

# Caring

September 1, 2005

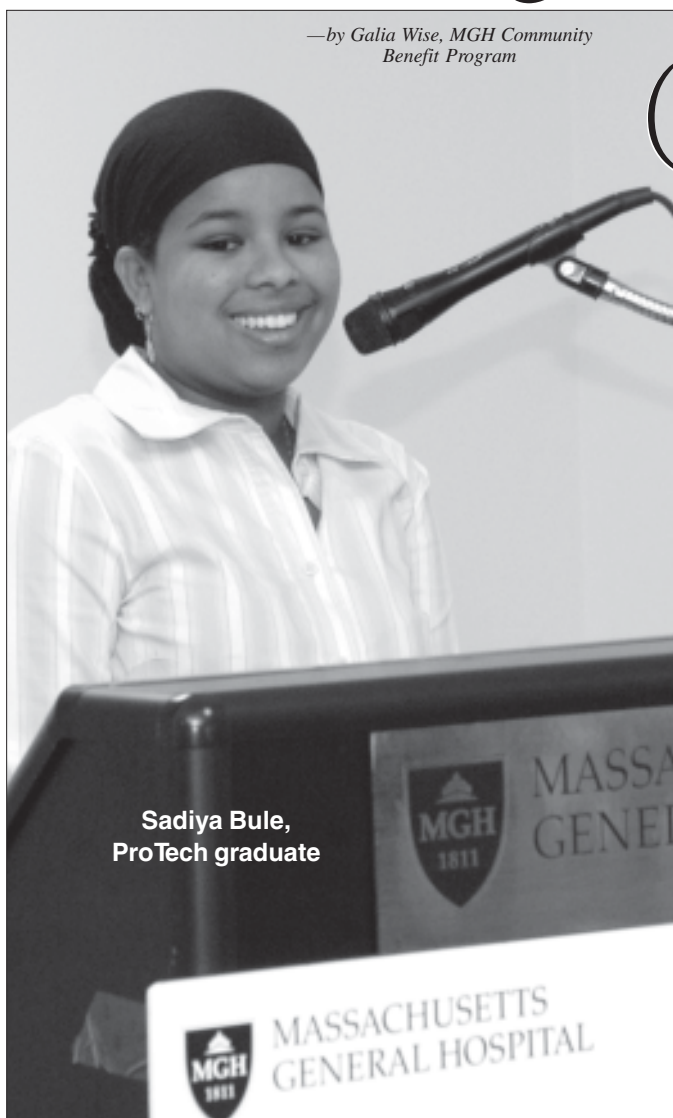
## HEADLINES

### The future is bright for ProTech graduates

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—by Galia Wise, MGH Community Benefit Program



Sadiya Bule,  
ProTech graduate

On Wednesday, August 17, 2005, eleven bright, talented, and motivated East Boston High School students graduated from the MGH ProTech Program, a structured, two-year curriculum that combines classroom instruction with work-based learning experiences. MGH has been introducing students to the world of health care as a city-wide leader of ProTech since 1991.

The Thier Conference Room was filled with staff, guests, and families anxious to congratulate the new graduates. Galia Wise and Candace Burns of the MGH Community Benefit Program; Jeff Davis, senior vice president for Human Resources; and Darnell Williams, president and CEO of the Urban League of Eastern Massachusetts (and former MGH recruitment manager), spoke at the ceremony offering words of wisdom and encouragement as graduates embarked on their new journey.

All 11 interns have been accepted into institutions of higher education. Since 2002, the inaugural year of our partnership with East Boston High School, the program has graduated 34 students, 20 of whom have stayed on as MGH employees.

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## Summer in the city: Patient Care Services is busier than ever

As another long, hot summer comes to a close, I thought it would be a good opportunity to update you on some of the important work going on within Patient Care Services.

CarePages, an on-line communication service for hospitalized patients, has recently been implemented. Using CarePages, patients (or someone they designate) can set up a private web page to quickly and easily update family and friends about their condition. Establishing a CarePage is simple and free to patients. For more information about CarePages, contact Georgia Peirce at 4-9865.

The MGH Quit Smoking Service (QSS), which offers bedside smoking-cessation counseling to inpatients referred by their caregivers, is having a stellar year. The number of inpatients counseled by QSS has increased dramatically since the start of the fiscal year. Services include individualized plans to quit smoking, management of nicotine withdrawal symptoms, and relapse-prevention. For more information about QSS, contact Michele Burgener at 6-7443.

In the past few months we have been working on a number of initiatives related to capacity management and patient safety. A six-week pilot program on Bigelow 11 looked at ways to maximize clinical processes while at the same time improving communication, meeting the highest patient-safety standards, and ensuring patient- and family-satisfaction. Our goal is to optimize efficiency by addressing both clinical and business processes.

Building on what we learned from the pilot on Bigelow 11, we're exploring strategies to help alleviate capacity issues in the Emergency Department through the appropriate use of staff, equipment, and facilities. We're assessing current practices in the ED to identify opportunities to improve efficiency, reduce errors, re-design systems, and ensure we have the appropriate technology to support our work.

In the coming months we'll be conducting an assessment of nursing documentation tools in the acute-care setting to make recommendations as to how we can re-design and improve our documentation systems.

As many of you know, we have been actively meeting with state legislators in an effort to gain support for Senate Bill 1260, the Patients First bill, that ensures nurses and doctors have the staffing flexibility to make patient-care decisions at the bedside. We've met with Representative Peter Koutoujian, chairman of the House Public Health Committee, and Representative Kathleen Teahan (a member of that committee) to share our perspective as front-line care providers.

We hosted visits with Speaker of the House, Salvatore DiMasi, and Representative Robert DeLeo, chairman of the House Committee on Ways and Means. On both occasions, we had opportunities to demonstrate in a very real way how the complex medical needs of our patients demand flexible, individualized staffing strategies.

Much thought and hard work has gone into the planning of the 100th anniversary celebration of social work in health care. On October 27 and 28, 2005, the MGH Social Services Department will host, Innovation at 100, a two-day symposium and celebration



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

featuring presentations by Tom Glynn, MSW, PhD, Partners chief operating officer; Gary Bailey, MSW, ACSW, chairperson of the National Social Work Public Education Campaign; poster presentations; break-out sessions; and a gala dinner at the Hynes Convention Center. Contact Social Services (at 6-2643) for a copy of the brochure and conference schedule.

On Wednesday, September 28th, The Knight Nursing Center for Clinical & Professional Development will present the first Knight Visiting Professor Lecture, with guest lecturer, Betty Ferrell, RN, research scientist at City of Hope Medical Center in Duarte, California. Dr. Ferrell is a leader in the study of pain-management, quality of life, and palliative care. During her visit to MGH, she will have an opportunity to meet formally and informally with staff throughout the

hospital. For a copy of her ambitious two-day schedule, contact the Knight Nursing Center at 6-3111.

We are fortunate to have Patricia Benner, RN, noted author, professor, and nurse researcher as our special guest for Nursing Grand Rounds on September 8th. Dr. Benner is an internationally recognized expert in the areas of skill-acquisition, clinical and ethical reasoning, and end-of-life care. During grand rounds, three clinicians from Patient Care Services will have an opportunity to read their clinical narratives and dialogue with Dr. Benner about the clinical situations they describe. Nursing Grand Rounds will be held in O'Keefe Auditorium from 1:30-2:30pm, September 8th.

