

# Caring

October 6, 2005

## HEADLINES

### 2nd annual McEachern Award honors 'quiet hero'

**Inside:**

- The Brian M. McEachern Extraordinary Care Awards ... 1
- Jeanette Ives Erickson ..... 2
  - Quality & Safety Update
- Fielding the Issues ..... 3
  - Technological Advancements for the Blind
- Knight Visiting Professor Program ..... 4
- Health Literacy ..... 6
- The New DIP Database ..... 7
- Clinical Narrative ..... 8
  - Linda Shuman, RN
- New Graduate Nurse Critical Care Program Graduation . 10
- The Open Galley Project ..... 11
- New PATA Website ..... 12
- Educational Offerings ..... 15
- Benner Presents at Grand Rounds ..... 16

How do you honor a fallen hero? How do you pay tribute to a loved one who spent his life in the service of others? What gesture is big enough, meaningful enough, important enough? The family and friends of Boston firefighter, Brian McEachern, answered those questions with the creation of The

Brian M. McEachern Extraordinary Care Award to recognize clinicians whose practice is characterized by extraordinary acts of compassion, advocacy, and empowerment.

On Thursday, September 22, 2005, the second annual presentation of the McEachern awards was held in the MGH Ether Dome,

this year's recipients: speech language pathologist, Tessa Goldsmith, CCC-SLP, and Medical Intensive Care Unit staff nurse, Christine McCarthy, RN.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, opened the ceremony, calling McEachern a 'quiet hero,' an ordi-

*continued on page 14*



Award recipient, Christine McCarthy, RN (directly behind plaque), with members of the McEachern family, members of the award selection committee, friends and former colleagues, and senior vice president for Patient Care, Jeanette Ives Erickson, RN (second from left). Award recipient, Tessa Goldsmith, CCC-SLP, was unable to attend. Her husband, Clifford (back left), accepted on her behalf.

## Quality and Safety Update

We are all acutely aware of the importance of an effective quality and safety program, and we're all working hard to ensure that MGH meets and exceeds expectations around keeping patients safe. A number of safety initiatives are under way throughout the hospital, and I want to make sure you're all aware of this important work.

Chris Graf, RN, director for PCS Management Systems, and her team have launched an on-line electronic dashboard to help us monitor clinical quality indicators and patient-satisfaction data. The dashboard contains quality indicators to help us prevent falls and infections and promote effective hand-hygiene. We can now compare benchmark scores with expected ranges and actual scores. Scores that fall outside expected ranges are flagged to alert managers and me to any trends we should be addressing. Dashboards are currently available on the classification system for inpatient units, the Emergency Department, the Pre-Admission Testing Area, and the IV nursing team. Indicators are specific to the patient-care activities on these units.

Next month we'll be launching a new Nursing Quality and Patient Safety website. Joan Fitzmaurice, RN, co-director for

the Office of Quality & Safety, and her team are creating a user-friendly site where hospital employees and the general public can go to see nursing quality information and metrics. The site contains general information about MGH nursing, professional achievements, links to relevant articles in the news, and a number of safety pledges, including:

- A highly skilled MGH registered nurse will be accountable for your nursing care at all times
- Your nurse will take your pain seriously

More pledges are being developed with input from staff nurses. When the site goes live, it will be accessible at: [www.massgeneral.org/nursingquality](http://www.massgeneral.org/nursingquality).

The Massachusetts Department of Mental Health was recently here for its bi-annual site visit to ensure that our inpatient Psychiatric Unit is providing quality care in

a safe environment. Reviewers met with members of the multi-disciplinary team and representatives from the Office of Patient Advocacy and Interpreter Services. The visit concluded with our Psych Unit being re-licensed for another two years.

I'm happy to report that our comprehensive Hand Hygiene Program has had a significant impact on hand-hygiene compliance rates over the past two years. The program is comprised of unit-based education, unit champions, surveillance rounds, posters, a rewards program, and active communication between unit leaders and staff. As a result, steady decreases have been achieved in MRSAs, VREs, clostridium difficile, and central-line-associated bacteremias. Building on this success, higher compliance goals will be set in the coming months. We need your help to ensure our patients continue to receive the safest, highest-quality care.



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

Our Bar-Coded Patient Wristband Initiative is having a great impact on our ability to accurately and efficiently verify patient identification. This innovative, automated technology (currently being piloted on several units) not only facilitates accuracy in patient-identification, but will one day play a part in patient scheduling, tracking, and other patient-safety initiatives.

Thanks to a grant from the Robert Wood Johnson Foundation, a study focusing on merging palliative and critical care in the Medical Intensive Care Unit (MICU) is under way.

The study seeks to integrate medical and spiritual care, increase MICU staff's exposure to palliative-care techniques, and share best practices with other ICUs to promote patient- and family-centered care

throughout the institution.

We just completed our Interim Monitoring Report for the Commission on Magnet Hospital Recognition. In it, we provided information on staff- and patient-satisfaction, nurse-sensitive quality indicators, turnover and vacancy rates, recruitment efforts, nursing educational demographics, and much more. Seeing all that information in one place, I can tell you, we have good reason to be proud.

These are only some of the many safety-related projects and initiatives under way throughout the hospital. As we continue to provide care to our community's sickest patients, we maintain the highest standards of patient care backed by our commitment to a dynamic and robust quality and safety program.

### Update

I'm happy to announce that Susan Caffrey, RN, has accepted the position of nurse manager for the Blake 14 Labor & Delivery Unit.

## Technological advancements for blind and visually impaired individuals

*Question:* How is it possible for blind individuals to use desktop and laptop computers?

*Jeanette:* In recent years technology has changed our lives in a number of dramatic ways. Think back to life before the cell phone, the blackberry, and e-mail. In a similar way, technology is responsible for many improvements in the lives of blind and visually impaired individuals. New technology has made it possible for people with little or no sight to make meaningful contributions at school, in the workplace, and in the community.

A new, adaptive speech-output program called, JAWS, can be installed on any computer to convert existing, compatible programs (such as Outlook, Word, Excel, and Power Point) to audible output. Users navigate using key strokes (there is no mouse). Just as a sighted person might type a document then go back to review what she's written, JAWS allows users to go back and listen to what they've written.

*Question:* Are there programs specifically for individuals with limited vision?

*Jeanette:* An adaptive program called Zoom Text, which can be in-

stalled on any desktop or laptop computer, enlarges text to a readable size, making all compatible programs and applications accessible to people with limited vision.

*Question:* Have there been any non-computer-related advancements in the area of adaptive technology?

