

Caring

July 21, 2005

HEADLINES

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Workplace Education Program: a celebration of achievement

This article was written by 14-year-old, Emily Brown, a recent graduate of the Timilty Middle School and soon-to-be freshman at the Cambridge School of Weston in Weston, Massachusetts. Pursuing her interests in journalism and photography, Emily is currently working in the MGH Photo Lab as part of an internship with the SummerWorks Program sponsored by Community Benefits.

If you were wondering what was going on under the Bulfinch tent on June 24, 2005, it was a graduation ceremony for the Workplace Education Program and English for Speakers of Other Languages (ESOL). Students

were graduating either into a higher level class or completing the program altogether. 190 MGH employees representing 15 countries participated in the program.

The Workplace Education Program incorporates what stu-

dents learn in the classroom with what they do in their work settings. Classes help them use what they learn in class in real-life, real-work situations.

Welcoming remarks were presented by Carlyene Prince-Erick-

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Ellison 13 unit service associate, Rachida El Abassi, receives certificate of completion from members of the Workforce Education Program team and other hospital dignitaries.

(Photo by Paul Batista)

Managing workplace conflict: prevention and preparedness

In an industry like health care, where human interaction is at the core of our practice and the work environment grows more complex every day, conflict-management and negotiation are skills every employee should possess. To help us understand more about the nature of workplace conflict and how to prevent it, I asked Bonnie Michelman, director of Police, Security & Outside Services to share some thoughts and information with us.



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

Jeanette: Bonnie, how serious a problem is workplace violence?

Bonnie: At MGH, incidents of workplace violence are infrequent, well below the national average. One reason that's true is because the department of Police, Security & Outside Services takes a proactive approach in trying to manage and prevent workplace conflict and/or violence in every setting.

Jeanette: How would you define workplace violence?

Bonnie: Workplace violence is any behavior that creates a work environment in which a reasonable person would feel threatened or intimidated. Abusive behavior can take place in person, over the telephone, or by way of letters or e-mails.

Jeanette: Can you talk a little about the effects of interpersonal conflict in the workplace?

Bonnie: When a person experiences stress or mental anguish as a result of an altercation or unresolved conflict in

the workplace, it can lead to loss of sleep and/or appetite, a negative impact on personal relationships, the development of post-traumatic stress disorder, and/or a decreased ability to deliver effective patient care. That's why it's so important for employees to be able to identify and diffuse potentially volatile situations.

Jeanette: How do you know when a situation is potentially volatile?

Bonnie: A certain amount of disagreement or difference of opinion is to be expected in any professional setting. When all parties possess the skills to work through those differences, a positive outcome is likely.

Occasionally, though, situations arise that have the potential to lead to more serious conflict. In those situations, early intervention is key. Some early warning signs may include romantic obsession, chemical dependence, depression, pathological blaming, elevated frustration with the work environment, an interest in or obsession with weapons, or any unusual changes in 'normal' behavior.

Jeanette: You mentioned a proactive approach. What are we doing to help prepare staff to identify, prevent, and manage workplace conflict?

Bonnie: Important components of any effective program to minimize workplace violence include prevention and post-event management. In the area of prevention, Police, Security & Outside Services offers a number of services:

- Awareness and Prevention Training
- Risk and threat assessments
- Background and covert investigations
- Customized security patrols and increased visibility of officers on campus
- Liaisons and referrals to local, state, and federal law-enforcement agencies

Because the department of Police, Security & Outside Services is credentialed as a police department, our staff are empowered to make ar-

rests for violations of the law or for failure to obey restraining orders. In addition, we offer a number of post-event management services, such as:

- Providing safe transportation for employees
- Conducting comprehensive follow-up investigations
- Designing home and workplace security plans
- Providing assistance with court paperwork and proceedings if necessary

Jeanette: What can staff do to help prevent workplace conflict?

Bonnie: Staff are in a position to make a very important contribution. They can help by wearing their ID badges and not allowing security doors to be propped open for unauthorized entry. Employees are the first line of defense in the prevention of workplace violence. Every

continued on next page

Perioperative Nursing Training Program

Information Session

Are you interested in becoming an OR nurse? Join us to learn more about this training program

**Tuesday, August 2, 2005
2:00-7:00pm**

Sweet Conference Room (GRB432)

Opportunities to meet with representatives from Human Resources, talk to OR staff, and tour the operating room. Light snacks and refreshments will be provided. Must be a registered nurse with experience in acute care. Program begins in October, 2005.