In November, MGH, in conjunction with Winchester and Jordan Hospitals under the sponsorship

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## Foreign Born Nurses Group

*Question:* I recently attended a program co-sponsored by the Foreign Born Nurses Group. What is this group and how long have they been in existence?

*Jeanette:* The Foreign Born Nurses Group (FBN) was created a few years ago to give nurses who were born and trained in countries other than the United States a voice and a support network at MGH.

MGH has made a commitment to Diversity in every area of the hospital. One population we identified as needing support were nurses who came here from other countries. Many nurses received their nursing

education and training in their countries of origin and weren't licensed in the United States. Others worked in nursing support positions while they studied for their nursing license here; and many others needed guidance on how to obtain a license in this country.

Some nurses opted not to stay at MGH because they didn't think they 'fit.' In an effort to make MGH more welcoming to foreign-born nurses and let them know we value their contribution, the Foreign Born Nurses Group was formed. MGH is the only hospital in Boston that has such a program.

*Question:* What is the mission of this group?

*Jeanette:* The mission of the Foreign Born Nurses Group is to help foreign-born nurses feel like an integral part of the nursing staff.

A major effort in the beginning was partnering with colleges to help nurses prepare for their licensure exams and deal with the often confusing procedures and paperwork required for licensure.

The Foreign Born Nurses Group is committed to helping foreign-born nurses achieve their educational goals while working at MGH and finding the best work environment for their

training and skill level. The group enriches all staff with their experience and diversity.

*Question:* What are some of the next steps for this group?

*Jeanette:* The group has helped several foreign-born nurses apply for the Clinical Recognition Program by assisting with portfolio preparation.

There are plans for presentations to nurses and others in the MGH community, and the group is very involved with the work of The Diversity Committee around disparities in health care.

*Question:* How can staff become members of this group?

*Jeanette:* The Foreign Born Nurses Group welcomes all interested parties. Typically, Human Resources recruiters notify the group when a new foreign-born nurse or nursing support person comes to MGH. The group extends an invitation to the new staff member to join the group. But you don't have to be a new recruit to join. Anyone interested in participating is welcome.

For more information about the Foreign Born Nurses Group and how to join, call 6-5319.

### Jeanette Ives Erickson

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ship of the American Nurses Credentialing Center, will host a two-day Magnet workshop to provide information on the Magnet application process to prospective Magnet applicants. The workshop, Journey to Nursing Excellence and Magnet Designation, will be held at the Holiday Inn, November 17th and 18th.

In October, we'll hold our annual PCS strategic planning retreat to review our goals, evaluate current work, and set our course for the future.

We have a number of award ceremonies and special events planned for the fall. The Janet Ballantine Oncology Volunteer Award; the Marie C. Petrilli Oncology Nursing Award; and the Yvonne L. Munn Post-Doctoral Fellowship Award ceremonies will be held in October.

October is Physical Therapy Month, Domestic Violence Awareness Month; and we will celebrate Pastoral Care Week and Respiratory Care Week.

The Anthony Kirvaitis, Jr., Partnership in

Caring Award will be presented in November, and the annual Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award is scheduled for December 8th.

While some organizations experience a summer lull, we are busier than ever, and the work we're doing is more important than ever before. Thank-you for your continued support and commitment to excellence in patient care.

#### Update

I'm pleased to announce that Theresa Capodilupo, RN, has accepted the position of nurse manager for White 7 and Ellison 7.

### MGH Photography Department 8th annual Photo Contest

This amateur competition is open to all Partners and MGH employees. Contestants may submit up to two photographs. Photographs should be in printed form (no slides or electronic files please), no larger than 8"x10", unmounted, and unframed.

Please submit *only* photograph/s.

All submissions will be displayed, and winners will be announced on September 29, 2005, at the POPPS Fair under the Bulfinch Tent. Prizes will be awarded to the winning entries and to those receiving honorable mention.

Entries should be delivered or sent by in-house mail to the MGH Photography Department no later than September 16, 2005. All entries will remain with contest organizers until October 3, 2005, when they will be returned to entrants.

For more information and/or to receive an entry form, call the MGH Photo Lab at 6-2237, or visit them in the Bulfinch basement (BUL045)

## A day in the life of a ProTech intern

—by Jaye Cook  
—introduction by Gerry Cronin, operations coordinator

Six months ago, I had the pleasure of interviewing a number of bright, young students from East Boston High School. They presented themselves as aspiring nurses, scientists, and clinicians eager to get their first glimpse of the healthcare industry. The joy, enthusiasm, pride, and energy our ProTech students bring to the workplace have prompted me to recruit more young people through the Jobs 4 Youth Program, the Northeastern University Co-Op program, and the MGH Volunteer Office.

Currently we are enjoying the participation of seven focused, self-directed, self-assured high-school students who have contributed much to staff and to the mission of our hospital. Jaye Cook is a National Honors Society student at East Boston High School, and a sergeant in her school's ROTC program. As part of the ProTech Program, she is currently working on the White 9 General Medicine Unit under the leadership of Wally Moulaison, RN, nurse manager, and in the White 13 General Clinical Research Center under the leadership of nurse manager, Bonnie Glass, RN. Jaye wrote an essay recently describing her experiences at MGH. We would like to share those experiences with you.

I was skeptical at first about working here. I was given an opportunity four months ago to apply for a job as a ProTech intern—the requirements being to submit an essay, create an updated resume, and schedule an interview. After the interview, I was unsure whether I had made the right decision. I had finally gotten some spare time in my schedule after my extracurricular activities ended. Did I really want to embark on another journey so soon? I decided to give it a try.

Training began the following week. My new title was: Bulfinch Temp Pro-Tech intern. I, along with nine other interns, were trained in HIPPA regulations, which protect patients' rights as they put their trust in staff. During training, we

learned about ways to stop the spread of germs, both to and from pa-

tients. (Who knew it was as simple as washing your hands?)

Four months later, I'm a new person. I have been introduced to two units where I spend most of my time. I work on White 9, the in-patient General Medicine Unit three days of the week. There, I am the assistant to the operations associate. My job is to answer patient phones and the phones at the front desk. I keep patient records intact. Gerry, the operations coordinator, gave me 'mini projects,' such as reconstructing the green patient charts and re-labeling the mail station. My projects were checked and approved by clinical nurse specialist, Cynthia LaSala, RN.

I make admission packets and pick up mail from Bigelow 10, which

then has to be distributed to the appropriate people. Re-filling the fax machines and printers and cutting labels for blood specimens are also some of my duties. I keep the supply cabinets tidy, the front desk organized, and the census board updated.

It doesn't stop there. Twice a week my assistance is needed on White 13, The General Clinical Research Center, known as the GCRC. I started here with mini-projects, too, like returning keys to their proper doors and accurately measuring and labeling the corridor so that a protocol study could be conducted. I was taught how to answer phones professional-

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White 9 staff nurse, Bonnie Slayter, RN (left), demonstrates the use of a glucometer (device used to measure blood sugar) to ProTech intern, Jaye Cook

## Coming soon to a unit near you: first live POE interface

—by Martha Lynch, RD, Nutrition & Food Services

Beginning September 20, 2005, the interface between POE (Provider Order Entry) and Nutrition & Food Services' CBORD system will 'go live.' Nutrition & Food Services will be the first department to have an outbound interface from POE, effectively eliminating 'the middle man' in the ordering of special diets.