*Jeanette:* A number of adaptive technologies are making it possible for blind and visually impaired people to function and contribute at a much higher level than ever before. Some of those devices include:

- The Parrot: a device that provides access to personal information such as memos, phone
- numbers, addresses, a calculator, and an alarm clock. It is essentially a Palm Pilot with speech-output and voice-recognition capabilities
- Voice Note: a device that allows users to take notes; send and receive e-mails; and acts as a daily planner
- Franklin Master: a device with speech-output capability that functions as a dictionary, thesaurus, and grammar and spelling resource
- Special watches and alarm clocks have audible prompts and many are available with large numbers and tactilely identifiable buttons
- Closed circuit television (CCTV) offers individuals with limit-

## The Kenneth B. Schwartz Center special symposium

"Beyond the white coat and johnny: what makes for a compassionate patient-caregiver relationship?"

facilitated by  
veteran journalist, John Hockenberry

**November 3, 2005  
3:00–5:00pm**

**Boston Convention and Exhibition Center, South Boston**

To be followed by a panel discussion  
Symposium is free and open to the public.

RSVP to: 617-726-0512 or e-mail  
schwartzcenter@partners.org

The 10th annual Schwartz Center reception and dinner will follow.  
Visit: [www.theschwartzcenter.org](http://www.theschwartzcenter.org)  
for more information

ed sight the opportunity to read books, newspapers, and other materials on a view screen. Items placed on a special reader are enlarged on the screen, and appear with a contrasting background

● Kurzweil is a software program that scans material to a laptop or desktop computer where it's converted to audible language and verbally read back to the user

## Women's Cancers Awareness Fair

**Friday, October 21, 2005  
10:00am–2:00pm  
Under the Bulfinch Tent**

Take a moment to learn about prevention, early detection, and treatment of common cancers affecting women today

## Training for Managers and Supervisors

Learn how EAP can help with behavioral health, mental health, and substance-abuse. Topics include: time-management, stress-reduction, and staying focused on work.

**Thursday, November 3, 2005  
1:00–3:00pm, Haber Conference Room**

To register, call 726-6976.

## Improving the health of women through research

**Friday, October 21, 2005  
11:30am–12:30pm  
Thier Conference Room**

Dr. Elizabeth Ofili, associate dean of Clinical Research, professor of Medicine and director of the Clinical Research Center and chief of Cardiology, Morehouse School of Medicine to speak on:

**"Women's health research:  
new discoveries and translating  
the science"**

Sponsored by the Women's Health  
Coordinating Council

Light refreshments will be served

## The inaugural Knight Visiting Professor Program

—by Laura Mylott, RN, and Ann Martin RN

On Wednesday, September 28, and Thursday, September 29, 2005, The Knight Nursing Center for Clinical & Professional Development hosted Betty Ferrell, RN, PhD, FAAN, the inaugural Knight visiting professor at MGH. The annual Knight Visiting Professor Program, supported by a generous donation from Mr. Norman Knight, is designed to support professional development, creativity, and innovation in clinical practice. Each year, a nationally recognized nurse scientist/scholar will come to MGH to share his/her knowledge and expertise through consultations, teaching, mentoring, and research.

Ferrell has practiced oncology nursing for 28 years, focusing her clinical expertise and research in the areas of pain-management, quality of life, and palliative care. Ferrell is a research scientist at City of Hope National Medical Center in East Duarte, California. She is a fellow of the American Academy of Nursing and has published more than 270 articles in peer-reviewed journals and textbooks. Ferrell received the Oncology Nursing Society Distinguished Nurse Researcher Award in 1996. She is currently the principal investigator

for a study funded by the American Cancer Society on, "Palliative Surgery," and she is the principal investigator for the End-of-Life Nursing Education Consortium (ELNEC) project funded by the National Cancer Institute. Ferrell has authored five textbooks on cancer pain-management, pain in the elderly, suffering, and palliative-care nursing.

The Visiting Professor Program began Wednesday morning when Connie Dahlin, RN, palliative care nurse practitioner, introduced Ferrell to a multi-disciplinary audience at Palliative Care Grand Rounds in the Ether Dome. Ferrell shared some preliminary results from her current investigation into the decision-making process and outcomes of patients who choose to undergo palliative surgery.

At a brief breakfast reception, clinicians had an opportunity to speak with Ferrell more informally. At a presentation by MGH clinical scholars and advanced clinicians entitled, "Dying Well in the Hospital," Ferrell was introduced by Miriam Greenspan RN, professional development coordinator. Two advanced clinicians, Nicola Gribbin, RN, and Meg Soriano, RN, read clinical narratives they had written. Both stories

described professional nursing care for dying patients and their families, but each narrative touched on different, unique, and complex clinical challenges. Ferrell commented on each narrative, sharing knowledge and research findings about palliative-care nursing practice and the importance of caring for the caregiver.

Ferrell spent time with a group of clinicians in the ambulatory cancer center. In a discussion facilitated by nurse man-

ager, Barbara Cashavelly, RN, clinicians from many disciplines consulted with Ferrell about potential research ideas. Discussion focused on the challenges of assessing a patient's readiness to discuss end-of-life issues, how to have 'the conversation' with patients and families, and how to teach and support novice nurses caring for oncology patients.

Wednesday concluded with the first Knight Visiting Professor Lecture in O'Keeffe Auditorium, entitled, "Clinical Excellence in Palliative Care: Nursing Leadership to Transform Care." Senior vice president for Patient Care

and chief nurse, Jeanette Ives Erickson, RN, introduced Mr. Norman Knight and acknowledged his many contributions to MGH Nursing.

Said Knight, "Whenever I come to MGH, I feel like I'm in the presence of angels."

Ferrell's presentation revolved primarily around the work and outcomes of the National Consensus Project for Quality Palliative Care. The project promotes the implementation of clinical practice guidelines to ensure consistent, high-quality care and the development and support of new and existing palliative care services.

*continued on next page*



Dr. Betty Ferrell

## Visiting Professor Program

*continued from previous page*

Ferrell described some of the elements needed to develop an effective palliative-care program:

- good communication skills (especially around end-of-life issues)
- the ability to respond to human need in all situations
- integration of services across patient care settings
- collaboration across disciplines
- a shared understanding of what palliative care means
- effective pain-management
- caring for and valuing nurses who care for dying patients

Thursday morning, Ferrell had an opportunity to hear several nurses from the Medical Intensive Care Unit (MICU)

and nurse manager, Adele Keeley, RN, discuss outcomes of the Mentoring Palliative Care Champions Program, a research project funded by the Robert Wood Johnson Foundation.

After an introduction by clinical nurse specialist, Ann Martin, RN, Ferrell described the implementation of a national pediatric palliative-care training program to a multi-disciplinary group of pediatric clinicians. They spoke about the unique challenges involved with caring for dying children their parents, and siblings.

In a presentation entitled, "When the Goals of Care Change: First Experiences in Caring for Dying Patients," Debra Sloboth, RN, and Aura

Vasquez, RN, read powerful narratives describing their first experiences caring for dying patients and their families. Ferrell offered expert commentary on practice issues, caring for the spouses and children of dying patients, and the importance of gaining insight into your own feelings about death and dying.

