Oncology Nursing Fellowship 2004

Learning first-hand about opportunities in cancer nursing

(See page 9)
The Knight Nursing Center for Clinical & Professional Development

Some friendships are born of common interests or similar school or life experiences. Others, like the friendship between MGH and Norman Knight, stem from a common desire to make a difference in people’s lives, to use knowledge and leadership to influence the world in a positive way. Can you think of a more auspicious beginning for a partnership that will soon bring us the new Knight Nursing Center for Clinical & Professional Development?

Some of you may remember Mr. Knight from a recognition ceremony earlier this year when the first Norman Knight Preceptor of Distinction Award was presented to Jennifer Albert, RN, staff nurse in the Surgical ICU. Mr. Knight, respected local businessman, community leader, and philanthropist, funded that award as well as an annual visiting professor program, and has now generously donated $1 million, the largest gift in the history of the department of Nursing, to help build a formal center for learning and professional development. Since meeting Mr. Knight, I’ve come to know him as a caring, selfless man, committed to supporting individuals and organizations that strive to improve the human condition. I’ve also had the privilege of meeting Mr. Knight’s son, Scott, who shares his passion for doing good in the world. Together, they advance their philanthropic vision by funding initiatives in nursing, medical ethics, research, and clinical care.

Construction on the new center will begin in the fall, essentially transforming Founders 3 into a state-of-the-art educational facility for nurses and support staff. Plans are still being finalized, but I can tell you that the Knight Nursing Center for Clinical & Professional Development will house computer learning stations, video-conferencing and telemedicine capabilities, simulation labs (for new graduate practice, bedside emergencies, and other critical skill sets), hands-on training stations for new technology, classrooms, conference rooms, and a lounge.

The Knights understand the emotional impact that caring for sick patients can have on bedside clinicians. They were adamant that the new center be a place, not just for education and training, but for renewal. Their vision of the center includes an area where staff can go to get away from ‘the fray,’ a quiet, peaceful place conducive to inner thought and reflection. We will be sure to see that that vision becomes a reality.

I admire the Knights’ philanthropy and support of humanitarian causes. I know they admire MGH clinicians and their passion for patient care and life-long learning. The Knight Nursing Center for Clinical & Professional Development will allow all involved to make an important contribution to the future of health care. It is an opportunity to accelerate our agenda of education, training, sharing best practices, and facilitating national and international advancement in patient care.

We are grateful to the Knights for their generous gift. I know they’re expecting a big return on their investment. Knowing the clinicians of MGH, I’ve already assured them — they won’t be disappointed.

I’ll keep you informed as plans for the new Knight Nursing Center for Clinical & Professional Development are finalized. We’ll be holding a special reception in the Walcott Conference Room at 2:00 pm (remarks at 3:00) on Wednesday, September 22, 2004, to honor Norman and Scott Knight. I hope you’ll stop by and meet these two extraordinary gentlemen.

Call for nominations
The Anthony Kirvilaitis Jr. Partnership in Caring Award

Nominations are now being accepted for the Anthony Kirvilaitis Jr. Partnership in Caring Award. The award recognizes staff in non-clinical roles within the department of Nursing who exemplify the values and qualities that made Tony Kirvilaitis so successful and admired in his work as training development specialist in the Center for Clinical & Professional Development (reliability, responsiveness, creativity, assurance, collaboration, flexibility, and supportiveness to peers).

The award is given to two individuals annually. Operations associates, unit service associates, operating room assistants, unit assistants, patient care service coordinators, Emergency Department admitting assistants, patient care information associates, and information desk associates are eligible for the award.

Nominations are due by Friday, September 10, 2004

Nomination forms are located on patient care units, at the White and Gray information desks, in the Emergency Department, in the Bigelow 10 Management Support Office, in the Operating Room Nursing Office, and in the Volunteer Services Office on Clinics 1. Recipients receive an award of $1,500.

For more information or assistance with the nomination process, contact Nancy DeCoste, training specialist, at 4-7841 or Carolyn Washington, operations coordinator, at 4-7275.
Retiring PCIS ‘Results’

PCIS ‘Results’ is retiring. PCIS, the Patient Care Information System, is comprised of three application areas: PCIS Registration, Provider Master, and PCIS Results. PCIS Registration includes Master Patient Index (MPI), Outpatient Registration, and Emergency Department Registration.

At this time, only PCIS Results is being retired.