For more information contact
Michele Andrews at: 617-724-6052

Knowledge, skill, and practice: managing the challenges of a complex work environment

Question: The healthcare environment is increasingly complex and stressful for staff, patients and families. What is contributing to this?

Jeanette: Many factors impact the complex nature of today's healthcare environment:

- Increased patient acuity
- Shorter lengths of stay
- More sophisticated and knowledgeable patients and families
- An increasingly diverse patient population and workforce

- Ethical dilemmas
- A multi-generational workforce
- Interdependence within the healthcare team
- An increasing need to be skilled in the areas of conflict-management and negotiation
- Scheduling practices that result in multiple hand-offs requiring effective communication among and between caregivers

If not managed well, these factors can result in an environment rife with conflict and dissatisfaction.

Question: What can staff do to become more skilled at managing these issues?

Jeanette: In addition to always striving to increase our knowledge and skill in patient-care practices, the key to being effective practitioners and leaders is to also increase knowledge, understanding, and skill in:

- cultural competence
- working with a multi-generational workforce
- conflict-management and negotiation

Jeanette Ives Erickson

continued from previous page

employee should consciously be aware of his/her surroundings and report any suspicious behavior to their managers or directly to Police, Security & Outside Services (6-2121). All work-related and outside-of-work issues that arise that could potentially result in incidents of workplace violence should be reported.

Jeanette: Bonnie, I think a lot of employees may feel like they're over-reacting, or they don't want to bother you if their suspicions turn out to be unwarranted.

Bonnie: I want all employees to feel comfortable calling Police, Security & Outside Services. If an employee feels even a little bit threatened, they're not over-reacting. I would much rather field a call that turns out to be nothing, than miss an opportunity to diffuse a crisis situation.

Jeanette: What advice would you like to give staff?

Bonnie: I would tell all MGH employees to trust their instincts; to interact professionally when dealing with co-workers,

patients, families, and visitors. If a situation does arise where staff feel uncomfortable, they should call Police, Security & Outside Services immediately at 6-2121 (24 hours a day), or Special Investigations at 4-3036 (days only).

Jeanette: Bonnie, thank-you for talking with us. This information is very helpful. I know staff will appreciate it.

Bonnie: Thank-you for the opportunity. The more we know about identifying and managing workplace conflict, the better prepared we are to prevent it.

- effective communication skills
- effectively engaging in difficult conversations
- precepting and mentoring to pass on what you've learned

Increasing proficiency in these and other skills will result in a collective ability to create the kind of healing environment that staff and patients want and deserve.

Question: Where can staff go to learn these skills?

Jeanette: A variety of resources is available to staff. The Knight Center for Clinical & Professional Development offers a comprehensive list of educational opportunities.

In the interactive workshop, "Workforce Dynamics: Skills for Success," participants at all levels of experience increase their awareness, knowledge, and skill at working with a multi-disciplinary workforce, negotiating, and effectively engaging in difficult conversations.

The Center offers programs in ethics, cultural competency, and new-graduate mentoring. Police, Security & Outside Services offers a number of programs including, Management of Aggressive Behavior, Personal Safety, Domestic Violence, and Workplace Violence. The Employee Assistance Program is also a resource for staff.

Question: How can staff access information about these programs?

Jeanette: The Knight Center's educational calendar is available on the Center's website at: <http://mghnursing.org>.

Question: Are any of these programs offered at the unit level?

Jeanette: In addition to day-long programs, shorter sessions are offered on Conflict-Management, Preceptor Development, and Psychological Type & Personal Style (focuses on increasing knowledge of one's own style of problem-solving, decision-making, leadership, teamwork, and how to make the best use of style differences within teams). Many nurse managers have invited staff from the Knight Center to provide these sessions as part of staff retreats for team-building and strategy-planning.

Educational programs are a great way to begin. But the key to applying knowledge and gaining proficiency with newly acquired skills is practice, practice, practice. Unit-based and departmental resources such as managers and clinical specialists can assist you in applying what you learn as situations arise.