Ferrell spent time with clinicians on Phillips House 21. In a discussion facilitated by staff nurse, Theresa Cantanno, RN, staff shared the case study of a challenging patient they had cared for over

the course of his lengthy illness.

Ferrell's visit concluded with a research-focused presentation at Nursing Grand Rounds entitled, "Eliminating Barriers to the Clinical Management of Pain and Fatigue." Ferrell talked about the goals of her current research study, which seeks to test an innovative model for reducing barriers to the management of pain and fatigue in cancer patients.

The first annual Knight Visiting Professor lecture and visit were by

all accounts an enormous success. Ferrell's knowledge, creativity, and passion for nursing were evident in every lecture, dialogue, and consult with clinical staff. This inaugural visit marks the beginning of an important new era at MGH, bringing national experts to our hospital to enrich our clinical knowledge, advance our research agenda, and keep our passion for nursing practice burning brightly.

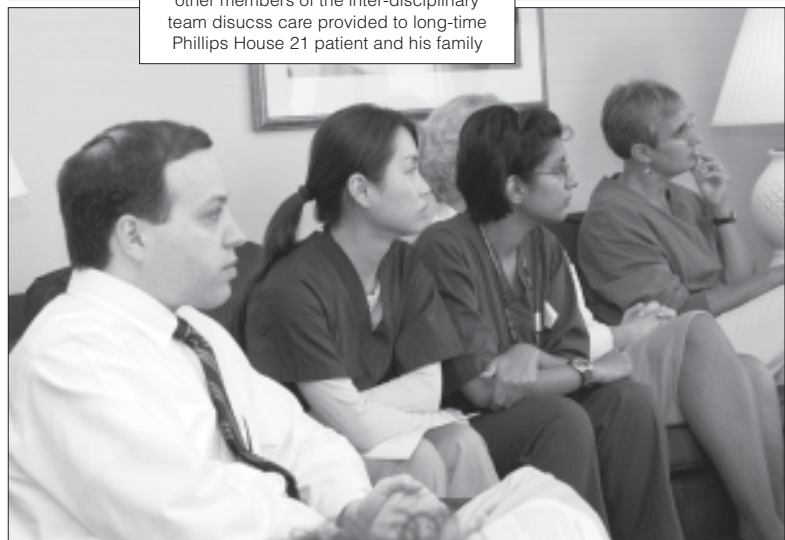
For more information about the Knight Visiting Professor Program, call Laura Mylott at 4-7468.



**Mr. Norman Knight**



Dr. Ferrell, staff of Phillips House 21, and other members of the inter-disciplinary team discuss care provided to long-time Phillips House 21 patient and his family



## Health literacy: implications and recommendations for clinicians

—by Carolyn Bartlett, RN; Elizabeth Johnson, RN; Carol Harmon Mahony, OTR/L; and Jill Taylor Pedro, RN

The Institute of Medicine's report on Health Literacy states that about half of American adults, approximately 90 million people, have trouble reading, understanding, and implementing health-care information. Health literacy impacts patient care on many levels, including scheduling, completing insurance forms, understanding consent forms, giving personal medical information, and following instructions.

Health literacy is defined as a person's ability to take in and understand healthcare information in order to make informed decisions about their own care. The problem is complex and widespread. Research shows that 22% of American adults are unable to locate their birth date on their driver's license; 48% cannot read a bus schedule. While more than 20% of adult Americans read at

or below the fifth grade level, their reading levels do not necessarily correspond with the highest level of school they attended. So asking patients their highest level of education isn't always a valid way to assess learning needs and determine the most effective teaching methods.

The impact of literacy on health management is significant. Studies show that 46%, almost half, of all Americans are functionally illiterate with respect to health care. Forty-two percent of Americans don't understand instructions on medication bottles; 26% cannot interpret directions on an appointment slip, 60% don't understand informed consent forms, and 86% of those who read Medicare guidelines can't explain their rights or responsibilities.

Among adults who report they can read, more than 20% are incapable of learning new information. They don't

understand the context of what they read or hear, so they don't know what to ask to gain vital information. Their confusion limits their ability to perform follow-up care on their own.

Caregivers' responsibility with respect to patient knowledge requires that we increase our knowledge around health literacy issues. JCAHO mandates that patients receive, "education and training specific to the patient's needs." Surveyors ask nurses about patient-education and how they determine a patient's ability to learn and understand materials.

The implications of health literacy are complex. The problem is not the availability of information, it's the ability of a significant portion of the patient population to make sense of it. Understanding varies depending on the complexity of materials and the manner in which they're presented. Understanding can suffer even more when communication involves different languages and ethnic backgrounds.

Health literacy affects every aspect of the care-delivery spectrum:

- **Patient Safety**—If patients don't understand instructions about their medications, treatment,

or appointments, their safety risks increase dramatically

- **Treatment Efficacy**—Treatments incorrectly implemented can result in no effect, or worse, negative outcomes for patients

- **Health Status**—Studies show that the higher a person's health literacy, the more likely he/she is to obtain health screenings such as colonoscopies and mammograms

- **Patient's Rights and Autonomy**—Information is power. A patient who understands what is being taught is more likely to ask relevant questions and be better able to make informed decisions. A clear understanding of information results in better care and fewer conflicts and potential legal actions

- **Self Esteem**—Illiteracy can be a source of shame. Patients are often reluctant to reveal their inability to understand instructions to their health providers because of the stigma of illiteracy

- **Therapeutic Relationships**—Patients who feel their providers are communicating above their level of understanding not only miss potentially critical information but have difficulty developing trust with their providers.

- **Resource Utilization and Health Care Costs**—Patients who don't understand health care instructions have

more frequent and unplanned visits to providers. They are more likely to go to emergency rooms where costs are significantly higher. There is a direct relationship between health literacy and the number and length of hospitalizations

Health literacy can be improved using a variety of approaches:

- **Improve Verbal Communication**—For the best patient outcomes, providers need to ensure that information is clear and understandable. Patients should repeat information back or in some way demonstrate understanding. Use simple, clear language. Avoid medical jargon, and speak slowly. Ask: "Do you want to go over this again?" "Would you like a family member to hear this information?" Conclude with, "Why don't you show me what you're going to do at home?"

Only provide information on two or three concepts at a time then check for understanding. Be aware of cultural and linguistic differences. Men and women may use different words to describe symptoms. Use trained medical interpreters (not family members) to translate information. Review written information

- **Improve Written Materials**—Know the *continued on page 9*

### Health Literacy Month

October is Health Literacy Month  
Visit the Health Literacy information booth

**Wednesday, October 26, 2005**  
**11:00am–4:00pm**  
**in the Main Corridor**

## Take a little DIP

—by Debbie Essig, LICSW; Kassie Lopez, RN; and Debbie Jameson, RN, of the Patient Education Committee

Digitized Information for Patients, or DIP, is an extensive database of (cancer) patient-education materials that can be accessed from any MGH computer. Because publishers have given special copyright permission to use current book chapters, DIP is available on the MGH Intranet but not on the Internet.