Question: Why is PCIS Results being retired?
Jeanette: There are several options available by which to access MGH Clinical Results, including PCIS Results, Clinical Application Suite (CAS) Results, and Results Web. These options all provide the same information, so maintaining them is a duplication of effort. The oldest of the systems, PCIS Results, employs the oldest technology, which is why it has been slated for retirement.

Question: How will I look up clinical results once PCIS Results is gone?
Jeanette: You can use CAS Results. CAS Results is a Windows-based application that was introduced in January of 1998. It is currently the most widely used application for viewing clinical results. And CAS Results has additional functionality not available in PCIS Results.

Question: I don’t have CAS Results on my Start Menu. How do I access it?
Jeanette: Before PCIS is retired, approved users will be authorized to access CAS Results. If you don’t see CAS Results on your Start Menu by September 7, 2004, you should call the Help Desk (6-5085) and let them know you need authorization to view clinical results using CAS Results.

Question: I’ve never used CAS Results. Is training available?
Jeanette: There is online Computer Based Training (CBT) for CAS Results that can be accessed from your Start Menu. Click on Partners Applications > Clinical Reference > CBT Courses > Results Viewer CBT. Context-specific help is available within CAS Results by clicking the Help button on the left side of the screen.

Question: When PCIS Results is retired, will I be able to do other things in PCIS, such as search for doctors’ names and confirm patients’ bed assignments?
Jeanette: Yes, the only part of PCIS that’s being retired at this time is PCIS Results. Other PCIS applications, such as Provider Master, Outpatient Registration, Master Patient Index (MPI), and Emergency Department will be addressed by other projects in the future.

Question: Will I still have access to Patient Lists when PCIS Results is no longer available?
Jeanette: Yes. If you currently have access to Patient Lists in PCIS, you will be authorized to use List Management in CAS.

If you have any questions about the PCIS Results Retirement Project, please call the Help Desk at 726-5085.

Nursing Career Expo

PCS Human Resources is hosting a Nursing Career Expo. Invite your friends and colleagues to attend, interview, and/or learn more about staff nurse (new grad and experienced), clinical nurse specialist, nurse manager, and surgical technologist opportunities at MGH.

Sunday, September 19, 2004
12:00–3:00pm
North and East Garden Dining Rooms

For more information, contact Sarah Welch (shwelch@partners.org) at 617-726-5593

Call for Nominations

Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

Nominations are now being accepted for The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award. The award was created to recognize clinicians within Patient Care Services whose practice exemplifies the expert application of values reflected in our vision. Staff nurses, occupational therapists, physical therapists, respiratory therapists, speech and language pathologists, social workers and chaplains are eligible.

The nomination process:

• Direct-care providers can nominate one another. Nurse managers, directors, clinical leaders, health professionals, patients and families can nominate direct-care provider.

• Those nominating can do so by completing a brief form, which will be available in each patient care area, in department offices, and at the Gray Information Desk.

• Nominations are due by October 4, 2004. Recipients will be selected in November.

• Nominees will receive a letter informing them of their nomination and requesting they submit a professional portfolio. Written materials on resume-writing, writing a clinical narrative, and securing endorsement letters will be enclosed.

• A review board including previous award recipients, administrators, and MGH volunteers will review the portfolios and select award recipients. The board will be chaired by Trish Gibbons, RN, director of The Center for Clinical & Professional Development.

• The award ceremony will be held on December 9, 2004.

Award and award-related activities

Award recipients will receive $1,500 to attend a professional conference or course of their choosing. They will be acknowledged at a reception of their peers and family members, and their names will be added to the plaque honoring previous Macaluso award recipients. Recipients will receive a crystal award from Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse.

For more information or assistance with the nomination process, please contact Mary Ellin Smith, RN, professional development coordinator, at 4-5801.
ProTech graduation: a celebration of pride, potential, and the power of positive role models

On Wednesday, August 11, 2004, the MGH ProTech Program, now in its 13th year, held its annual graduation ceremony in the Weilman Conference Room. Nine students were honored by friends, family, co-workers, supervisors, and special guest speakers. Candace Burns, director of the MGH-BPS Partnership, opened the celebration with some facts about the program. Pro-Tech is a structured, two-year program for juniors and seniors enrolled in the Academy of Health and Human Services at East Boston High School. It combines classroom instruction, work-site rotations, and employment-readiness seminars with a 20-month paid internship. Interns are exposed to a wide range of roles and departments within the hospital and have an opportunity to experience first-hand what a career in health care is like. To date, 159 students from the Boston Public School System have successfully completed the program.