Our philosophy embraces a spirit of inquiry and life-long learning. I encourage all of us to re-commit ourselves to these values and take advantage of the many educational opportunities offered at MGH.

Nursing and the 25th anniversary of The Belmont Report

—by Pat Moran, RN, staff nurse, GCRC

This year marked the 25th anniversary of one of the most important documents related to human research in the United States: the Belmont Report. In July of 1974, the National Research Act created the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. The act was created largely due to public outcry surrounding the Tuskegee Syphilis Study in which 600 African-American men were infected with syphilis and, when penicillin became accepted as the treatment for the disease, some study participants were excluded from receiving the drug.

The National Commission was made up of 11 men and women representing science, law, ethics, and society. They were charged with identifying ethical principles and guidelines for research involving human beings. They presented their recommendations to the Secretary of the Department of Health, Education & Welfare. Today, the United States has extensive regulations and codes to protect people who participate in research studies, but The Belmont Report is still recognized as the seminal document that set the

standard for the protection of research participants.

At MGH, clinical research studies are carried out on White 13, the Mallinckrodt General Clinical Research Center (GCRC), the CNY Bio-Imaging Center, and in our satellite outpatient unit at MIT. Currently, 130 IRB-GCRC approved protocols are being conducted by these research centers in endocrine, reproductive endocrine, infectious diseases, neurological disorders, GI, wound care, cardiac, psychiatry, and oncology. There are adult and pediatric participants.

Nursing in clinical research is multi-faceted. Our role includes patient care, collaboration, advocacy, and data-collection. Professional collaboration between nurses and investigators is paramount in maintaining the integrity of a protocol. MGH GCRC nurses have expertise in specialized clinical practices as well as the clinical research process. Our practice is a balance between keeping participants safe and maintaining optimal health, while conducting the study and accurately collecting data. It's important that participants perceive the research nurse as a clinician.

The Belmont Report is based on three fundamental, ethical principles: respect for participants, beneficence, and justice.

Respect for participants (the informed-consent process) addresses the need to treat subjects with respect, allowing them to make their own decisions about participating in human research. Consent forms outline the purpose, procedures, risks, benefits, and our confidentiality policy. Throughout the course of the study, participants are encouraged to ask questions and voice any concerns they may have. All procedures are fully disclosed at every stage of the study. Participants may choose to continue or terminate their involvement at any time.

Beneficence (or do no harm and maximize

benefits) refers to the fact that participants may be exposed to risk or receive no personal benefit when taking part in a study. There are different types of risks involved in research studies. Potential harm could come from a simple blood draw. There's risk involved in using investigational drugs or devices. Research nurses continuously assess subjects, during single visits, on overnight stays, and over the course of long-term studies. Nurses help give participants a feeling of safety as they critically contribute to the success of the study. Nurses bring skill, experience, and intuition to each study. They are invaluable in assessing participants' safety, their knowledge of the study, and compli-

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GCRC research nurses, Tammy Carnevale, RN (left) and Kathleen Egan, RN (center), discuss subject consent forms with research subject advocate, Andrea Saltzman, RN

Cover Story

continued from page 1

son, director of Employee Education and Leadership Development. Prince-Erickson introduced the program and explained the purpose and goals of English for Speakers of Other Languages.

Jane Edmonds, from the Massachusetts Department of Workforce Development, praised the students and the program, then introduced individual student presentations. Students from each level of the program

read a brief story they had written as part of their classwork. Stories were about themselves, their families, or experiences they'd had since coming to this country.

After several students had read their stories, Krys Klincewicz was introduced. Klincewicz first started working at MGH 13 years ago. He started as an equipment service technician and

now he is a supervisor in Materials Management. On his second day of work, Klincewicz enrolled in the ESOL program. At that time, he spoke primarily Polish and just

a little English. In talking about the program, he offered students this advice: "Jump into the deep end of the pool. There will always be someone at MGH to throw you a life preserver."

Certificates were presented by Diane Crane, ESOL instructor, and

Jane Ravid, lead instructor, who also gave the closing remarks.

For more information about the Workplace Education Program, call Jane Ravid at 4-3976. To schedule a screening appointment for fall classes, call Heather McNemar at 6-2388.