**Question:** Can you give me an example of what I can find in DIP?

**Answer:** A few examples of what you might find in DIP include:

- an easy-to-read chapter on pancreatic cancer
- an illustration of a pancreas
- a treatment fact sheet on the drug 5-FU
- tips on how to talk to children when a parent has cancer

**Question:** I don't work in Oncology. How can I access DIP?

**Answer:** Everyone at MGH has access to DIP.

Go to the new Cancer Resource Room website at: [www.mass-general.org/cancer/crr](http://www.mass-general.org/cancer/crr). Scroll to the bottom of the page and click on DIP.

**Question:** If I work in a primary care office, why would I need DIP?

**Answer:** DIP has a number of fact sheets about pre-cancerous conditions and screening tests that may be useful to your patients. Detailed illustrations of various body systems can be helpful to all patients, not just oncology patients.

**Question:** If I'm too busy to get to a computer, is there any other way to get this information?

**Answer:** Yes. Call the Cancer Resource Room at 724-1822, and we can send or fax the information to you. We can fax or mail information all over the world.

Remember, there are two ways to get information from DIP:

- Go to: [www.massgeneral.org/cancer/crr](http://www.massgeneral.org/cancer/crr) and click on the DIP link
- Call the Cancer Resource Room at 4-1822

Take some time to see what DIP has to offer.



Mike McElhinny, oncology Chaplain

"When I was volunteering in the Cancer Resource Room recently, I received a frantic call from a patient requesting information on chondrosarcomas. I went straight to the DIP database and was so grateful for how user-friendly it was. There was an article with the information I was looking for, which made me look like a wizard and brought peace of mind to the patient."



Liz Johnson, RN, oncology clinical nurse specialist

"I frequently use the Treatment Fact Sheets in DIP to give patients information about their chemotherapy drugs. The explanations are clear and easy to understand. And I incorporate a number of the overviews about cancer, specific diagnoses, and treatments into the orientation program for new oncology nurses."



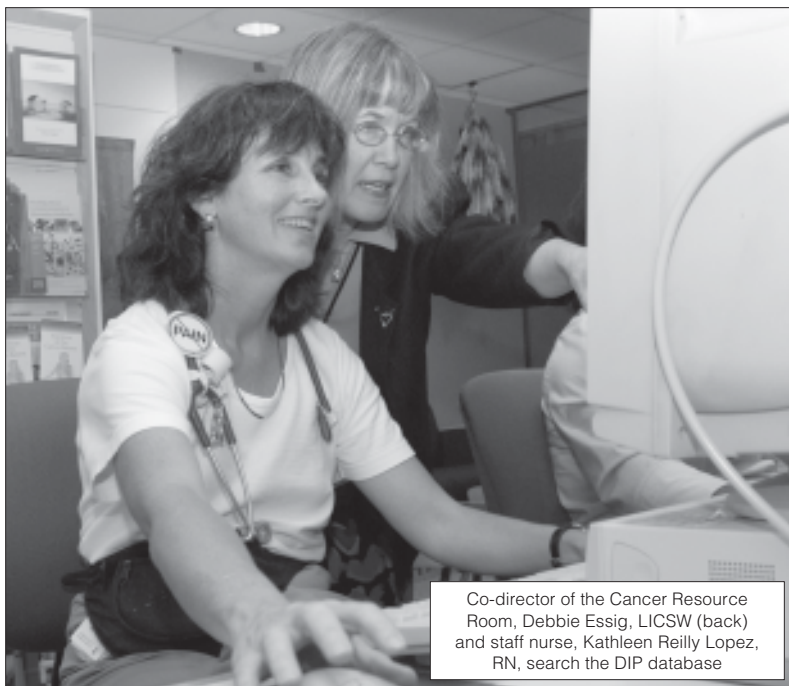
Michele Lucas, LICSW, neuro-oncology social worker

"DIP is a wonderful resource that allows patients and clinicians immediate access to basic medical information—diagnostic, treatment, or coping. I frequently print copies of the, "Anatomy and Functional Areas of the Brain." It's very helpful for patients to be able to see a concrete explanation of the workings of the brain that they can take home and view at their convenience."

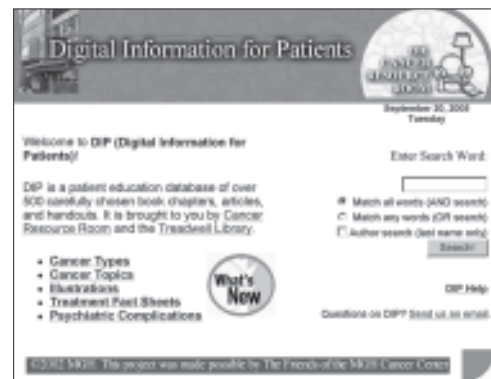


Susan Finn, RN, oncology nurse

"As nurses, DIP information sheets support the teaching we do with patients. They're a great help because patients receive a great deal of information and can easily forget some of what they learn. I have a shortcut to DIP on my computer and I encourage all staff nurses to add it to their desktops."



Co-director of the Cancer Resource Room, Debbie Essig, LICSW (back) and staff nurse, Kathleen Reilly Lopez, RN, search the DIP database



## Skill and experience guide PACU staff nurse in caring for complex patient

My name is Linda Shuman, and I am a staff nurse in the Post Anesthesia Care Unit (PACU). Mrs. K was a 70-year-old woman with a history of thyroid and laryngeal cancer who had already received a course of radiation treatment. Mrs. K had recently undergone a barium swallow test for complaints of dysphagia (inability to, or difficulty swallowing). The test had indicated esophageal strictures so her surgeon planned an esophageal dilation (an opening or clearing of the esophagus) under general anesthesia.

While in surgery, Mrs. K experienced a perforated trachea, always a risk during an esophageal dilation, but even more so when the patient has had radiation treatments, which can weaken tissue in the affected area. Thoracic surgeons were called to assist. The repair went well, and Mrs. K was assigned to my area in the PACU as a 'regular wake-up patient.'

Typically, when patients arrive in the PACU, we receive a report from the anesthesia resident. That report along with how the patient presents are the primary cues on which we base our initial care. This was a particularly slow day, and I was informed that I'd be re-

ceiving an, 'A-line' in area 28. Generally, patients with arterial lines are hemodynamically unstable or have the potential to become so. Due to the increased acuity of this case and having already settled my previous patient, I reviewed the additional information on Mrs. K so I could appropriately pre-plan for her needs. I noticed she'd had an esophageal dilation and thought it odd that she'd have an arterial line. Dilations are usually simple procedures with few side effects. Arterial lines are reserved for high-risk procedures or patients with significant medical histories. Mrs. K didn't fall into either of those categories. After consulting with my colleagues, we asked our resident to go into the OR and assess Mrs. K. When he returned, he informed us about the perforation. I asked if a PACU overnight bed had been requested. He said it hadn't.