Jane Williams, RD, senior manager of Technology for Nutrition & Food Services, and Irina Kamis, RD, applications analyst, spearheaded this project. Says Williams, "This has been an exciting and challenging en-

deavor. The new interface between POE and CBORD will help improve service to patients and at the same time make the work of nursing and nutrition staff easier. This is an exciting first step toward hospital-wide linkage to the POE system."

How does it work? Patients' special diet orders will be sent from POE to CBORD as soon as the physician, physician's assistant, or nurse practitioner enters the order in the system. Since the process starts with POE, it will be important for each patient to have an up-to-date diet order in the system.

It is expected that patient- and staff-satisfaction will improve with the increased accuracy of menus and diet orders.

White 8 began piloting the system on May 3, 2005, with great success. Two more pilot units, Ellison 6 and Ellison 7, will go live on September 6th. The remainder of the inpatient units will be activated on September 20th. Training sessions will be held for Patient Care Services staff.

What do you need to know?

- Clinical dietitians will be a resource for staff and will be available to provide support.

- The Patient Meal Worksheet (PMW, previously known as the diet board) will be printed approximately 45-60 minutes prior to meal service. It will be delivered to operations associates (OAs) to review for accuracy and update with any orders that have been placed or changed since the PMW was printed.

- OAs and nurses will need to record the tray consistency for any patients with, "Advance Diet Protocol per RN" diet orders, and write either 'Delay' or 'Resume' for patients with "NPO for Procedure" diet orders.

- Food allergies should be documented on the PMW. Most of these procedures, or similar ones, are

already in effect, but the PMW will now be much more accurate and require fewer changes by nurses and OAs. It is important to remember that handwriting a patient's diet on the PMW will no longer change the diet order. *It must be ordered through POE.*

Clinical dietitians will be able to answer any questions regarding these changes. Look for your clinical dietitian's name and pager number on the gold referral clipboard. Nutrition & Food Services is looking forward to working with Nursing and other departments to make this roll-out of the first interface a huge success.

For more information about the POE-Nutrition & Food Services interface, please contact Martha Lynch at 6-2587.

## MGH is committed to improving hand hygiene

There are three basic components to hand hygiene and each one has a different goal...

### Hand disinfection (Cal Stat)

- Destroys most germs
- (Washing before using Cal Stat is not necessary unless hands are soiled)

### Hand washing (soap and water)

- Removes dirt and soiling
- Mechanically removes some germs with scrubbing and friction

- (Cal Stat must be used after hand-washing to kill germs that remain on your hands)

### Use of a Hand Moisturizer (Steris Lotion)

- Keeps skin soft, intact, and healthy
- Healthy skin is less likely to harbor germs that cause infection
- Healthy skin is less likely to spread germs to others



Stop the Transmission of Pathogens

### What is Cal Stat?

- Cal Stat is an alcohol-based hand-rub specially formulated for MGH employees
- It contains isopropyl alcohol to disinfect hands plus emollients to keep skin soft and healthy

## ProTech Graduation

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ProTech intern, Sadiya Bule, spoke on behalf of the graduates. Following are excerpts from her speech:

My name is Sadiya Bule and I am a 2005 ProTech graduate. I currently work on the Vascular Surgical Unit where I have duties that range from helping the operations associates admit new patients to helping the nurses and nurses' aids make sure that patients'

recovery is comfortable and they have everything they need.

I was born in Somalia and raised in Kenya. I

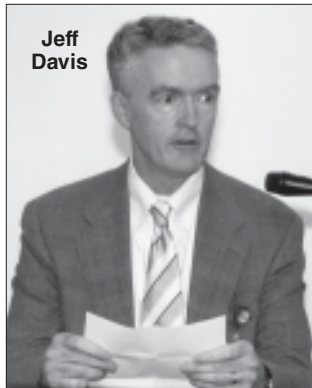
came to the United States in 1996 with my mother, three brothers, and a sister in hope of finding a better life. One of my mother's goals was for her children to go to college because she never had the opportunity. My goal is to finish college and return to Africa as a nurse, where I hope to open a clinic or work in

one providing free medical care to the sick. I'm proud to say that I will be attending Pine Manor College in the fall, where I plan to study Nursing. I am the only girl in my family to go to college!

I look back today and feel very fortunate to have been in the ProTech program. It has opened so many doors for me. It

has confirmed for me at a young age that I love helping people and that nursing is the right job for me. It has allowed me to join other programs that will help me realize my dream of becoming a nurse. I was one of four MGH-Edward M. Kennedy Health Career Scholarship recipients. I parti-

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**Jeff Davis**



Darnell Williams congratulates ProTech graduate, Maria Felix



**Galia Wise**



**Candace Burns**



**ProTech graduating class of 2005**

(Photos by Abram Bekker)

## Palliative care champion brings art to the MICU

It was a long time in the making, but on August 18, 2005, after a year and a half of thoughtful planning, Kelly Perfetti's idea to create a soothing and healing environment in the Medical Intensive Care Unit (MICU) came to fruition. Perfetti is one of eight nurses in the MICU who attended special training in end-of-life nursing to become a palliative care champion.

It can be difficult to maintain an atmosphere of warmth and comfort in a high-tech setting like an intensive care unit. But Perfetti had a vision. She wanted to put works of art on the ceilings over patients' beds to give them something uplifting to focus on during their hospital stays. She placed an ad in the Museum of Fine Arts' newsletter asking for artists to help make her vision a reality. Local artist, Caleb Neelon, was quick to volunteer. And not only did he volunteer his own artistic talents, he recruited four of his friends to do the same. Neelon, Brian Wilmont, Alex Lukas, Ryan Shea-Pare, and Justin B. Williams delivered an array of colorful ceiling tiles all in their own distinct and recognizable styles.



Says Neelon, "Painting something that may be the last thing a patient ever sees is a challenge unlike anything I've ever attempted. I really appreciate the opportunity Kelly has given us."

MICU nurse manager, Adele Keeley, RN, says, "Art is a soothing intervention. It brings a sense of warmth and peace to any setting. I applaud Kelly's efforts to help make our unit more welcoming and family-

friendly. As a palliative care champion, she really understands the importance of merging palliative and critical care."

Greg Doyle and Bill Belton of Buildings & Grounds were instrumental in supplying and installing the tiles. Members of the MGH community had a chance to see the tiles and meet the artists at a special reception on August 18th. For more information, call Adele Keeley at 6-2594.

## ProTech Graduation

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icipated in the National Youth Leadership Forum on Nursing, where I spent a week visiting different hospitals and nursing schools in the Boston area. This experience taught me about the many areas and specialties of nursing. I was able to join the Post Secondary Health Care Initiative, which will give me a job

at MGH and financial and academic support through my first year of college. I was able to take the Certified Nursing Assistant course taught by the Red Cross. I have been able to do all these things thanks to ProTech and the partnership MGH has formed with East Boston High School.

Working at MGH has taught me what it means to be a good nurse. I learned how important relationships are between nurses and their patients. I learned that nursing isn't an easy job and you shouldn't choose it for the money. You have to love what you do.

Since I was a little girl I knew I wanted to be a nurse. ProTech has given me the opportunity to realize that dream.