Photos (clockwise from center top): Edmonds, Klincewicz, Rosa Arelys Charlin receiving certificate, El Abassi, Adriana Velez, and Prince-Erickson



(Photos by Paul Batista)

Wedding on Ellison 12, a special occasion for family, friends, and staff

*M*y name is Annette Kavanagh, and I am a staff nurse on the Ellison 12 Neurology Unit. As part of our annual performance appraisals we're required to write a narrative about a clinical situation. It's very difficult to select a situation that reflects the remarkable work accomplished on Ellison 12. As nurses, we face tremendous challenges every day with complex neuro-surgical and neuro-medical patients. In addition, we care for epilepsy patients who require continuous monitoring for seizure activity; and many patients on our unit have numerous medical, physical, and emotional needs ranging from blood-pressure and vital-sign monitoring, to bed-baths, to looking for signs and symptoms of ICP, monitoring lumbar and ventriculostomy drains, drawing blood, and inserting intravenous lines. Nurses provide emotional support for patients and family members, as well. I chose

to write about a patient and family I had the privilege of caring for this past year.

On a beautiful weekend last summer, at the beginning of the day shift, some colleagues were discussing upcoming weddings of staff when the night nurse giving me report became very upset. She continued to give report on a particular patient's medical condition, then informed me that the patient's daughter was getting married that day. The patient had asked his doctors if he could leave on a day pass, but his request was denied because it presented a risk to his health.

The patient, Mr. J, who was in his 50s, had suffered a right middle cerebral artery stroke (MCA) with subsequent left-sided paralysis and was considered at risk for another stroke if he left the hospital without being anticoagulated.

When I entered the room that morning, I could see the sadness and disappointment in Mr. J's eyes. He had a flat affect and responded in one-word answers. I pulled a chair up beside the bed and told Mr. J that I'd learned of his daughter's wedding and empathized with him about how difficult it must be for him. Instantly Mr. J became more

engaged in the conversation, telling me how his daughter had picked out her dress in college, long before she even knew she was getting married. We talked about his illness and current limitations. Mr. J quickly returned to the topic of his daughter's wedding and informed me that his daughter was coming to

the hospital that afternoon. He asked if I'd be working late that night. When I told him I was scheduled to leave at 3:00pm, he immediately became anxious and started to weep.

"My daughter is coming at three o'clock with the photographer," he said. He asked if I would
continued on next page



Annette Kavanagh, RN
staff nurse, Ellison 12



One wedding picture is worth a thousand words

(Photo by Kristin Duarte)

Clinical Narrative

continued from previous page

help dress him in his tuxedo so that he could have pictures taken with his daughter. He was very concerned that this might not be possible as his daughter's arrival coincided with change of shift. I assured Mr. J that I would have him ready and not to worry. (As it turned out, someone called in sick that day, and I did stay until 7:00).

After attending to his medical needs, Mr. J and I decided he should have a shave (beard-trimming) and haircut for the big event. A stylist came to his room from the MGH Hair Salon, and with Mr. J's guidance, I trimmed his beard.

As I continued with my morning rounds, I was paged to take a telephone call. It was Mr. J's wife. I could only imagine what she must be going through with the excitement of her daughter's wedding and the anxiety of her husband's illness. Mrs. J expressed deep gratitude for the care her husband was receiving and asked if it was going to be possible to get Mr. J ready considering the fact that it was going to be change of shift. I assured Mrs. J that we would have him ready.

As the day progressed, extended family members visited and offered support. Mr. J's cousin arrived at 2:00 with tuxedo and accessories in hand.

Word had spread on the unit that there was going to be a 3:00 wedding, and staff and patients alike were getting excited. At 2:15, with the help of my colleagues, Kristen, Suad, and others, I started to get Mr. J ready. We got him into his tux, but he was worried about all the equipment and monitors being in the pictures and whether there would be enough space to take family pictures in his room. We transferred Mr. J to a cardiac chair and moved him to the solarium for picture-taking. We used 30-foot IV tubing so no IV poles would be visible in the pictures.