Thinking of all the possibilities, I approached the resource nurse and requested that she hold an ICU bed for Mrs. K until we knew definitively what her condition was. I set up my area with everything I might need: epinephrine nebulizer, Albuterol, Ambu bag, humidified oxygen, blood-gas lab slips, syr-

inges, and of course, an airway cart.

Approximately 45 minutes later Mrs. K was brought into the PACU accompanied by a first-year surgical resident and a first-year anesthesia resident. As they approached her bedside, I heard audible stridor and noticed that Mrs. K was pale and diaphoretic (perspiring) with mild dyspnea (having difficulty breathing). I asked the resident and the PACU attending physician to be called for assistance with Mrs. K's needs. We placed her on a monitor. I introduced myself, and asked her a few questions about her breathing. I asked if she had chest pains or any other symptoms. She was tachypneic (breathing faster than normal), slightly diaphoretic, and non-verbal. She was only able to shake her head in answer to my questions.

There was no obvious neck swelling or tracheal deviation, and her oxygen saturation was 99%. Her lungs sounded clear, but her upper airway was experiencing stridor. I called for a chest x-ray right away. As the anesthesia resident and attending physician approached the bedside, I gave them a brief history and explained that her dyspnea and color had worsened in the few minutes since she'd been brought in.



Linda Shuman, RN  
advanced clinician, staff nurse  
Post Anesthesia Care Unit

She was now working hard to breathe, using her accessory muscles, and had become very restless. All these symptoms pointed to poor oxygen exchange in the lungs. I asked for an order for an epinephrine nebulizer. They agreed, and I promptly administered it to Mrs. K.

I asked my colleague to draw a blood gas. Mrs. K was tired, pale, and needed to be intubated. The attending asked me to prepare for intubation. The surgical resident was asked to inform his senior, which he did. Her blood gas indicated respiratory acidosis (poor oxygen exchange). I explained to Mrs. K that the swelling in her neck was making it difficult for her to breathe, and it was going to be necessary to place a tube into her lungs. She nodded as if she understood and almost welcomed the intubation. Her respiratory status was failing; she needed help to breathe. I asked one of the patient care associates to hold Mrs. K's

hand so mine would be free to assist. The intubation went smoothly. We manually ventilated her while the respiratory therapist set up the ventilator. A second blood gas indicated a great improvement in her oxygenation.

Mrs. K was lightly sedated, her color improved, she began resting comfortably, and her skin was warm and dry. As she rested, I made plans to move her to the ICU. She was going to stay intubated overnight to allow the swelling to decrease. She would have a procedure in the morning to determine if her airway edema persisted.

I spoke with Mrs. K's family in the Gray Family Waiting Area and briefly explained her course. I told them that a volunteer would escort them to the PACU where they could speak to a physician for more detailed information. My hope was that they would be at her bedside when Mrs. K woke up.

*continued on next page*



## Narrative

*continued from page 8*

Just as we finished settling Mrs. K into the ICU, her family arrived. I explained the endotracheal tube and the ventilator. I answered the questions I could and let them know the doctor would be in to speak with them. I encouraged them to speak to Mrs. K, believing their voices would comfort her. They stayed at her bedside until she woke up.

I left Mrs. K in the capable hands of my colleagues later that evening. Driving home, I critiqued the actions of the team and myself. I find this helpful; I think it makes me a better clinician. It was fortunate

that I had extra time to research my patient further. It allowed me to prepare for potential complications. I was proud to be part of a great team that provided great care. We gave Mrs. K the most efficient care possible that day. Her stay in the PACU went very smoothly. I called in the next day to learn that Mrs. K had been extubated and was doing well. A couple of weeks later I received a letter from the family thanking me for the care and kindness I showed their mother.

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

Linda's knowledge, skill, and experience are readily apparent in this story

as we see her prepare for, care for, and advocate for Mrs. K. She instinctively picks up on changes in Mrs. K's respiratory status, alerts team members, and anticipates her need for an ICU bed. There is much going on, but Linda makes it look routine. She reaches out to Mrs. K's family and prepares them for what they will see. She calls from home the next day to check on Mrs. K's progress.

Many patients pass through the PACU before being discharged or transferred to other units. Few are aware of the high-level monitoring, vigilance, and care that go on in this setting. But Mrs. K and her family know.

Thank-you, Linda.

## Health Literacy

*continued from page 6*

reading level of the materials you're providing. Materials should be written at a sixth-to-eighth grade level. Several readability formulas are available. The Frye Readability formula is most commonly used at MGH.

- Use short sentences (12-15 words per sentence)
- Use common words; limit medical jargon
- Use pictures and diagrams
- Give examples
- Tailor written materials to the specific population (teens, seniors, young adults)

- Include only essential information
- *Educate Staff in Plain Language*—Attend a Write Easy to Read workshop and educate staff on how to use plain language. Use common words with fewer syllables when possible
- *Create a Non-Threatening Environment*—Be aware of cultural and linguistic differences that can interfere with a patient's understanding of medical information. Invite family members to hear information and help with home care and follow-up. Patients who are illiterate may feel ashamed and try to disguise these

deficits. Put patients at ease

Every clinician needs to have an awareness of health literacy. Improving patient-satisfaction, healthcare outcomes, cost-effectiveness, and reducing medical errors are directly related to health literacy. As advancements are made in information technology and as patients continue to turn to the Internet for health information, we may need to re-visit our strategies for ensuring that patients are well informed.

For more information about health literacy, call Elizabeth Johnson, RN, at 4-4118, or contact any member of the Patient Education Committee.

## Jewish High Holy Days

(Yamim Nora'im)

### Schedule Of Services:

Monday, October 3, 2005, 10:30–11:00am  
Erev Rosh Hashanah, The Eve of the New Year

Wednesday, October 12, 2005, 3:00–3:30pm  
Erev Yom Kippur, The Eve of the Day of Atonement

Thursday, October 20, 2005, 10:30–11:00am  
Chol Hamoad Sukkot, The Plain Days of the Festival of Booths

Thursday, October 27, 2005, 10:30–11:00am  
Esru Chag Simchat Torah, The Day After the Celebration of the Law

For more information, call  
Rabbi Ben Lanckton at 617-724-3228

All are welcome

## Call for Nominations

### The Norman Knight Preceptor of Distinction Award

Nominations are now being accepted for the Norman Knight Preceptor of Distinction Award, which recognizes staff nurses who consistently demonstrate excellence in educating, precepting, mentoring, and coaching fellow nurses. Nominees should demonstrate commitment to the preceptor role, seek opportunities as life-long learners to enhance their own knowledge and skills, and work to create a responsive and respectful practice environment.

Nurses can nominate colleagues whom they know to be strong educators, preceptors, mentors, and coaches. Nomination forms are available on all inpatient units and in The Knight Nursing Center for Clinical & Professional Development on Founders 6.