In his opening remarks, MGH president, Peter Slavin, MD, acknowledged the hard work and perseverance of all the interns. “You are the future of health care,” he said. “I hope you’ll all consider returning to MGH and pursuing careers here when you graduate from college.” Slavin thanked MGH staff who served as supervisors, presenters, trainers, committee members and mentors for the program.

Keynote speaker, Robert Lewis, Jr., executive director of the National Conference for Community and Justice of greater Boston and a former graduate of East Boston High School, addresses gathering.

Above right: MGH president, Peter Slavin, MD, delivers opening remarks.

At right: four members of the ProTech class of 2004 enjoy the graduation ceremony. They are (l-r): Carla Casaletto, Melissa Diaz, Alicia DeStefano, and Ashleigh Fitzgerald.

continued on next page
ProTech student succeeds with a little help from her friends (and mentors)

My name is Alicia DeStefano, and I am a member of the MGH ProTech Class of 2004. Through the ProTech Program, I have grown in many ways. I started working at MGH two summers ago as part of the Jobs 4 Youth Program. I was 16 years old, and I vividly remember walking up to the front door of the White building and being overwhelmed by its vastness. That summer, I worked in the Radiology Chest & Bone Department on Ellison 2. My supervisor asked me to stay on during the school year despite the fact that it was only supposed to be a summer job. I continued working on Ellison 2 throughout the fall, and in January, I was accepted into the ProTech Program.

During the second semester of my junior year, I began to fall off track. I found 11th grade very stressful. I worried about passing the MCAS exam, preparing for college, and completing my daily class assignments. I also worried about my mom, who had been diagnosed with breast cancer. My grades dropped off, so I was put on ProTech academic probation.

At that time, it also became apparent that the field of Radiology was not for me. I’ve always been interested in nursing and wanted to learn more about that aspect of health care. With the help of Dan (Dan Cuddy of the Boston Private Industry Council) and Galia (Galia Wise, manager of the MGH-East Boston Partnership), I was able to transfer to the Transplant Clinic on Blake 6, with the understanding that I could only stay if I brought my grades up.

My first day was June 4th. I remember the date because it was my mom’s birthday. Both Dan and Galia were confident that I would be successful in school—all I needed to do was find that same confidence in myself. I began to take control of my life. I began to set goals for myself. With focus, determination, and perseverance, I made honor roll my senior year, was accepted to Salem State College, and received a part-time position at MGH this past fall.

When I first started working in the Transplant Clinic, I immediately felt at home. Staff welcomed me and made me feel needed. They went out of their way to make me feel part of their team, and I will always appreciate everything they’ve done for me. My supervisor, Carolyn Washington, took me under her wing and showed me the ropes. I don’t just consider them my colleagues but my mentors, as well. With support like that, I know I’ll be a great healthcare provider. One highlight while working in the Transplant Clinic was having the opportunity to observe a kidney transplant operation.

The ProTech Program has opened many doors for my classmates and me. In February I, along with three other ProTech interns, had the opportunity to participate in the National Youth Leadership Forum on Nursing. It was a great five-day program that brought students interested in nursing together from all over the country. It was thanks to the financial support provided by the Community Benefits Office that we were able to attend.

This program further validated my decision to pursue nursing as a career. As ProTech interns, we were able to apply for the MGH ProTech Scholarship Program, and I was one of four students to be accepted. I think I speak for all my fellow ProTech interns when I say that being part of the ProTech Program has instilled in all of us a solid foundation and work ethic we can continue to build on throughout our careers... whatever they may be.

We are very grateful for the opportunities and support given to us by the teachers at East Boston High School, the Boston Private Industry Council, and MGH.

Thank-you!

ProTech Graduation

continued from previous page

Boston High School, encouraged students to take advantage of every opportunity, including Dr. Slavin’s offer to return to MGH. Lewis shared a number of personal stories from his youth including one where an adult told him, “You have potential. You’re gonna go places.” Though Lewis didn’t believe it at the time, he is living proof that with a little faith and encouragement, you can, indeed, “go places.”

ProTech intern, Alicia DeStefano, read a narrative she wrote describing her experiences in the program (see story above). Overcoming a number of obstacles and adversity, she went on to graduate with honors—another example of what can be achieved with a little support and encouragement.