At exactly 3:00, Mr. J's daughter and the bridal party stepped off the elevator. His daughter was truly surprised to see her dad in his tux. Mrs. J arrived and, holding back tears, gave Mr. J her love and support. All the nurses who were scheduled to leave at 3:00 put their plans on hold and stayed to enjoy the celebration with Mr. J and his family. Not many words were spoken, just the passing of Kleenex to members of the bridal party, staff, and patients.

After all the pictures were taken, Mr. J insisted that the family continue on to the reception. While taking Mr. J back to his room, he thanked me profusely and joked, "Get me out of this tux!"

During the rest of my shift, I checked on Mr. J periodically and he always gave me a 'thumbs-up.' It was a privilege and an honor to take care of Mr. J. I'm truly grateful for the support of my colleagues in helping to make this event possible during change of shift.

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

In a hospital setting, we're accustomed to

people's day-to-day lives being disrupted by illness and injury. But this was a very special day for Mr. J, and thanks to the efforts of Annette and her colleagues, it will be fondly remembered by everyone involved.

Good nursing care means doing everything possible to ensure the physical, mental, and emotional well-being of our patients. It wasn't medically possible for Mr. J to attend his daughter's wedding, but Annette knew what this day meant to Mr. J and his family. She went beyond the basic request to 'have him in his tux and ready for wedding pictures by 3:00.' She arranged for a haircut and shave, moved him to a more appropriate setting, and made sure every detail was perfect, down to the 30-foot IV tubing.

Teamwork, creativity, and compassion—a winning combination.

Thank-you, Annette.

Call for Nominations

Marie C. Petrilli Oncology Nursing Award

Nominations are now being accepted for the Marie C. Petrilli Oncology Nursing Award, which recognizes the caring, compassion, and commitment in the care of oncology patients at MGH. Any nurse throughout MGH who cares for patients with cancer is eligible. Two nurses will be selected; recipients will receive \$1000 each.

Nomination forms are available on all inpatient units, at the Gray and Cancer Center information desks, and in the Cancer Resource Room. A letter of support must accompany nomination forms.

Nominations are due by August 5, 2005

Janet Ballantine Oncology Volunteer Award

Nominations are being accepted for the Janet Ballantine Oncology Volunteer Award that recognizes volunteers who extend themselves to make the human experience of cancer care easier and more personalized for patients and families. Any MGH volunteer who cares for oncology patients is eligible. One volunteer will be selected; the recipient will receive \$500.

Nomination forms are available on all inpatient units, at the Gray and Cancer Center information desks, and in the Cancer Resource Room.

Nominations are due by August 9, 2005

Brian M. McEachern Extraordinary Care Award

Nominations are being accepted for the Brian M. McEachern Extraordinary Care Award that recognizes staff whose passion and tenacity exceeds the expectations of patients, families, and colleagues by demonstrating extraordinary acts of compassionate care and service. One person will be selected; the recipient will receive \$1500.

All role groups within Patient Care Services are eligible. Those who wish to nominate a candidate should complete the brief nomination form and submit a letter describing why they feel the nominee should be recognized.

Nominations are due by August 9, 2005

For more information about any of these awards, call 617-724-2295

Addressing pain: multi-disciplinary collaboration in action

—by Thomas E. Quinn, RN
project director, MGH Cares About Pain Relief

In a previous article, I described my role as a clinical nurse specialist with a focus on pain. An explicit component of the charter of MGH Cares About Pain Relief, and my strong belief, is that optimal pain-management is best achieved using a systematic, collaborative approach. Pain Skills and Knowledge Day, sponsored by the Pain Task Force on March 15th, and the annual Pain Relief Champions course held April 21-22, are recent examples of this approach.

Pain Skills and Knowledge Day was a hands-on, 'drop-in' event open to clinicians from all disciplines. The program provided a stress-free environment for learning and practicing aspects of pain-management. Volunteers from Pharmacy and Nursing staffed various learning stations,

and a pharmacy student won a \$100 gift certificate for achieving the highest score on the Pick Your Own Question Quiz.

The Pain Relief Champions course is facilitated by a multi-disciplinary faculty and is designed for a multi-disciplinary audience. Clinicians from Nursing, Pharmacy, Medicine, and Physical Therapy attended, as well as a visiting child life specialist from Spokane, Washington.