I want to thank everyone who made it possible

for me to have this experience while I was still in high school. I will always remember you for that. I especially want to thank my supervisors Kathleen LeBlanc and Sharon Bouvier for being such great mentors and the entire Bigelow 14 staff who welcomed me with open arms and treated me like family.

I would like to thank Headmaster Rubin, Ms. Zarrella, Dan Cuddy, Joanna Cataldo, and Galia Wise for the guid-

ance you provided during the last two years.

And last but not least, I want to thank my classmates from East Boston High School and my friends from the ProTech program. I hope we stay in touch. I hope all your dreams come true.

The ProTech Program is a school partnership initiative of the MGH Community Benefit Program. For more information about the ProTech Program, please call Galia Wise at 4-8326.

## Occupational therapist doesn't let frostbite slow her (or her patient) down

My name is Suzanne Curley, and I am a senior occupational therapist in the outpatient Upper Extremity-Hand Therapy Service. I have been an OT for almost ten years, more than half that time here at MGH where I've enjoyed the most challenging and satisfying years of my career.

My experience treating 'John' highlights the holistic approach occupational therapists use and illustrates many of the reasons I feel privileged to specialize in hand therapy. John's evaluation and treatment required specific knowledge of hand anatomy, tissue-healing, wound-care, biomechanics, and sensory motor function, as well as creative, client-specific solutions.

When John walked into the clinic for his initial evaluation, I saw a large, white dressing on his left hand and surmised that he was probably a burn patient. I immediately began thinking of treatment modalities he might need given my knowledge of burn injuries. When he turned around, I saw that he had a similar dressing on his right hand. "Uh oh," I thought. "How is this man able to do anything for himself?" My thoughts turned immediately from treatment modalities to

strategies just to help him get through the day.

As it turned out, I was wrong about the burn injury. John had sustained bilateral frostbite injuries a week before I met him. He had been riding his bike to work in single-digit temperatures with no gloves. When he realized he couldn't feel his hands, he came to MGH where he presented with red, swollen hands, significant blistering, and cyanosis (bluish-grey discoloration) at his finger-tips. He was admitted to the Burn Unit where he underwent Silvadene dressing changes twice a day and significant debridement of his wounds once his blisters broke.

When John was discharged, he was scheduled to come to the outpatient occupational therapy clinic one week after his initial injury. This is where I met John.

I hadn't seen many frostbite injuries in my experience and certainly none this extensive. But my role was clear, as it is with all patients: maximize his functional recovery and assist him in returning to as normal and independent a lifestyle as possible, as quickly and safely as possible.

As I assisted John with the basic task of taking off his coat, I began to learn what an accomplished and active

person he had been prior to his injury. As he described a typical week, I realized all the things he'd been missing out on since being injured.

John is a professor at a local medical school and runs a research lab. His job requires him to type long reports and perform delicate pipetting (mixing liquids in small test tubes). He trains lab assistants in the precise ways of performing substance analyses. John lives with a significant other who had been assisting him with self-care tasks. He mentioned that his partner would be returning to work soon, so John would be home alone most of the day.

In his free time, John cooks, gardens, bikes, and enjoys other outdoor activities. While John was pleasant during his initial assessment, his frustration and embarrassment at how his injury was incurred were evident. John was a person who had enjoyed much control over his life and work, and his new 'helplessness,' as he called it, was affecting every aspect of his life. I hoped I could help him regain some control and bring enjoyment back into his life.

I realized we had much to do during this initial evaluation, and I had to prioritize our acti-



Suzanne Curley, OTR/L  
senior occupational therapist, advanced clinician

vities. As I gently removed one of his dressings, I noticed his reluctance to look at his hand. I prepared him for what it would look like and began explaining how tissues heal so he would have a time line to think about. Because he is a planner and a scientist, this interested him. Under his dressing his fingers had dusky tips with light, bloody exudates along the shafts down to the web spaces. He had significant edema in all eight fingers and both thumbs. Further evaluation revealed significantly decreased active and passive range of motion, reduced grip and pinch strength, impaired sensation, and moderate to severe pain while on pain medication.

I documented these factors and began planning his treatment in my mind, but my primary focus at that moment was to improve his ability to take care of himself. I felt we needed to address basic issues such as going to the bathroom, getting something to eat,

turning a door handle, and tending to personal hygiene.

I was concerned that John's frustration and feelings of self-blame might affect his rehabilitation, so I decided to put control of his rehab back into his hands. I asked about his goals. They were consistent with mine but also included light typing so he could work at home and help his colleagues. When he joked that opening a wine bottle might be a good goal, I saw that his sense of humor had returned and felt confident we'd be able to move forward as a team. I felt all these goals were attainable and suggested we start work immediately.

First, I dressed John's wounds with Xeroform and thin finger stockinette rather than bulky gauze dressings. This gave him more mobility and revealed that he had some pressure sense on the pads of his fingers. When he commented

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## Narrative

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how much better his hands felt in these dressings, I suggested that his partner accompany him to his next appointment so I could demonstrate how to change John's dressings at home.

I initiated edema-management techniques including elevation, compression, and pumping of his fingers. Edema limits range of motion and can scar tendons, so I was anxious to manage it quickly. I instructed him in active range-of-motion exercises. I gave him a variety of exercises that encouraged function in the flexor tendons, extensor mechanism, intrinsic muscles, the venous/lymphatic system, and web spaces. I avoided any passive motion for two reasons. Given his significant edema, I was concerned that aggressive stretches would stretch his collateral ligaments and com-

press his nerves causing further altered sensation. I also wasn't sure how deep or significant the tissue injury was, and I didn't want to damage any structures. I told him to watch carefully for signs of blanching or excessive stretching of the dorsal skin. Given his impaired sensation, he might not feel pain or stretching to know if he was overdoing it and causing harm.

I gave him blocking exercises to increase the motion of his interphalangeal joints by encouraging some pull of his flexor tendons. These exercises improved his motion while preventing the tendons from adhering to other tissues. The resting splints from his inpatient stay still fit, so I told him to continue wearing them at night. The splints put his hands in a good resting position to prevent shortening of the soft tissues.

My biggest concerns were the dark areas and significantly decreased

sensation in his fingertips. I instructed John in how to protect his skin so he could avoid further injury. Formal evaluation later in the week using the Semmes-Weinstein monofilament test revealed loss of protective sensation on most of his tips. I knew this would make basic self-care difficult, let alone the delicate tasks required for his work. I was hopeful the dusky fingertips were congested blood and not necrotic tissue, but in the clinic setting, there was no way to tell. This was of great concern to John, so I called his surgeon to get his opinion and see if he had noticed any bleeding when he did the debridements. The surgeon had not seen any bleeding and said it was too soon to know if the tissues would survive. He agreed there was no immediate treatment until the tissue 'declared' itself by either by healing or dying. We decided to continue our plan of care and hoped that John wouldn't lose any tissue in his fingertips. When John asked, I answered his questions honestly given what I knew at the time. He seemed to appreciate my honesty and this formed the basis for our future relationship.

I asked John to attempt several basic self-care tasks. He was unable to hold utensils in his hand, so I applied various thicknesses of cylindrical foam to utensils and asked him to try again. He required the densest foam we had but

was able to bring food to his mouth using this adaptation, so that was a big accomplishment.