### Nominations are due by October 21, 2005

The Norman Knight Preceptor of Distinction Award will be presented, February 23, 2006.

Recipient will receive an award certificate, and professional development award in the form of tuition for a nursing course or program of study with a clinical nurse specialist

For more information, call 724-3019

## New Graduate Nurse in Critical Care Program graduation

—by *Laura Mylott, RN, clinical nurse specialist*

On Wednesday, September 14, 2005, four nurses were recognized for completing the intensive MGH-IHP New Graduate Nurse in Critical Care Program (NGCC). The addition of these professionals into the MGH critical care nursing staff raises the total number of new graduate critical care nurses to 65.

Heather Keenan, RN, Jaime Geiger, RN, Debra Sloboth, RN, and Candace Pettis, RN, received

certificates for completing the program.

Nurse manager, Tony DiGiovine, RN, and Laura Mylott, RN, manager and faculty for the NGCC, spoke about the rigorous and demanding challenges of the program, the resilience and determination of the participants, and the generosity of all the clinicians who volunteer to teach in the program.

Miriam Greenspan, RN, spoke briefly about the invaluable support and experience provided

by preceptors and gave an example of an innovative model of precepting used in one of the ICUs.

Pettis, read a narrative she had written about the nursing care she provided to a woman who had sustained severe burns while cooking at home. Pettis' narrative was noteworthy for how it described her ability to balance her patient's fluctuating needs for pain- and anxiety-management. Through gentle coaching, being present, and providing reassur-

ance, Pettis was able to give this patient and her husband the emotional and psychological support they both needed to endure the physical challenges and uncertainty of rehabilitative therapy.

Pettis' practice developed under the expert precepting of Brooke Holmes, RN, and Frank Ireland, RN. Ireland, who has precepted several new graduate nurses over the past three years, reflected on his experiences teaching and coaching new nurses. He emphasized the importance of helping to socialize new nurses into the profession and into the unit culture. Ireland encourages new nurses to develop their own, indivi-

dualized style of practice while ensuring that they master the necessary standards of clinical nursing.

The New Graduate Nurse in Critical Care Program is guided by a group of critical care nurse managers and clinical nurse specialists who meet regularly under Mylott's leadership to address opportunities for program development.

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



At the New Graduate Nurse in Critical Care Program graduation ceremony, September 14, 2005, (above) is staff nurse and preceptor, Genevieve Wright, RN, and (at right, l-r): Jamie Geiger, Heather Keenan, and Debbie Sloboth. New graduate, Candace Pettis is not pictured.



## The Open Galley Project: coming soon to a galley near you!

—by Susan Doyle, RD, senior manager, Patient Food Services

Patient Food Services is excited to announce plans to open pantry kitchens in seven additional patient care areas this fall. The Open Galley Project, aimed at increasing patient- and nursing-satisfaction, was initiated this past winter on six patient care units.

Traditionally, the small kitchens, or 'galleys', on patient care units are kept locked when patient food service personnel are not on the unit. The pilot program looked at:

- the feasibility of 'opening' galleys 24 hours a day, 7 days a week, by giving staff on units a

- key to the galley
- what provisions are necessary to meet JCAHO requirements
- what needs to be stocked in galleys for nurses to access
- what impact open galleys will have on staff-satisfaction

The Open Galley Pilot Project was well received, and feedback from nursing has been very positive. Patient Food Services continued to provide delay trays and hot food requests, but nurses were able to access the galley any time it was necessary. By all accounts, the Open Galley Pilot Program was an enormous success.

This fall, galleys will be opening on seven more patient care units

(galleys remain locked to patients and visitors but unit staff have a key). We look forward to opening galleys throughout the hospital and will continue to do so as budgetary considerations make it possible. Our goal is to

complete the Open Galley Project by the end of fiscal year '06.

For more information about the Open Galley Project, contact Susan Doyle, RD, senior manager of Patient Food Services, at 6-2579.



## MGH is committed to improving hand hygiene

### Glove Safety:

#### When should gloves be worn?

Gloves are used to protect healthcare workers and patients, and reduce cross-contamination between patients, workers, and the environment.

#### Standard precautions: used for *all* patients

Glove use is recommended when contact is anticipated with non-intact skin, mucous membranes, bodily fluids, or items contaminated with bodily fluids or excretions.

#### Is there a correct way to put gloves on and take them off?

Yes. If you're unsure of the proper technique, contact your nurse manager or the Infection Control Unit for a demonstration.

STOP Task Force: Stop the  
Transmission of Pathogens  
Infection Control Unit  
Clinics 131; 726-2036



#### Special precautions: for patients on airborne, contact, droplet, neutropenic, or other precautions

Gloves may be required for *all* contact with patients on the above-mentioned precautions (including intact skin) and/or contact with items in the patients' environment.

See posted signs or the Infection Control Manual for further information on the specific precaution requirements for your patient.

## PATA launches new website

—by Bessie Manley RN, MPA/HA

Among many other things, the Pre-Admission Testing Area (PATA) provides patients and families with information necessary to safely prepare for surgery. PATA plays a pivotal role in the pre-assessment process for patients and families. It's important for patients and clinicians to understand the PATA process so they are well informed and have clear expectations about what's necessary to prepare for a PATA visit and for the day of surgery.

In the winter of 2003, PATA created the *PATA Patient Booklet* as a first step toward improving and enhancing the consistency of information conveyed to patients.

PATA nursing staff designed and created the patient-centered booklet to provide clear and concise information to help patients and families prepare for the PATA experience. Distribution of the booklet significantly improved compliance, but PATA staff felt there was still more that could be done.

The next step was to create a bridge between written materials and an on-line website. The goal was to create a website that was easily accessible to patients and clinicians and provided concise, standardized information to better prepare patients for their PATA visit and the day of surgery. In the winter of 2005, the journey began

to design, create, and implement a PATA website. The work group included staff from PATA and the Same Day Surgical Unit; web coordinator, Kristen Joyce; medical director, Jean Kwo; and nurse manager, Bessie Manley, RN.

After six months of development, the team feels confident that the final product reflects the mission and vision of PATA staff. The site provides accurate, consistent information and helps prevent misunderstandings and false expectations.

The website is divided into easy-to-access sections:

- **General Information**  
This section provides a step-by-step descrip-

tion of the PATA visit and the day of surgery, including clear instructions and expectations

- **Anesthesia**  
This section provides information on the anesthesia plan, options, and risks
- **Nursing**  
This section links directly to the Patient Care Services website providing a brief overview of the unit, staff, and patient care delivery model
- **Resources**  
This section allows patients to link to various sites that will help them become active participants in their care. Some links include the newly revised, *Preparing for Your Surgery: Information for Patients*; the American Society of Anesthesiologists; discharge information; health care proxies; hotel accommodations; the MGH Cancer Center;

the Treadwell Library, and much more

- **FAQs**  
This section addresses questions and concerns patients may have about PATA, the day of surgery, and anesthesia
- **Directions**  
This section provides directions to the hospital via public transportation and driving; and access to maps and parking information
- **Contacts**  
This section provides specific unit information and an e-mail address that allows patients and clinicians to contact a staff person in PATA with any questions, concerns, or feedback.