All nine ProTech graduates have been accepted to colleges. Four have been accepted to nursing programs; six have secured permanent part-time positions at MGH to help finance their college education; and three were recipients of MGH ProTech scholarships.

For more information about ProTech and other MGH Community Benefits school partnership programs, call the Community Benefits Office at 6-8197.
Clinical care, staff- and patient-education: all in a day’s work for respiratory therapist

My name is Danielle Doucette, and I am a registered respiratory therapist. I have worked at MGH for nearly nine years. I specialize in the care of critically ill newborns and pediatric patients, but I care for adult patients, too. This narrative is about a patient experience that led to a change in practice at MGH. It took place in the early afternoon on Ellison 13, the antepartum and postpartum unit.

I was called to Ellison 13 to assist a colleague. She wanted me to help evaluate a patient, ‘Alice,’ who was 16 weeks pregnant and had asthma. Immediately upon entering the room, I noticed that Alice was in trouble. She was very short of breath and unable to say more than two words at a time. She was using accessory muscles and not aerating well. Experience told me that these were signs of severe distress. I called the nurse and tried to start an albuterol nebulizer treatment. I was told that Alice had just had a nebulizer treatment and there was no order for nebulizer treatments to be given more frequently. I asked the nurse to page the obstetrician while I continued to assess and monitor Alice, including checking her oxygen saturation and trying to keep her calm. When the obstetrician called, I explained the situation to her and recommended three ‘stacked’ albuterol nebulizer treatments, and I suggested that Alice be transferred to another unit for closer monitoring. She told me to go ahead and start the nebulizer treatment and she would ask a colleague of hers to come to the unit to evaluate Alice. Upon arrival, the other doctor agreed that Alice was in severe distress and needed to be transferred.

With this increased activity at her bedside and talk of transferring, Alice’s respiratory rate and heart rate increased. Knowing that anxiety can exacerbate asthma attacks, I knew Alice’s situation would be compounded by her pregnancy and the anxiety she was feeling about her baby’s well being. I sat with Alice and explained very calmly what was happening. I told her she would be having a series of nebulizer treatments and that the medication was safe for both her and her baby. I explained how important it was for her to stay calm and focus on her breathing. I let her know that she would be moving to a room on the Labor and Delivery Unit so that she and the baby could be monitored more closely. I assured her I’d stay with her and work with her until her breathing improved. She seemed to trust me. She focused on her breathing and began to calm down.

We transferred Alice upstairs where I started the second nebulizer treatment. As I was monitoring Alice, I overheard the nurses giving report in her room. There appeared to be questions about how to mix albuterol and atrovent and what the correct dose was. I took the opportunity to explain the correct dosing and how the two medications should be mixed.

After the second nebulizer treatment, Alice was breathing easier and aerating better. A resident came in to draw blood gas. I stayed with Alice to ease her anxiety. By the time she finished the third nebulizer treatment, Alice was able to complete full sentences, her voice had improved, her labored breathing was better, and she was aerating with much less effort. Alice felt she had returned to (close to) her baseline breathing, so I felt comfortable leaving.

I discussed the dosing issue with Alice’s doctor and gave some further recommendations. He was concerned about Alice’s asthma management and consulted Pulmonary Medicine for some input on her care. After Alice was stabilized, she was transferred to a medical unit for the rest of her stay at MGH.

This patient situation suggested to me that there was a need for more education on the obstetrical units about asthma care and treatment. I didn’t know how often OB patients presented with asthma, but I thought it would be a good idea for staff to be prepared just in case. I contacted the OB clinical nurse specialist and she was delighted to hear from me. She said they didn’t get many acute asthmatic patients on their unit, but that she had noticed a recent increase in the number of women presenting with asthma. I did some research on basic respiratory changes during pregnancy and how pregnancy affects asthma, and I prepared an inservice presentation. I have started providing...
Carroll, Roberge named Hartford Foundation geriatric nursing scholars

Diane L. Carroll, RN, PhD, clinical nurse specialist, and Barbara Roberge, RN, PhD, nurse practitioner in the Geriatric Medical Unit, were accepted as two of nineteen post-doctoral scholars in gerontologic nursing research by the Hartford Foundation Institute for Geriatric Nursing. Carroll and Roberge attended a week-long program at the John A. Hartford Foundation, part of New York University’s Steinhardt School of Education Division of Nursing. The purpose of the program, co-sponsored by the American Journal of Nursing, is to foster new gerontologic nurse researchers. Participants are selected according to the significance of their research and their strong leadership potential.