Even with smaller dressings, John lacked the dexterity to fasten hooks, buttons, and perhaps most importantly, the zipper on his pants. He had already modified the zipper by adding a twist tie from a loaf of bread for easier 'gripability.' This worked fairly well but he still had difficulty gripping it, and as John joked, "When you're in a hurry, this can be problematic!"

I suggested he put a silver ring on his zippers so he could just hook his finger through it. This worked quite well. While it could have been very awkward discussing such delicate personal-hygiene issues so early in our relationship, we shared a similar sense of humor that allowed us to be open and frank and inject some fun into an otherwise difficult situation.

We fashioned a special key-turner that allowed him to use a gross grip to turn a key until his fingers were stronger and his tips less sensitive. He was still significantly limited and frustrated with his injury, but the ability to do these few basic tasks helped him feel a little like his old self again.

Initially, we compensated for John's impairments by using adaptive equipment, like the cylindrical foam, to help him resume meaningful activities in his life. Not

only did this help him on a practical level, it boosted his self-esteem and encouraged him to do more. The self-care activities John was able to do also served as range-of-motion exercises. Studies show that purposeful activities, such as gripping utensils or typing on a keyboard, motivate patients to perform continued repetitions more than rote exercises or non-purposeful activity. John progressed to increasingly smaller grips on his utensils until, after five weeks, he was able to use a regular utensil. This capability was much more satisfying to him than my report that his total active motion had improved by 12% in his left hand and 13% in his right hand.

There were still roadblocks for John. Swelling was a significant problem both in terms of limiting range of motion and causing pain in his joints. His tissues were extremely reactive to even the simplest activities. During the third week of his recovery, John suffered a significant decline in his status when swelling, pain, and redness increased, range of motion decreased, and some functional gains were lost. This was alarming and disheartening for both of us. The swelling looked and felt different from typical trauma. The edema was more diffuse throughout his fingers, and his skin looked sunburned and more consistent  
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## The Anthony Kirvilaitis, Jr., Partnership in Caring Award

Nominations are now being accepted for The Anthony Kirvilaitis, Jr., Partnership in Caring Award. The award recognizes PCS staff in non-clinical roles who exemplify *reliability, responsiveness, creativity, assurance, collaboration, and flexibility*. The award is given annually to a maximum of two individuals.

**Nominations are due  
by September 21, 2005**

For more information, call Tom Drake, training specialist, at 6-9148

# Professional Achievements

## Braccio, Bryan, and Manley present

Joan Braccio, RN; Ruth J. Bryan, RN; and Bessie Manley, RN, presented, "We are Pained!" at the American Society of Post Anesthesia Nursing National Conference in Chicago, April 17-21, 2005.

## Carroll presents

Diane L. Carroll, RN, clinical nurse specialist, presented, "Implementation of Efficacy Enhancement Interventions with Unpartnered Elders," at the Canadian Gerontological Nursing Association's 13th National Gerontological Nursing Conference, in Halifax, May 25-28, 2005.

## Amaya, Brown, Myers, and Niles present

Claribell F. Amaya, RN; Megan Cellitti Brown, MBA; Kathleen M. Myers, RN; and Ivonny M. Niles, RN, presented, "Addressing the Nursing Shortage and Health Disparity: Clinical and Mentoring Support for the Foreign Born Nurse 2003 and Beyond," at the National Association of Orthopaedic Nurses Congress in Phoenix in May.

## Peters-Lewis presents

Angelleen Peters-Lewis, RN, nurse manager, presented, "Racial Health Disparities in Colon Cancer Screening and GI Treatment," at the Society of Gastrointestinal Nurses and Associates Regional Conference in Hyannis, Massachusetts, on April 30, 2005; she presented, "Excellence in Endoscopy Nursing: The Magnet Journey," and, "The Use of an Education Video with Ambulatory pH Probe Patients: a Nursing Intervention," at the Society of Gastrointestinal Nurses and Associates Annual Conference in Minneapolis, Minnesota, in May.

## Keeley presents

Adele Keeley, RN, nurse manager, presented, "Merging Palliative Care in the Critical Care Unit," at the American Association of Critical Care Nurses' National Teaching Institute in May, in New Orleans.

## Lavieri presents

Mary Lavieri, RN, clinical nurse specialist, presented, "Care of the Critically Ill Patient on CVVH," at the Critical Care Symposium National Teaching Institute in New Orleans, May 10, 2005.

## Perry presents

Donna Perry, RN, professional development coordinator, presented, "Nurses Building Bridges of Human Dignity with Cuba," at the Spaulding Rehabilitation Hospital on May 11, 2005.

## Clair-Hayes and Levin-Russman present

Kathy Clair-Hayes, LICSW, and Elyse Levin-Russman, LICSW, Social Services, presented, "Take Good Care Packs: Promoting Communication and Comfort for Children with Cancer, Siblings, and Parents," at the Association of Pediatric Oncology Social Work Conference in Norfolk, Virginia, May 9-12, 2005.

## Levin presents

Barbara J. Levin, RN, staff nurse, presented, "Fractured Foundations," at the American Association of Legal Nurse Consultants' local conference in March, 2005, in San Diego; she presented, "Leadership Forum" and "Broken Bones, Shattered Lives," at the American Association of Legal Nurse Consultants' national conference in Anaheim, California; and she presented, "Avoiding Legal Pitfalls," at the Advance Magazine Job Fair in Nashua, New Hampshire.

## Fiore and Myers present

Ann M. Fiore, RN, and Kathleen M. Myers, RN, presented, "Interdisciplinary Roadmap to Quality in the Care of the Orthopaedic Oncology Patient," at the National Association of Orthopaedic Nurses Congress in Phoenix, in May.

## SDSU presents

Linda A. Lauretano, RN; Paul Craigie, RN; Carol Card, RN; Janet D. Quigley, RN; Ruth J. Bryan, RN; David Berger, MD; Suzanne Sokal, MSPH; Michelle Kerwin, RN; Diane McGrath, RN; Kathy Bowse, RN; Elizabeth Kelley, RN; Autoquay Peters, ST; Carmen Atkinson, ST; and Pytoise Despagne, ST, from the Same Day Surgical Unit presented their poster, "Improving Surgical Efficiency Makes an Impact on Patient and Nurse Satisfaction," at the Association of Perioperative Registered Nurses Congress, April 3-7, 2005, in New Orleans.

## Bryan, Manley, Neves, and Slicis present

Ruth J. Bryan, RN; Bessie Manley, RN; Jennifer Neves, RN; and Donna M. Slicis, RN, from the Pre-Admission Testing Area, presented their poster, "Exploration of Nurse-Nurse Practice Partnerships," at the Association of Perioperative Registered Nurses Congress, April 3-7, 2005, in New Orleans.

## Dorrwachter, Freiberg, Myers, Rubash, and Taylor Pedro present

Janet M. Dorrwachter, RN; Andrew A. Freiberg, MD; Kathleen M. Myers, RN; Harry E. Rubash, MD; and Jill Taylor Pedro, RN, presented, "Minimally Invasive Two-Incision Total-Hip Replacement: Pre-Operative Education and Post-Operative Care," at the National Association of Orthopaedic Nurses Congress in Phoenix, in May, 2005.