The next step is to make patients and clinicians aware of the website and encourage them to use it. We have linked the PATA website to the sites of all departments that use PATA services (surgical departments, Patient Care Services, procedural areas, and the Blum Patient & Family Learning Center). The site is listed on the MGH intranet and in our printed materials, which are distributed to patients prior to their PATA visits.

We're proud to be able to launch this website and provide our patients and colleagues with the opportunity to access vital information. Our goal is to empower patients with the knowledge they need to safely prepare for surgery.

For more information, visit our website at: [www.massgeneral.org/pata](http://www.massgeneral.org/pata).



# Professional Achievements

## Danforth publishes

Suzanne Danforth, CCC-SLP, speech pathologist, wrote, "Speech and Swallowing Management of the Patient with ALS," in a chapter entitled, "Rehabilitation," in *Amyotrophic Lateral Sclerosis* published this summer. Other contributors to the chapter are: Lisa S. Krivickas, MD; Vanina Dal Bello-Haas, MEd; and Gregory T. Carter, MD.

## Ojimba leads convention

Reverend Felix Ojimba, planned and led the bi-annual convention of the Uli Development Foundation in Buffalo, New York, July 15-17, 2005. He was unanimously re-elected president for another four-year term. The Uli Development Foundation is a New York-based, not-for-profit charitable organization geared toward providing Nigerian immigrant families opportunities for social interaction and cultural adaptation. The Foundation addresses hunger, poverty and illiteracy in rural Nigeria.

## Peirce elected to board

Georgia Peirce, director of PCS promotional communication and publicity, was elected to the Health Research & Educational Trust (HRET) Fellowship's Board of Advisors for a two-year term.

## Prater and Getzoyan publish

Marita Prater, RN, nurse manager, and Talin Getzoyan, RN, graduate student, co-authored, "Lessons Learned: Safe Scheduling Practices for Nursing Staff," in the July, 2005, *Voice of Nursing Leadership*.

## Krupnick presents

Susan Krupnick, RN, psychiatric clinical nurse specialist, presented, "Workplace Violence: Building Respectful and Safe Organizations," at the Western Massachusetts Occupational Health and Safety Association Conference on Violence in the Workplace, in Springfield, in July.

## Whitney publishes

Elizabeth Whitney, PT, physical therapist, published, "Cerebellar Purkinje Cells in Autism: A Quantitative Immunocytochemical Study of Calcium-Binding Protein Expression," in, *Acta Neuropathol*.

Whitney published, "Density of Cerebellar Basket and Stellate Cells in Autism: Evidence for a Late Developmental Loss of Purkinje Cells," in *Developmental Brain Research*.

## Nunn presents

Danny Nunn, CCC-SLP, speech pathologist, presented, "Dysphagia Research/Practice/Multi- and Inter-Disciplinary Approach," and the round-table presentation, "Working with Swallowing: Oral Motor Exercises Approach vs. the Dysphagia Therapy Approach, Similarities and Differences," at the 4th Conference of the Otorrhinolaryngology Foundation, a National Brazilian Foundation of ENTs in Curitiba, Parana-Brasil, in August.

## Published by:

*Caring Headlines* is published twice each month by the department of Patient Care Services at Massachusetts General Hospital.

## Publisher

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

## Managing Editor

Susan Sabia

## Editorial Advisory Board

Chaplaincy (interim)  
Marianne Ditomassi, RN, MSN, MBA  
Development & Public Affairs Liaison  
Victoria Brady  
Editorial Support  
Marianne Ditomassi, RN, MSN, MBA  
Mary Ellin Smith, RN, MS  
Materials Management  
Edward Raeke  
Nutrition & Food Services  
Martha Lynch, MS, RD, CNSD  
Susan Doyle, MS, RD, LDN

Office of Patient Advocacy  
Sally Millar, RN, MBA

Orthotics & Prosthetics  
Mark Tlumacki

Patient Care Services, Diversity  
Deborah Washington, RN, MSN

Physical Therapy  
Occupational Therapy  
Michael G. Sullivan, PT, MBA

Police & Security  
Joe Crowley

Reading Language Disorders  
Carolyn Horn, MEd

Respiratory Care  
Ed Burns, RRT

Social Services  
Ellen Forman, LICSW

Speech-Language Pathology  
Carmen Vega-Barachowitz, MS, SLP

Volunteer, Medical Interpreter, Ambassador and LVC Retail Services  
Pat Rowell

## Distribution

Please contact Ursula Hoehl at 726-9057 for all issues related to distribution

## Submission of Articles

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

Articles/ideas should be submitted by e-mail: [ssabia@partners.org](mailto:ssabia@partners.org)  
For more information, call: 617-724-1746.

## Next Publication Date:

October 20, 2005

## Call today!

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building

The MGH Blood Donor Center is open Monday through Friday 8:30am-4:30pm

Appointments are available for blood or platelet donations

Platelet Donations:  
Monday, Tuesday, Friday 8:30am-3:00pm  
Wednesday and Thursday 8:30am-5:00pm

Call the MGH Blood Donor Center to schedule an appointment 6-8177

## Training for Managers and Supervisors

Topics include: time-management, stress-reduction, and staying focused.

**Thursday, November 3, 2005  
1:00-3:00pm, Haber Conference Room**

To register, call 726-6976.

# Caring

HEADLINES

Back issues of *Caring Headlines* are available on-line at the Patient Care Services website:  
<http://pcs.mgh.harvard.edu/>

For assistance in searching back issues Of *Caring*, contact Jess Beaham, at 6-3193



## McEachern Awards

*continued from front cover*

nary man who performed extraordinary deeds during the course of his 31-year career as a firefighter. Said Ives Erickson, “We are privileged with this award to welcome Brian McEachern and his sisters, Geri and Diane, as part of the MGH family and part of our legacy.”

Family friend and former colleague, Paul Christian, commissioner and chief of the Boston Fire Department, shared some personal memories of McEachern. He noted that Brian’s years of service at a time when adequate breathing apparatus was not yet available contributed to his death. He called his friend a man of great dignity and strength and thanked the McEachern family and MGH for keeping his memory alive.

Mary Manning, RN, another family friend, said McEachern had two families—one at home and one at the firehouse—both helped sustain him during his long illness and the great uncertainty that came with it. Said Manning, “Brian received extraordinary care at MGH. It’s that care and the leadership that made it possible, that helped shape this award.”