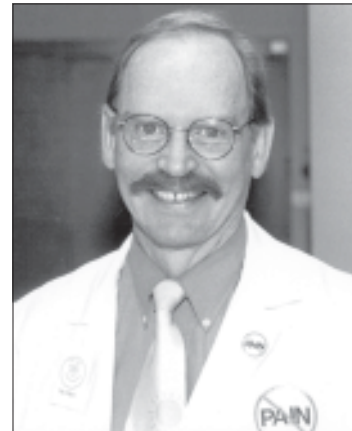
MGH is committed to achieving and maintaining the highest level of patient safety. Two multi-disciplinary projects that support this effort are the expanded and re-designed Drug Therapy Committee, and an ad hoc Opioid Safety Committee that originated in the department of Medicine.

The Medication, Education, Safety and Approval Committee (MESAC) has replaced the Drug Therapy Committee.

MESAC is co-chaired by the assistant chief of Medicine for Quality Assurance, Christopher Coley, MD, and the director of Pharmacy, Margaret Clapp, PharmD. Joan Fitzmaurice, RN, co-chair of the Quality and Safety Committee, and associate chief nurse, Theresa Gallivan, RN, serve on the Executive Committee. The mission of MESAC is to promote rational and safe medication use in an era of increasingly complex systems. There are six major subcommittees. Each has a leadership team consisting of at least one physician, pharmacist, and nurse. Some subcommittees have formed task forces with additional multi-disciplinary participation.

I am a member of the Safe Administration Subcommittee and the Pain Team Task Force. One of our projects is standardizing and simplifying opioid concentrations for patient-controlled analgesia and epidural infusions. This will help promote consistent practice and the development of drug libraries for the new 'smart' pumps.

The Opioid Safety Committee, which includes members from



Thomas Quinn, RN
project director, MGH Cares About Pain Relief

Dana-Farber and Brigham and Women's Hospital, is developing a Partners Opioid Safety Curriculum. The first phase of this project will be to pilot the curriculum with new MGH medical house officers this summer. The curriculum and target audience will gradually be expanded so that all nurses, physicians, and pharmacists at MGH and BWH will complete the

same opioid safety curriculum. Eventually, the curriculum will be available on the MGH Intranet.

The intent is to improve multi-disciplinary communication and collaboration and promote safe, consistent care of patients receiving opioids for pain.

For more information on pain-management or MGH Cares About Pain Relief, call 6-0746.

Upcoming events:

- September is Pain Awareness Month
- Annual Pain Pulse Survey: September 7, 2005
- Pain Projects Expo: September, 2005 (date TBA) Main Corridor
- Pain Skills and Knowledge Day: 2006
- Pain Relief Champions Course: May 8 and 10, 2006

NU at MGH

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mgreenspan@partners.org
telephone: 4-3506
pager: 3-0724

Kielty, Roche, receive 2005 Susan and Arthur Durante Award for Exemplary Care

—by Julie Goldman, RN, professional development coordinator

This year's presentation of the Susan and Arthur Durante Awards for Exemplary Care and Service to Cancer Patients, held June 27, 2005, was an opportunity to celebrate and remember Arthur Durante, one of the benefactors of the award, who passed away in August, 2000. This year's recipients were Connie Roche, RN, nurse practitioner in the Avon Breast Center; and Edward Kielty, a mold room technician at the Proton Therapy Center.

Roche was described as, "always willing to go the extra mile for her patients and the program. Patients commend her for her empathy, clinical skills,

and compassionate care."

Dr. Tom DeLaney, who nominated Kielty, wrote, "I have been repeatedly impressed with Ed's kind and gentle manner with patients. He has been a tremendous resource at the Center."

The Durantes established the Respite and Relaxation Fund to provide two \$1,000 awards annually to professional and/or support staff who exhibit compassion, enthusiasm, and commitment in their care of cancer patients. The award continues to be presented by Mrs. Durante-Lomastro in memory of her late husband.

Durante-Lomastro shared her husband's definition of

healer as: "Someone who reaches out with their hands and their hearts, who talks to you and hears what you're thinking and feeling."