The week-long seminar, directed by Mathy Mezey, RN, PhD; Terry Fulmer, RN, PhD; and Elizabeth Capezuti, RN, PhD, brought together program faculty, guest faculty, and scholars in an open exchange of ideas and experiences related to gerontologic nursing research. During seminars, scholars had opportunities to gain critical-analysis and research skills through intensive, interactive experiences. The vast experience of the faculty provided a meaningful backdrop for a week of knowledge-dissemination and a critical examination of participants’ research programs.

Daily lectures, discussions, and critiques allowed scholars to hone their research skills while gaining valuable insight into gerontologic nursing research.

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

The first thing we notice about this narrative is the high quality of care Danielle provided to Alice during a very stressful time. She put Alice at ease by reassuring her about the safety of the medications; she relieved her symptoms, recommending a ‘stacked’ nebulizer treatment; and she advocated for her to be moved to a unit where she could be more closely monitored while she was in respiratory distress.

But Danielle did more than that. She looked beyond this one isolated case and saw an opportunity for patient- and staff-education around the care and treatment of pregnant women with asthma. She took action to raise awareness and implement practice changes that would benefit future patients. What a wonderful outcome.

Thank-you, Danielle.

training sessions for nurses on the obstetrical units to educate them about asthma, medications, triggers, and equipment. I’ve conducted inservice training sessions on all shifts—days, nights, and weekends. As a rotating clinician myself, I felt it was important to offer this education to all shifts.

I soon realized that many pregnant women who needed to be evaluated and/or admitted to MGH came through the Triage Area on Blake 14. There was no system in place to identify asthmatic patients not admitted through the ED, so this population, though very small, never had the opportunity to receive asthma education from a respiratory therapist. I discussed this issue with the OB clinical nurse specialist and my supervisors. We are currently working together to ensure that all pregnant women with asthma receive the appropriate patient-education when they arrive at MGH. Once this is accomplished, I can help educate other therapists and the nursing staff around specific issues related to asthma and pregnancy.
Disease-management through health coaching

Recently, Partners HealthCare launched a series of Signature Initiatives geared toward improving the effectiveness and efficiency of care in an effort to enhance outcomes and reduce costs. Specific teams within the Signature Initiatives are addressing five key areas:

1) Investing in quality
2) Enhancing patient safety by reducing medication errors system-wide
3) Enhancing uniform high quality by measuring performance to benchmark select in-patient and outpatient conditions
4) Expanding disease-management programs by supporting activities for certain patients with chronic illnesses
5) Improving cost effectiveness through managing utilization trends and analyzing variance

One avenue being explored by Team 4 (disease-management) are programs that encourage patients to participate in the management and control of their own conditions thereby decreasing the likelihood that they will be re-admitted for care. The Partners HealthCare Connection is a pilot program developed by Team 4 that focuses on high-risk, heart-failure patients, a population that accounts for approximately 2,500 admissions per year (to Partners hospitals).

The Partners HealthCare Connection program employs a telephone-based, ‘health coaching’ model. It combines health and medical information, assistance with navigating through the healthcare system, encouragement and education about the best way to communicate with physicians, and confidence-building techniques that patients can manage their health conditions.

Health coaches in the program are nurses, respiratory therapists, and dieticians specially trained in shared decision-making, behavioral-change theory, and motivational interviewing. They have extensive clinical knowledge and other resources at their disposal.

Health coaches give patients information and support around their healthcare needs, from management of chronic conditions to making complex medical decisions. They tailor each interaction to the needs, receptivity, and readiness of the participant, identifying opportunities for behavioral change, lifestyle-improvement, and risk-reduction. They teach participants how to be self-reliant and how to work in partnership with their physicians to make good health decisions.

For more information about disease-management programs contact Tim Ferris at 394-7500.

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Prevention

September 2, 2004

New Materials Management Customer Service Department

Materials Management is pleased to announce the opening of its new Materials Management Customer Service Department on Monday, August 30, 2004. This new service will be available 24 hours a day, 7 days a week to handle requests for services over and above those currently provided by Materials Management.