Both of McEachern’s sisters, Geri and Diane, commented on how honored they were to be part of the award selection committee and to read all the stories of extraordinary care throughout the hospital. They thanked all who were nominated and all who helped make the award possible.

Award recipient, Tessa Goldsmith, was unable to attend the ceremony; her husband, Clifford, accepted on her behalf. Ives Erickson quoted Goldsmith as saying, “My clinical challenge is to understand the pathology of speech and swallowing so well that I can break it down to its smallest components to make the abnormal functional.”

In a letter of support, director of Speech, Language & Swallowing Disorders, Carmen Vega-Barachowitz, CCC-SLP, wrote, “Tessa is recognized as an expert and a mentor. She is well known for her compassion, dedication, and commitment to helping patients retain their dignity.”

In introducing Christine McCarthy, Ives Erickson read from a letter of support submitted by

nurse manager, Adele Keeley, RN, who wrote, “Christine is well known in the MICU as a caring advocate for her patients—no matter what it takes. She provides exquisite care to every patient and family member. Christine is a role model to others as she cares for patients and families in crisis. She guides and advocates for them as they address the many challenges that arise.”

The ceremony ended with the unveiling of the Brian M. McEachern Extraordinary Care Award plaque, a

beautiful avonite slab etched with gold and affixed with the names of the recipients and the image of a firefighter superimposed over a fireman’s shield. The plaque will find a home, fittingly, in a prominent location in the halls of MGH.

Ives Erickson closed by thanking all clinicians who honor the memory of Brian McEachern with the extraordinary care they provide.

For more information about the Brian M. McEachern Extraordinary Care Award, contact Julie Goldman, RN, at 4-2295.



Top left: Paul Christian; top right: McEachern sisters, Geri (right) and Diane unveil plaque; bottom left: Ives Erickson presents award to recipient, Christine McCarthy, RN; bottom right: Ives Erickson with Clifford Goldsmith, husband of award recipient, Tessa Goldsmith, CCC-SLP

# Educational Offerings

October 6, 2005

When/Where	Description	Contact Hours
October 14 and 24 8:00am–5:00pm	<b>Advanced Cardiac Life Support (ACLS)—Provider Course</b> Day 1: O’Keeffe Auditorium. Day 2: Thier Conference Room	16.8 for completing both days
October 14 8:00–11:00am	<b>On-Line Clinical Resources for Nurses</b> FND626	3.3
October 19 8:00am–4:30pm	<b>Preceptor Development</b> Training Department, Charles River Plaza	---
October 20 1:30–2:30pm	<b>Nursing Grand Rounds</b> “Kidney Care.” O’Keeffe Auditorium	1.2
October 20 and 21 8:00am–4:00pm	<b>Oncology Nursing Society Chemotherapy-Biotherapy Course</b> Yawkey 2220	16.8 for completing both days
October 21 and 28 7:30am–4:00pm	<b>Pediatric Advanced Life Support (PALS) Certification Program</b> Thier Conference Room	---
October 24 8:00am–12:00pm	<b>BLS Certification—Heartsaver</b> VBK601	---
October 24 and 25 7:30am–4:30pm	<b>Intra-Aortic Balloon Pump Workshop</b> Day 1: MAH; Day 2: VBK601	14.4 for completing both days
October 25 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK401	---
October 26 8:00am–2:30pm	<b>New Graduate Nurse Development Seminar II</b> Training Department, Charles River Plaza	5.4 (for mentors only)
October 27 1:30–2:30pm	<b>Nursing Grand Rounds</b> “Case Management.” O’Keeffe Auditorium	1.2
October 28 12:00–1:00pm	<b>Schwartz Center Rounds</b> Walcott Conference Room	---
November 1 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	<b>CPR—Age-Specific Mannequin Demonstration of BLS Skills</b> VBK401 (No BLS card given)	---
November 2 7:30am–12:00pm	<b>Congenital Heart Disease</b> Haber Conference Room	4.5
November 3 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK401	---
November 3 1:30–2:30pm	<b>Nursing Grand Rounds</b> “Preventing Medication Errors.” O’Keeffe Auditorium	1.2
November 4 and 14 8:00am–4:00pm	<b>Advanced Cardiac Life Support (ACLS)—Provider Course</b> Day 1: O’Keeffe Auditorium. Day 2: Thier Conference Room	16.8 for completing both days
November 4 8:00am–12:30pm	<b>Pediatric Advanced Life Support (PALS) Re-Certification Program</b> Training Department, Charles River Plaza	---
November 9 8:00am–2:30pm	<b>Mentor/New Graduate RN Development Seminar I</b> Training Department, Charles River Plaza	6.0 (mentors only)
November 9 1:30–2:30pm	<b>OA/PCA/USA Connections</b> “Materials Management.” Bigelow 4 Amphitheater	---
November 9 11:00am–12:00pm	<b>Nursing Grand Rounds</b> Sweet Conference Room GRB 432	1.2
November 10 8:00am–2:00pm	<b>BLS Certification for Healthcare Providers</b> VBK601	---

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>.

## Patricia Benner presents at Nursing Grand Rounds

—by Mary Ellin Smith, RN, professional development coordinator

Patient Care Services welcomed world-renowned author and lecturer, Patricia Benner, RN, PhD, FAAN, September 8, 2005. Benner is a professor in the department of Physiological Nursing at the University of California, San Francisco, and a leading expert on skill-acquisition and clinical judgment. Benner's work was the theoretical foundation for Patient Care Services' Clinical Recognition Program.

During her visit, Benner presented at Nursing Grand Rounds where she had an opportunity to dialogue with staff about their clinical narratives. Suzanne Curley, OTR/L, advanced clinician in

Occupational Therapy; Donna Lawson, RN, advanced clinician on the Bigelow 11 Medical unit; and Kimberly Stewart, SLP, advanced clinician in Speech Language & Swallowing Disorders, shared their narratives. Benner spoke about the knowledge shared by different disciplines and the need for interdisciplinary discussions about patients, practice, and the environment of care.

Benner met with the Clinical Recognition Review Board to discuss their observations about the program three years post-implementation. She spoke about the opportunity the board has to identify best practices and areas for improvement by reading portfolios sub-

mitted during the application process.

Benner met with associate chiefs and directors to discuss the role

of leadership in creating an environment for reflective practice and promoting the Clinical Recognition Program. She provided insight into the challenges of ensuring competent skills and helping clinicians grow professionally. She spoke about clinicians becom-

ing disengaged from practice and how leaders can help prevent this during the first years of a clinician's practice.

Said Benner, "By making the attributes of excellent practice clear and visible, a recognition program brings with it a change in organizational culture."



Clockwise from top left: Lawson, Benner, Stewart, and Curley

(Photos by Abram Bekker)

# Caring HEADLINES

Send returns only to Bigelow 10  
Nursing Office, MGH  
55 Fruit Street  
Boston, MA 02114-2696

First Class  
US Postage Paid  
Permit #57416  
Boston MA

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_