## Levin publishes

Barbara J. Levin, RN, published the article, "Open v. Closed Fractures," in *Communique*.

## McNamara certified

Roseann McNamara, RN, of the Mallinckrodt General Clinical Research Center recently became credentialed as a certified medical-surgical nurse.

## Casey inducted

Adrienne Casey, CPA, of the Mallinckrodt General Clinical Research Center, was inducted into the Simmons College chapter of Sigma Theta Tau International Honor Society for Nursing.

## Ives Erickson honored

Jeanette Ives Erickson, RN, senior vice president for Patient Care, was awarded the Massachusetts Organization of Nurse Executives Elaine Sherwood Award for outstanding commitment and contributions to the organization in June, 2005.

## Kaiser elected

Sheila N. Kaiser, CRNA, chief nurse anesthetist for the department of Anesthesia and Critical Care, has been elected vice chair of the Massachusetts Board of Registration in Nursing. She continues to serve on the National Council of State Boards of Nursing Advance Practice Advisory Panel.

## Bryan, Quigley, and Wrigley present

Ruth J. Bryan, RN; Janet D. Quigley, RN; and Pam Wrigley, RN, of the Same Day Surgical Unit presented, "Maintaining Communication with Parents of Children in the Perioperative Setting," at the American Society of Post Anesthesia Nursing National Conference, April 17-21, 2005, in Chicago.

**Wachter certified**

Krista Wachter, RN, staff nurse in the Cardiac Access Unit, received her Family NP certification from the MGH Institute of Health Professions.

**Biagiotti honored**

Christina Biagiotti, PT, physical therapist, was honored in April by Charlestown High School for her work with injured members of the Charlestown basketball team.

**Grinke certified**

Kathleen Grinke, RN, of the Mallinckrodt General Clinical Research Center, received her certificate of Advanced Study in Clinical Investigation from the MGH Institute of Health Professions.

**Moran honored**

Peter Moran, RN, Emergency Department case manager, was awarded the Case Manager of the Year Award by the Case Manager Society of America at their national conference in Orlando, Florida, in June.

**Hess promoted**

Dean Hess, RRT, assistant director of Respiratory Care Services, has been promoted to associate professor of Anesthesiology at Harvard Medical School.

**Madigan appointed**

Janet M. Madigan, RN, project manager, was appointed president of the Massachusetts Organization of Nurse Executives at their annual meeting in June.

**Dahlin presents**

Constance Dahlin, RN, palliative care nurse practitioner, was co-course director and presenter at the Art & Science of Palliative Care Nursing Conference in June.

**Larkin presents**

Mary Larkin, RN, of the MGH Diabetes Center, presented, "Obesity and Type 2 Diabetes from the Family Perspective," at the American Diabetes Association meeting in San Diego, in June.

**Law presents**

Suy-Sinh Law, PT, physical therapist, presented, "Osteoporosis with an Emphasis on Prevention to the Boston Chinese Community," at South Cove Manor's Schlichte Learning Center in June.

**Munoz presents**

Lauro Munoz, OTR/L, occupational therapist, presented, "NDT and Adult Hemiplegia," at the Texas Occupational Therapy Association, in Corpus Christi, Texas, in May.

**Lyons presents**

Mary Lou Lyons, RN, OB clinical nurse specialist, presented, "Making Computerized Documentation Work for You," at the Association of Women's Health, Obstetric and Neonatal Nurses national convention in Salt Lake City, in June.

**Michel presents**

Theresa Michel, PT, physical therapist, presented, "Diabetes Update: How Physical Therapy Fits In," at the American Physical Therapy Association Annual Conference in Boston, in June.

**Doherty presents**

Regina Doherty, OTR/L, occupational therapist, presented, "Ethics for OT Managers and Educators: Practical Application of Evidence-Based Approaches and Resources," at the American Occupational Therapy Association National Conference, in Long Beach, California in May.

**Boyle certified**

Kathleen R. Boyle, RN, staff nurse, recently became certified as a medical-surgical nurse.

**Oertel presents**

Lynn B. Oertel, ANP, clinical nurse specialist in Anticoagulation Management Services, presented, "Anticoagulation in Primary Care," at the National Conference for Nurse Practitioners in Orlando, Florida, in May.

**Carroll, Hamilton, and Kenney present**

Diane Carroll, RN, clinical nurse specialist; Glenys A. Hamilton, RN, nurse researcher; and Barbara K. Kenney, RN, staff nurse, presented their poster, "Long-Term Effects of the Implanted Cardioverter Defibrillator on Quality of Life," at MGH's Clinical Research Day, in June.

**Carroll and Hamilton publish**

Diane Carroll, RN, clinical nurse specialist, and Glenys A. Hamilton, RN, nurse researcher, published, "Quality of Life in Implanted Cardioverter Defibrillator Recipients: the Impact of Device Shock," in the May-June, 2005, *Heart & Lung*.

**Mult-disciplinary team presents**

Jennifer Repper-DeLisi, RN; Monique Mitchell, RN; Michael Bierer, MD; Gregory Frischione, MD; Barbara Guire, RN; Mary Lussier-Cushing, RN; Robin Lipkis-Orlando, RN; Andrew Karson, MD; Rhodes Berube; Martha Kane; Joan Quinlan; Firdosh Pathan, RPh; and Theodore Stern, MD, presented, "The Successful Implementation and Outcome of an Alcohol Withdrawal Pathway," at The Association of Psychiatry and Medicine, in New Orleans, in May.

**Peirce publishes**

Georgia W. Peirce, published the article, "Building the Foundation for a Culture of Safety," in the July, 2005, *Focus on Patient Safety*.

**Butzlaff, Carroll, Rankin, and Reedy publish**

Alice Butzlaff, RN; Diane L. Carroll, RN; Sally H. Rankin, RN; and Imelda Reedy, RN, published the article, "Famished for Support, Recovering Elders After Cardiac Events," in the May-June, 2005, *Clinical Nurse Specialist*.

**Zollfrank publishes**

Reverend Angelika Zollfrank, BCC, of the MGH Chaplaincy, published the article, "The Work of Care: a Theological Theory, a Psychological Theory, an Educational Theory," in the June/July 2005, *Journal for Supervision and Training in Ministry*.

**French presents**

Brian M. French, RN, professional development coordinator, presented, "High Fidelity Simulation: Enhancing Patient Safety and Outcomes," at the National Nursing Staff Development Organization annual convention in New Orleans, in July. Beth Nagle, RN, clinical nurse specialist, co-authored the presentation.

**Mult-disciplinary team publishes**

Michelle A. Finkel, MD; Patricia Mian, RN; psychiatric clinical nurse specialist; Joyce McIntyre, RN; Monique I. Sellas-Ferrer, MD; Barbara McGee, RN; staff nurse; and Nancy Balch, RPh, published the article, "An Original, Standardized, Emergency Department Sexual Assault Medication Order Sheet," in the June, 2005, issue of the *Journal of Emergency Nursing*.

# Professional Achievements

## **Carr certified**

Kathleen Carr, RN, staff nurse, became certified as a critical care nurse in July.

## **McGee publishes**

Barbara McGee, RN, staff nurse, contributed the chapter entitled, "Environmental Terrorism and Disaster Nursing," to the first *Forensic Nursing* text authored by Virginia Lynch. The book was released in July.