Contact Materials Management Customer Service at 726-9144 for the following supplies and/or services:

- Linen: If you need additional linens over and above your standing daily order, call 6-9144 to receive enough linens to last until your next scheduled delivery.
- Supply Support: If you need additional supplies over and above your standing daily order, call 6-9144 to receive enough supplies to last until your next scheduled delivery.
- Receiving & Distribution: If you need to know the status of an incoming, overnight package, or if you want to know who in your department signed for a package, call 6-9144 for detailed information.
- Mail Services: Picking up mail, dropping off outgoing, overnight packages, and lab coat services are now available through Materials Management Customer Service located in GRB 030 (in the Gray basement).
- Equipment: If you need any equipment (3M pumps, etc.), call 6-9144.

Every effort will be made to respond to requests in less than 45 minutes. Please identify high-priority needs when you call.

Feel free to visit the new Materials Management Customer Service Department in the Mailroom reception area, GRB 030.

With their physicians to make informed decisions about risks, benefits, and side-effects
- help patients identify barriers to adherence (knowledge gaps, medication side-effects, transportation issues, etc.) and suggest appropriate supports to overcome them
- help patients prepare for physician visits and ask the right questions to get the information they need
- provide information that a physician may not have time to provide during office visits, such as why a particular medication is important, why it’s important to take a medication even when you feel well, or the fact that there are medical options to surgical interventions.

In addition to telephone support, health coaches provide participants with resources to gather health information, including a library of audiotapes on more than 475 health topics and videotapes on a variety of topics, including knee osteoarthritis, back pain, prostate cancer, and many other conditions.

For more information about disease-management programs contact Tom Ferris at 394-7500.

For information about the Partners Signature Initiatives, contact Tom Lee, director of Partners Signature Initiatives, at 278-1079.
Oncology Nursing Fellowship 2004

—by Mandi Coakley, RN, staff specialist

For the fourth year, MGH Cancer Center Nursing offered an opportunity for two student nurses to participate in a ten-week fellowship at MGH to learn more about the art and science of oncology nursing. Students accepted into the program come to MGH between the junior and senior year of their baccalaureate nursing program. This year, Megan Eldridge, from Salve Regina College in Rhode Island, and Angela Montgomery, from the University of Vermont, were selected to be fellows.

Unlike past years, this summer’s program included a faculty fellow as well as two student nurses. Jane Flanagan, RN, undergraduate faculty at the University of Massachusetts, Lowell, was the first oncology nursing faculty fellow to spend ten weeks at MGH learning about and observing expert cancer care.

One of the goals of the Oncology Nursing Fellowship program is to provide an opportunity for student nurses to learn about opportunities in the field of oncology nursing so they’re better prepared to make career decisions when they graduate. Oncology nursing is typically embedded within the medical-surgical nursing curriculum in most undergraduate nursing programs. Having a faculty member participate in the program was an opportunity to impart important information about oncology nursing and ensure that that information becomes part of the nursing curriculum.

All three fellows had a rich and meaningful learning experience. The Oncology Nursing Fellowship program has proven to be an effective recruitment tool, as five of the six past fellows have gone on to work on oncology units at MGH.

For more information about the Oncology Nursing Fellowship program, call Mandi Coakley, RN, at 6-5334.
USA Educational Series presents “What it means to be a citizen”

Giovanna Negretti, executive director of Oíste, the only statewide Latino political organization in Massachusetts, was the special guest speaker at a recent presentation of the USA Educational Series in O’Keeffe Auditorium. Her topic was, “What it Means to be a Citizen.” Born and raised in Puerto Rico, Negretti has lived in Boston for the past ten years where she has become a respected advocate for the Latino community on a local, state, and national level.

Negretti shared some personal experiences recalling what it was like growing up in Puerto Rico, moving to the United States as a young woman, and attending Emerson College where she graduated magna cum laude with a bachelor’s degree in Fine Arts. She continually stressed the importance of ‘good citizenship,’ expanding the definition of citizenship to include not only residency in a particular country, but participation in local government, religious communities, and the workplace. She spoke about citizenship as a responsibility. “Especially in America,” she said, “where we are fortunate to live in a democracy with all the benefits and opportunities that that affords. We have a responsibility to work for change, to create better lives for ourselves and others.”

Negretti spoke about the importance of voting in a free society. “Every American has the right to vote,” she said, “yet only thirty-two percent of Americans take advantage of that right.”

Negretti’s presentation was well attended and enthusiastically received. Many attendees stayed to speak informally with Negretti after her presentation.

For more information about the USA Educational Series, contact Nancy DeCoste, training specialist in The Center for Clinical & Professional Development, at 4-7841.