Jackie Somerville, RN, associate chief nurse, observed, "The lesson we've learned from the Durantes is how important it is to celebrate each other and our relationship with those who seek our care, not once a year but each and every day. This is the food that feeds our soul and keeps us doing this challenging and rewarding work."

For more information about the Susan and Arthur Durante Awards for Exemplary Care and Service to Cancer Patients, call Julie Goldman, RN, at 4-2295.



Susan Durante-Lomasro (center) with award recipients, Edward Kielty of the Proton Therapy Center, and Connie Roche, RN, of the Avon Breast Center

(Photo by Abram Bekker)

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Surveying the MGH culture of patient safety

—by Georgia Peirce, director of PCS Promotional Communications and Publicity and National Patient Safety Leadership fellow

The 1999 Institute of Medicine's report, *To Err is Human: Building a Safer Health System*, identified a number of areas vital to advancing patient safety. The authors emphasized the importance of establishing a culture of safety within healthcare organizations. Healthcare institutions that emphasize and value safety, typically, are safer. This month, MGH will embark on a new, long-range approach to more closely examine, understand, and shape our culture of safety. The first step involves studying our culture... *from staff's perspective at the unit level.*

Says Jeanette Ives Erickson, RN, senior vice president for Patient Care, "Evidence clearly demonstrates that organizational culture, specifically environments that promote teamwork and development, are more likely to advance quality and safety efforts. We are surveying front-line staff to gain a better understanding of our existing culture hospital-wide."

Culture is commonly defined as the values, beliefs, and norms that shape an organization's behavior. Hospitals and other diverse institutions are likely to have a combination of cultures. Studies of high-risk industries that also require a high degree of reliability (such as aviation, nuclear energy, etc.) tell us that when the *dominant*

culture values safety, it helps promote higher reliability.

We need to understand as much as possible about the dominant culture of MGH at the unit level, especially in high-risk areas. What 'makes us tick' when it comes to patient safety? What values, beliefs, and norms are important to us? What attitudes and behaviors are expected or considered appropriate? What factors help us promote safety; and what barriers stand in the way?

This summer, a research team, lead by Barrett Tyler Kitch, MD, MPH, and Eric G. Campbell, PhD, from the MGH Institute for Health Policy (IHP), will conduct two surveys of MGH clinical staff using a tool created by the Agency for Healthcare Research and Quality (AHRQ). The tool has been pre-tested with more than 1,400 employees from 21 hospitals nationwide to ensure that the areas of focus are easily understandable and relevant to patient safety in a hospital setting. The MGH survey has been modified to include a dozen additional questions on organizational culture, but the AHRQ tool will allow us to benchmark our findings against similar institutions regionally and nationally.

A random sampling of approximately 750 clinicians including, nurses, physicians, and pharmacists from all in-

patient areas of the hospital and the Emergency Department will be surveyed. The MGH Quality & Safety Oversight Committee is sponsoring the second, complementary study as part of our strategic planning effort. Using the same AHRQ tool, IHP researchers will survey approximately 650 nurses and physicians from specific high-risk areas (including the Emergency Department, operating rooms, Obstetrics, Cardiac Catheterization, Interventional Radiology, and intensive care units). All responses will be anonymous, and all information will remain confidential.

IHP researchers will analyze survey results throughout the summer and provide a written report of the aggregate data in the fall. Senior management and the MGH Quality & Safety Oversight Committee will use the results to guide our quality and safety strategic planning efforts.

Says Ives Erickson, "As we chart a strategic plan to advance quality and safety at MGH, it's vital that we learn as much as we can about our culture of safety from those who know it best—staff delivering care at the bedside."

For more information about the MGH safety culture surveys, contact the co-chairs of the MGH Quality & Safety Culture Committee, Georgia Peirce or Susan Edgman-Levitan, by e-mail.

Anniversary of Belmont Report

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ance to protocols.

Justice (or the equitable selection of research subjects) ensures that each person is treated fairly and equitably, and that the burdens and benefits of research are shared. Research is an equal opportunity. There should be no disproportionate burden or benefit to any demographic. People who are dependent on society, such as economically disadvantaged populations or individuals with compromised capacity, are to be protected from unethical recruitment for participation in research.