## **Wernick-Robinson publishes**

Mara Wernick-Robinson, PT, physical therapist, published, "Fluoxetine for Vestibular Dysfunction and Anxiety: a Prospective Pilot Study," in the July-August *Psychosomatics*.

## **Harker presents**

Jane Harker, RN, staff nurse in the Endoscopy Unit, presented, "Endoscopic Ultrasound: the Basics and Beyond," at the Cape Cod Healthcare Spring into Endoscopy Course in April. Harker presented, "Basic Endoscopic Ultrasound: Anatomy and Imaging in EUS," at the Society of Gastroenterology Nurses and Associates annual meeting in Minneapolis, in May.

## **Karwacki Sheff publishes**

Emily Karwacki Sheff, RN, staff nurse, published, "Hospital Nursing: Solving the Mystery of Osteomyelitis," in the July issue of *Nursing 2005*.

## **Whitney presents**

Elizabeth Whitney, PT, physical therapist, presented her poster, "Cerebellar Basket and Stellate Cells in Autism," at the International Meeting for Autism Research in Boston, in May.

## **Case managers certified**

Cindy Hayes, RN; Jill Jones, RN; Janice Tully, RN; and Christine Moulton, RN, have become certified case managers.

## **Goldsmith recognized**

Tessa Goldsmith, CCC-SLP, has received board recognition in Swallowing and Swallowing Disorders.

## **Brunelle, Dorman, and Macauley certified**

Physical therapists, Cheryl Brunelle, PT; Robert Dorman, PT; and Kelly Macauley, PT, became board-certified as specialists in June, 2005.

## **Kilroy and Repper-DeLisi publish**

Jennifer Repper-DeLisi, RN, and Susan Kilroy, RN, clinical nurse specialist, published the article, "We Need to Meet," in the spring 2005, *Journal of Clinical Ethics*.

## **Cole publishes**

Elizabeth Cole, PT, physical therapist, contributed to the article, "Physical Therapy is Hot," published in *The Boston Globe*, on June 12, 2005.

## **Scott makes documentary**

Katrina Scott, staff chaplain, completed an 80-minute documentary entitled, *Hospital Chaplaincy: a New Look*. The film was independently released on DVD in May, 2005.

## **Robbins presents**

Christopher Robbins, RN, staff nurse in the Endoscopy Unit, presented, "Advanced Endoscopic Ultrasound: Pancreatic Cyst Drainage," at the Society of Gastroenterology Nurses and Associates annual meeting in Minneapolis, in May.

## **Droste, Gramstorff, and Roy certified**

Robert Droste, RN, Kelley Gramstorff, RN, and Kathy Roy, RN, became certified as critical care nurses in May.

## **Hopcia elected**

Karen Hopcia, RN, clinical nurse specialist in the General Clinical Research Center, is the new president-elect, of Theta-at-Large, a chapter of the Sigma Theta Tau International Nursing Honor Society.

## **Peirce completes fellowship**

Georgia Peirce, director of PCS Promotional Communications and Publicity, recently completed a 15-month National Patient Safety Leadership (PSL) fellowship. She has been appointed to the PSL Board of Advisors and wrote the lead article in an upcoming issue of the NPSF's *Focus* newsletter.

## **Disaster team honored in Washington DC**

More than 60 MGH nurses, social workers, doctors, and registered dietitians were recognized by President Bush at a special event on the south lawn of the White House in July. The event was held to thank volunteers from MGH and other hospitals who joined with Project HOPE to help victims of the tsunami in Southeast Asia.

## **McAdams presents**

Mary McAdams, RN, clinical educator, presented, "Designing and Implementing a Hospital-Based Training Program for High School Students as a Healthcare Career Promotional Strategy," at the National Nursing Staff Development Organization meeting in New Orleans, in July. Authors of the poster include: Nancy C. DeCoste, Thomas P. Drake, and Brian M. French, RN.

## **Edwards, Ives Erickson, honored**

Annabel Edwards, RN, and Jeanette Ives Erickson, RN, were recognized as Champions in Health Care in the August 5, 2005, *Boston Business Journal*.

## **Guiliano, Palan Lopez, and Tyer-Viola publish**

Karen Guiliano, RN, clinical researcher; Lynda A. Tyer-Viola, RN, clinical nurse specialist; and Ruth Palan Lopez, RN, assistant clinical professor, published, "Unity of Knowledge in the Advancement of Nursing Knowledge," in the July issue of *Nursing Science Quarterly*.

## **Alexander, McAdams, and Sumner present**

Laura Sumner, RN; Gail Alexander, RN; and Mary McAdams, RN, presented, "Evaluation of the Drug Dosage Calculation Guide on Registered Nurses' Multi-Step Calculation Scores on an Orientation Medication Assessment," at the National Nursing Staff Development Organization meeting in New Orleans, in July.

## **Dorrwachter, McCarthy, and Stewart, certified**

Staff nurses, Janet Dorrwachter, RN, Amy McCarthy, RN, and Jean Stewart, RN, became certified in Orthopaedic Nursing in May.

## **Chelminiak, Ditomassi, Holm, and Ives Erickson publish**

Lee Chelminiak; Marianne Ditomassi, RN; Lauren Holm, RN; and Jeanette Ives Erickson, RN, published, "Why not Nursing?" in the July issue of *Nursing 2005*.

## ProTech Intern

*continued from page 4*

ly, and return and retrieve protocol files. I spent most of the time in the lab setting up laboratory trays and identification labels for new scientific studies. Each new protocol has to be set up one or two days before the actual protocol begins. My work has to be approved by resource nurse, Helen Ann Higgins, RN. Before I knew it, I was com-

pleting a whole day of protocols in one sitting.

While on White 13, I was able to observe the biotechnologist in the specimen lab. He answered all my questions about the process of separating blood. Most blood in the GCRC is spun at 4°F at 2,800rpm.

Over time, I've come to appreciate the differences between the two units, the roles of staff, and their titles. White 9 is a fast-paced unit, and White 13 is an extremely controlled environ-

ment. Most days, working on both units is very rewarding. On great days, I can help direct visitors to a specific place or help boost their confidence. I can

now listen to a conversation between two medical professionals, (not that I do), and understand what they are saying.

Other good days at MGH are when I'm sent on missions to other units and have no problem getting there. I can be alone at the front desk and no one is afraid I'm incapable of doing my job. Wanting to be a biotechnologist, I feel I'm in the perfect place for training, experience, observation, and contacts. Mass General is, in itself, a network of caring people who are willing to help you to the next step. With the help of Mass General, I feel I'm that much closer to my dream. The people I've met and the experiences I've had at Mass General have brought out the best in me, and I am able to bring out the best in myself with every challenge and obstacle I encounter.

## 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, contact Jess Beaham, at 6-3193

## Clinical Narrative

*continued from page 9*

ent in color. It felt softer than usual skin on the outside and almost crunchy to the touch deeper down when I did retrograde massage. I wasn't sure if this change was due to over-exertion, despite our judicious approach. These changes were more substantial than I was used to seeing with injured tissues, so I did some research on frostbite. I learned that this hypersensitivity was common following frostbite due to injury to skin cells. We modified his home program and were more vigilant about activity levels. Soon the tissues calmed down, and John began to make gains again. Eventually, his strength, range of motion, and sensation improved to the point where he was able to hold a utensil with no adaptive help, grip his bike

handlebars, and pipette small test tubes of liquids.