EAP to re-locate to Charles River Plaza

The Partners Employee Assistance Program (EAP) will be moving its MGH office on September 15, 2004, to 175 Cambridge Street, Suite 320 (the new building at Charles River Plaza). Hours and services provided by the EAP will remain the same. The existing EAP office will be closed September 14th and 15th. During the move, EAP staff will be available for emergencies, and appointments can be made at nearby locations. The new office space will open on Thursday, September 16th at 1:00pm. There will continue to be limited appointment availability on the main campus following the move.

The EAP is a prevention and early-intervention resource, offering confidential consultation, short-term counseling, information, and referrals for employees and their families. The EAP offers assistance with all types of personal, family, and work-related problems.

For more information, call 617-726-6976 or toll-free, 1-800-724-4EAP.

Let’s Connect

an informal discussion group for heart-failure patients

Are you feeling overwhelmed, apprehensive, or confused about your diagnosis?

Join us in a forum for sharing experiences and hearing the perspectives of others.

September 9, 2004
3:00pm
Murphy Conference Room
Bigelow 8

Topics will be determined by attendees

For more information: call 726-7592
## Educational Offerings

<table>
<thead>
<tr>
<th>When/Where</th>
<th>Description</th>
<th>Contact Hours</th>
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<tbody>
<tr>
<td>September 14</td>
<td>CPR—American Heart Association BLS Re-Certification</td>
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<tr>
<td>7:30–11:00am/12:00–3:30pm</td>
<td>VBK 401</td>
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<tr>
<td>September 14, 15, 20, 21, 27, 28</td>
<td>Greater Boston ICU Consortium CORE Program</td>
<td>44.8 for completing all six days</td>
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<tr>
<td>7:30am–4:30pm</td>
<td>BWH</td>
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<td>September 15</td>
<td>More than Just a Journal Club</td>
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<tr>
<td>4:00–5:00pm</td>
<td>Walcott Conference Room</td>
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<td>September 15 and 17</td>
<td>CCRN Review</td>
<td>TBA</td>
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<td>8:00am–4:30pm</td>
<td>Day 1: Haber Conference Room. Day 2: O’Keeffe Auditorium</td>
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<tr>
<td>September 15</td>
<td>USA Educational Series</td>
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<td>1:30–2:30pm</td>
<td>Bigelow 4 Amphitheater</td>
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<tr>
<td>September 16</td>
<td>CPR—Age-Specific Mannequin Demonstration of BLS Skills</td>
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<td>8:00am and 12:00pm (Adult)</td>
<td>VBK 401 (No BLS card given)</td>
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<td>10:00am and 2:00pm (Pediatric)</td>
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<td>September 16</td>
<td>Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other</td>
<td>7.2</td>
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<tr>
<td>8:00am–4:30pm</td>
<td>Training Department, Charles River Plaza</td>
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<tr>
<td>September 20 and 24</td>
<td>Advanced Cardiac Life Support (ACLS)—Provider Course</td>
<td>16.8 for completing both days</td>
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<tr>
<td>8:00am–5:00pm</td>
<td>Day 1: O’Keeffe Auditorium. Day 2: Wellman Conference Room</td>
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</tr>
<tr>
<td>September 21</td>
<td>Intermediate Respiratory Care</td>
<td>TBA</td>
</tr>
<tr>
<td>8:00am–4:00pm</td>
<td>Respiratory Care Conference Room, Ellison 401</td>
<td></td>
</tr>
<tr>
<td>September 22</td>
<td>BLS Certification for Healthcare Providers</td>
<td>- - -</td>
</tr>
<tr>
<td>8:00am–2:00pm</td>
<td>VBK601</td>
<td></td>
</tr>
<tr>
<td>September 22</td>
<td>New Graduate Nurse Development Seminar II</td>
<td>5.4 (for mentors only)</td>
</tr>
<tr>
<td>8:00am–2:30pm</td>
<td>Training Department, Charles River Plaza</td>
<td></td>
</tr>
<tr>
<td>September 23</td>
<td>Psychological Type &amp; Personal Style: Maximizing Your Effectiveness</td>
<td>8.1</td>
</tr>
<tr>
<td>8:00am–4:00pm</td>
<td>Training Department, Charles River Plaza</td>
<td></td>
</tr>
<tr>
<td>September 23</td>
<td>Nursing Grand Rounds</td>
<td>1.2</td>
</tr>
<tr>
<td>1:30–2:30pm</td>
<td>“Common Patient Problems: Issues and Insights.” O’Keeffe Auditorium</td>
<td></td>
</tr>
<tr>
<td>September 24</td>
<td>MGH School of Nursing Alumni Program</td>
<td>TBA</td>
</tr>
<tr>
<td>8:00am–4:30pm</td>
<td>O’Keeffe Auditorium</td>
<td></td>
</tr>
<tr>
<td>September 27 and October 1</td>
<td>End-of-Life Nursing Education Program</td>
<td>TBA</td>
</tr>
<tr>
<td>8:00–4:30pm</td>
<td>O’Keeffe Auditorium, both days</td>
<td></td>
</tr>
<tr>
<td>September 27</td>
<td>Congenital Heart Disease</td>
<td>4.5</td>
</tr>
<tr>
<td>7:00–11:30am and 12:30–4:30pm</td>
<td>Burr 5 Conference Room</td>
<td></td>
</tr>
<tr>
<td>September 30</td>
<td>CVVH Core Program</td>
<td>6.3</td>
</tr>
<tr>
<td>7:00am–12:00pm</td>
<td>Haber Conference Room</td>
<td></td>
</tr>
<tr>
<td>October 5</td>
<td>CPR—American Heart Association BLS Re-Certification</td>
<td>- - -</td>
</tr>
<tr>
<td>7:30–11:00am/12:00–3:30pm</td>
<td>VBK 401</td>
<td></td>
</tr>
<tr>
<td>October 6</td>
<td>Intermediate Arrhythmias</td>
<td>3.9</td>
</tr>
<tr>
<td>8:00–11:30am</td>
<td>Haber Conference Room</td>
<td></td>
</tr>
<tr>
<td>October 6</td>
<td>Pacing: Advanced Concepts</td>
<td>4.5</td>
</tr>
<tr>
<td>12:15–4:30pm</td>
<td>Haber Conference Room</td>
<td></td>
</tr>
<tr>
<td>October 13</td>
<td>New Graduate Nurse Development Seminar I</td>
<td>6.0 (for mentors only)</td>
</tr>
<tr>
<td>8:00am–2:30pm</td>
<td>Training Department, Charles River Plaza</td>
<td></td>
</tr>
</tbody>
</table>

