 11:00am–12:00pm	<b>Nursing Grand Rounds</b> “Infection Control.” Sweet Conference Room GRB 432	1.2
May 13 1:00–2:30pm	<b>The Joint Commission Satellite Network presents:</b> “Making a Business Case for a Palliative Care Program.” Haber Conference Room	---
May 14 and 17 8:00am–5:00pm	<b>Advanced Cardiac Life Support (ACLS)—Provider Course</b> Day 1: O’Keeffe Auditorium. Day 2: Wellman Conference Room	16.8 for completing both days
May 14 7:30am–12:30pm	<b>Pediatric Advanced Life Support (PALS) Re-Certification Program</b> Wellman Conference Room	---
May 17 8:00–4:30pm	<b>Cancer Nursing: Caring Through Evidence-Based Practice</b> O’Keeffe Auditorium	TBA
May 18 4:00–5:30pm	<b>Natural Medicines: Helpful or Harmful? Researching the Literature on Herbs and Dietary Supplements</b> Clinics 262	1.8
May 19 8:00am–4:30pm	<b>Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other</b> Training Department, Charles River Plaza	7.2
May 19 1:30–2:30pm	<b>USA Educational Series</b> Bigelow 4 Amphitheater	---
May 20 8:00am–2:00pm	<b>BLS Certification for Healthcare Providers</b> VBK601	---
May 20 8:00am–4:30pm	<b>Workforce Dynamics: Skills for Success</b> Training Department, Charles River Plaza	TBA
May 24 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK 401	---
May 25 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	<b>CPR—Age-Specific Mannequin Demonstration of BLS Skills</b> VBK 401 (No BLS card given)	---

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>.

## Documentation: changes to problem lists and medical record dividers

**Question:** I've heard there will soon be on-line nursing problem lists. Does that mean computerized nursing documentation?

**Jeanette:** This is the first step toward computerized nursing documentation. On-line nursing problem lists will soon be available from the Clinical Resources link on the Patient Care Services website.

Problem lists will help staff when patients are admitted with diagnoses they're unfamiliar with. Problem lists will serve as a guide for care and facilitate the documentation process.

**Question:** Can problem lists be completed electronically, or do we still need to write on the hard copy?

**Jeanette:** You will need to print the form out and select the problem(s) relevant to your patient. You cannot enter documentation at the computer. You can use the printed form or write selected problems on a blank problem list. Problem lists are organized according to the majority of problems associated with specific diseases and conditions, however there is room on each problem list for nurses to write individual problems specific to the patient.

**Question:** If a patient transfers to another unit, should another problem list be started?

**Jeanette:** No. Problem lists should stay with the patient and become the first page in the orange section of the medical record so all members of

the healthcare team can see the patient's active problem list. The medical record dividers have been revised to better meet the needs of patients and clinicians, and one of those changes includes moving the problem/intervention/outcome list to the first page in the orange section.

**Question:** Is the problem list for nursing problems?

**Jeanette:** No. The problem list is a place where all members of the healthcare team can document patient problems, interventions, and outcomes.

**Question:** What happens when a patient has problems recorded on two different problem lists? Should both lists be put in the patient's record?

**Jeanette:** No. Use the problem/intervention/

outcome list that captures the majority of your patient's problems. Since other lists are available from the website, you should use those lists as a resource for ensuring the problem list is as comprehensive as possible. All problem lists are typed, clear, and easy to read.

**Question:** You mentioned that medical record dividers have been changed. Can you describe the changes?

**Jeanette:** The most important changes include:

- Six discharge forms have been moved from the Admission/Discharge section (purple divider) to the new Discharge Planning section (gray divider)
- Transfer notes/outside facility summaries have been moved from the History/Physical section (orange) to the new Outside/Miscellaneous section (blue)
- The nursing problem list has been moved to the front of the History/Physical section (orange) and has been changed to the Patient Problem/Outcome/Intervention sheet
- In the History/Physical section (orange) specific disciplines have been added to the progress notes section (OT, PT, SS, RT, etc.)
- Provider Forms divider (blue) has been changed to "Other"
- In the Graphic Record section (brown) the following changes were made:
  - Patient Care/IV Flow sheets changed to Patient Care Flow-sheets/Treatment sheets
  - Intake and output flow sheets (I&Os) have been removed
  - Stool chart has been removed
  - Critical care flow sheet has been removed

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