There's no such thing as 'routine' research nursing practice. Each study is different, each participant is unique. At the core of nursing practice on any research unit are the underlying principles of The Belmont Report. The quest for clinical evidence, knowledge, understanding, and the potential for improving treatment and preventing disease are the goals we all share. Nurses develop relationships with participants. Teamwork between nurses and investigators contributes to the success of research studies, accurate data-collection, and the safety of all participants.

For more information on The Belmont Report, research, or research nursing, go to the NIH website at: nihtraining.com/ohsrsite/guidelines/Belmont.html.

For information on The Tuskegee Study, visit: www.gpc.edu/~shale/humanities/composition/assignments/experiment/rivers.html.

Educational Offerings

July 21, 2005

When/Where	Description	Contact Hours
August 2 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
August 3 8:00–11:00am	On-Line Clinical Resources for Nurses FND626	3.3
August 4 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK401	---
August 4 1:30–2:30pm	Nursing Grand Rounds “Support for the Support Staff in Oncology.” O’Keeffe Auditorium	1.2
August 9 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK401 (No BLS card given)	---
August 10 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
August 10 8:00–11:30am	Intermediate Arrhythmias Haber Conference Room	3.9
August 10 12:30–4:30pm	Pacing Concepts Haber Conference Room	4.5
August 10 1:30–2:30pm	OA/PCA/USA Connections “Health Information Services.” Bigelow 4 Amphitheater	---
August 10 11:00am–12:00pm	Nursing Grand Rounds “Mental Status Change.” Sweet Conference Room GRB 432	1.2
August 18 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK401	---
August 24 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
August 25 1:30–2:30pm	Nursing Grand Rounds “Caring for Patients with Dementia.” O’Keeffe Auditorium	1.2
August 26 12:00–3:30pm	Basic Respiratory Nursing Care Ellison 19 Conference Room (1919)	---
September 1 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK401	---
September 8 1:30–2:30pm	Nursing Grand Rounds “Warming up to Legal Issues in Clinical Practice.” O’Keeffe Auditorium	1.2
September 9 and 12 8:00am–4:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Thier Conference Room	16.8 for completing both days
September 12 and 30 8:00am–4:15pm	Neuroscience Nursing Review Course O’Keeffe Auditorium	TBA
September 12 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK401 (No BLS card given)	---
September 13 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK401	---
September 14 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
September 14 1:30–2:30pm	OA/PCA/USA Connections “Superior Service Skills.” Bigelow 4 Amphitheater	---

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>.

Coakley named 2005-2006 Yvonne Munn post-doctoral fellow

On July 1, 2005, staff specialist, Amanda Coakley, RN, became only the fourth MGH nurse to receive the prestigious Yvonne L. Munn Post-Doctoral Fellowship in Nursing Research. The fellowship was created to help develop nursing researchers, promote scientific inquiry and scholarship, and provide nurse researchers with the time and resources they need to advance their specific area of study.

Structured to subsidize 400 hours of practice time and related research expenses (up to

\$3,000), the fellowship gives researchers an opportunity to develop a proposal suitable for submission for external funding.

Coakley's research study seeks to evaluate the efficacy of Therapeutic Touch in reducing pain and anxiety, and increasing comfort and relaxation in patients who have undergone vascular surgical procedures.

Says Coakley, "Therapeutic Touch is a complementary therapy used by many nurses to help patients during hospitalization. How and when to best measure outcomes

associated with Therapeutic Touch will be a key focus of this fellowship."

Diane Carroll, RN, clinical nurse specialist, previous Yvonne Munn post-doctoral fellow, and co-chair of the committee that oversees the Munn Post-Doctoral Fellowship, says, "The need for evidence to support the use of complementary therapies is an important area for nursing research. Mandi is well prepared and in a position, with the support of this fellowship, to generate new knowledge to improve the care of our patients."



Amanda Coakley, RN, recipient of the Yvonne L. Munn Post-Doctoral Fellowship in Nursing Research

Coakley joins the short list of Carroll, Ginger Capasso, RN, and Barbara Roberge, RN, as recipients of the Munn Fellowship. Upon completion of her fellowship, Coakley will present her research to the MGH

nursing community.

For more information about the Yvonne L. Munn Post-Doctoral Fellowship in Nursing Research, call the Knight Center for Clinical & Professional Development at 6-3111.

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