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.
Kidney Care Day
The Renal Unit is pleased to announce the first-ever MGH Kidney Care Day

Thursday, September 30, 2004
8:00am–4:00pm
O’Keeffe Auditorium and the Main Corridor

Educational programs, medical grand rounds, blood pressure screenings, and discipline-specific information on kidney disease.

8:00am
Medical Grand Rounds with Dr. Robert Toto
“Improving Outcomes in Diabetic Nephropathy”
O’Keeffe Auditorium

9:00am–1:00pm
Educational tables in the Main Corridor staffed by kidney care providers at MGH and throughout the area (including representatives from: The Center for Renal Education, Hemodialysis, Peritoneal Dialysis, Pediatric Nephrology, Food & Nutrition Services, and the Transplant Unit)

2:15pm
Special guest speaker
“The Humorous Side of Coping with Chronic Illness”
O’Keeffe Auditorium

For more information, call 617-720-2774

On-site BSN and master’s degrees in Nursing
Registered nurses at MGH seeking a baccalaureate (BSN) or master’s degree in Nursing, come learn more about opportunities to earn degrees through on-site programs.

On-site program offered by Northeastern University
Distance Learning program offered by St. Joseph’s College of Maine

Information Sessions
Tuesday, September 28, 2004
6:30am–7:00pm

Information tables in the White Lobby will direct you to sessions being held at times convenient for you.

For more information, contact: Miriam Greenspan, RN, on-site education coordinator in The Center for Clinical & Professional Development at: 724-3506 pager: 3-0724 or by e-mail

First classes to begin in January, 2005

De-coding professional ethics:
how does your code guide your practice?

The Ethics In Clinical Practice Committee invites you to attend a special program focusing on codes of ethics employed by various healthcare disciplines. We will discuss how codes of ethics guide interdisciplinary, clinical decision-making in resolving ethical dilemmas and the legal implications for use.

Presenters:
Christine Mitchell, Marilyn McMahon, and Regina Holdstock

Panel discussion to follow

September 29, 2004
8:30am–12:00pm
Haber Conference Room (across from O’Keeffe Auditorium)

Limited to 45 participants

Refreshments will be available

Nursing CEUs available

For more information or to register, call The Center for Clinical & Professional Development at 6-3111 (include your name, discipline, hospital location and contact information)