We spent weeks working on this last activity before he was able to do it on his own. Once his Semmes-Weinstein test improved to where he had only minimally diminished, light-touch sensation and adequate range of motion and pinch strength, we were ready to focus on his work tasks. I had John practice using large test tubes filled with water, introducing progressively smaller test tubes and real substances as he improved. Eleven weeks after his initial injury he was able to complete a complex test using the smallest test tubes and radioactive materials. He completed the test using water first so he'd be confident in his abilities when using the real thing. As John returned to these important life roles, I was glad that my skills as a hand therapist and creativity as an occupational therapist

combined to find the right solutions for John. I look forward to the challenge of the next one.

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

An experienced hand therapist, Suzanne's attention is focused not only on John's extensive injuries and the physical care of his fingers, but on John himself and how he's coping with this life-altering change. She quickly adjusts her care plan to address John's spoken and unspoken needs. She works with him through progress and set-backs to help him regain independence so he can return to his work and his life. From researching the literature to interjecting a sense of humor to employing innovative, adaptive equipment, Suzanne taps into every dimension of her skill and experience to advance John's rehabilitation.

Thank-you, Suzanne.

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### 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 to: [ssabia@partners.org](mailto:ssabia@partners.org)  
For more information, call: 617-724-1746.

### Next Publication Date:

September 22, 2005



## Supporting positive breast-feeding outcomes

—by Marianne Pastore, RN, and Germaine Lambergs, RN

The American Academy of Pediatrics recommends that babies be breast-fed exclusively for the first six months of life followed by the introduction of solid foods in conjunction with breast milk for the remainder of the first year. At MGH, we recognize the importance of getting off to a good start with breast-feeding. Women with a good foundation and support network usually have better success with breast-feeding and tend to nurse for a longer period of time. To support women who want to breast-feed, the Family-Centered Mater-

nity Unit created the Lactation Support Service to ensure the best possible breast-feeding outcomes for our patients. Today the group is comprised of nine lactation consultants (LCs) who are also staff nurses. An LC is available on OB units every day (including weekends and holidays) to offer breast-feeding support or assistance with babies who might not be feeding well.

Lactation consultants offer daily breast-feeding classes on the unit, which new moms can attend with their babies. Moms can practice feeding, ask questions, and engage in

discussions with other new moms.

Every Tuesday a lactation consultant attends the Mommy and Me Support Group sponsored by the OB Family Education Group. At support-group meetings, new moms have a chance to hear advice and suggestions in a group setting or one-on-one if preferred.

The Lactation Support Service and the OB Family Education Group work hand-in-hand. A three-hour pre-natal breast-feeding class is offered four times a month. Expectant mothers and their partners can attend this class prior to

delivering to get information on breast-feeding, hands-on practice with dolls, and learn about ways to troubleshoot some of the more common breast-feeding problems.

Many mothers return to work after giving birth. Due to the benefit of prolonged breast-feeding for both mom and baby, many women choose to continue breast-feeding after they return to work. Though it may seem challenging, with the appropriate guidance, support, and education, many women are easily able to continue breast-feeding after they return to work. Twice a month the OB Family Education Group offers a Working and Breast-Feeding Class facilitated by a lactation consultant. Moms can attend this

two-hour class prior to, or after, delivering their babies. Topics at this class include: using breast pumps, breast-milk storage, strategies for maintaining milk supply, and a customized pumping plan for when mothers return to work.

To learn more about these classes, contact the OB Family Education Group at 617-726-4312, or visit their website at [www.massgeneral.org/familyeducation](http://www.massgeneral.org/familyeducation).

Many women who deliver at MGH are also employees of the hospital. When they return to work, they have access to the Mother's Corner, an award-winning lactation support program coordinated by Allison Lilly. The program is open to MGH, BWH, and Partners employees returning to work after maternity leave. A total of seven lactation rooms are available at various hospitals within the Partners network. For more information on the Mother's Corner, contact the Employee Assistance Program at 726-6976.

We are committed to helping moms be successful at breast-feeding for the physical and emotional benefits it brings both mom and baby. The Lactation Support Service provides the education and support new mothers need. Whether you breast-feed for a week, a month, or a year, the time you spend breast-feeding is a special gift for your baby.



New moms and dads learn about breast-feeding during breast-feeding class on the OB Unit

(Photo provided by staff)

# Educational Offerings

September 1, 2005

When/Where	Description	Contact Hours
September 9 and 12 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
September 12 and 30 8:00am–4:15pm	<b>Neuroscience Nursing Review Course</b> O’Keeffe Auditorium	TBA
September 12 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)	---
September 13 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK401	---
September 14 8:00am–2:30pm	<b>New Graduate Nurse Development Seminar I</b> Training Department, Charles River Plaza	6.0 (for mentors only)
September 14 1:30–2:30pm	<b>OA/PCA/USA Connections</b> “Superior Service Skills.” Bigelow 4 Amphitheater	---
September 14 7:00am–12:00pm	<b>CVVH Core Program</b> VBK601	6.3
September 14 11:00am–12:00pm	<b>Nursing Grand Rounds</b> “Respiratory Nursing Update.” Sweet Conference Room GRB 432	1.2
September 14 4:00–5:00pm	<b>More than Just a Journal Club</b> Thier Conference Room	1.2
September 15 8:00am–4:30pm	<b>Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other</b> Training Department, Charles River Plaza	7.2
September 15 1:30–2:30pm	<b>Nursing Grand Rounds</b> “Illuminating Practice through Nursing Narratives.” O’Keeffe Auditorium	1.2
September 19 8:00am–4:30pm	<b>Intermediate Respiratory Care</b> Thier Conference Room	TBA
September 21 8:00am–2:00pm	<b>BLS Certification for Healthcare Providers</b> VBK601	---
September 22 8:00am–4:30pm	<b>Workforce Dynamics: Skills for Success</b> Training Department, Charles River Plaza	TBA
September 22 1:30–2:30pm	<b>Nursing Grand Rounds</b> “Quality & Safety Update.” O’Keeffe Auditorium	1.2
September 23 8:30am–4:30pm	<b>MGH School of Nursing Alumni Program</b> O’Keeffe Auditorium	TBA
September 26 and 27 8:00am–4:30pm	<b>BLS Instructor Program</b> VBK601	---
September 28 8:00am–2:30pm	<b>New Graduate Nurse Development Seminar II</b> Training Department, Charles River Plaza	5.4 (for mentors only)
September 29 8:00am–4:30pm	<b>CCRN Review Day II</b> Haber Conference Room	TBA
September 29 1:30–2:30pm	<b>Nursing Grand Rounds</b> O’Keeffe Auditorium	1.2
September 30 12:00–3:30pm	<b>Basic Respiratory Nursing Care</b> Ellison 19 Conference Room (1919)	---
October 3 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>.

# Tuition Reimbursement

September 1, 2005



At left: Human Resources assistant, Kevin Cotter, and program manager, Digna Gerena (in the cap and gown), answer questions about tuition reimbursement at information booth in the Central Lobby. The MGH Tuition Reimbursement Program was created to encourage career growth and professional development through training and education. Employees who wish to take advantage of financial assistance through the Tuition Reimbursement Program should contact Human Resources at 6-2230.

**Caring**  
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