

# Caring

August 3, 2006

## HEADLINES

### Carol A. Ghiloni Oncology Nursing Fellowship

(see page 10)

#### Inside:

- Carol A. Ghiloni Oncology  
Nursing Fellowship ..... 1
- Jeanette Ives Erickson ..... 2
  - The Forces of Magnetism
- Fielding the Issues ..... 3
  - Reliable Child Care
- Volunteer Recognition Day ..... 4
- Clinical Narrative ..... 6
  - Ann Hession, RN
- Professional Achievements .... 8
- Educational Offerings ..... 11
- Interfaith Prayer Service for  
Peace ..... 12



Ghiloni oncology nursing fellows, Julie Cronin (left), and Kelley Blouin (center) in the Radiation Oncology Unit with preceptor, Lorraine Drapek, RN

## Magnet re-certification: harnessing the forces of magnetism

In October of 2007, we will formally apply for Magnet hospital re-certification. As with our original application, the preparation process will be rigorous, requiring detailed demographic information; comprehensive reports, documentation, and evidence showing how we meet Magnet hospital requirements; and a follow-up site visit to ensure the accuracy of our written materials. Though the submission date is more than a year away, there is much to do, so we have already begun to prepare.

I've asked Marianne Ditomassi, RN, executive director

for PCS Operations, and Keith Perleberg, RN, nurse manager, to spearhead this effort with the support of project specialist, Suzanne Cassidy. Together, they will assess the re-application requirements and craft a strategy for how best to approach the work ahead. They'll form a steering committee to help direct activities; they'll look at the role of magnet champions (a strategy that served us well in the original application process); they'll decide on the best ways to identify and present evidence; and they'll hold a retreat in the fall to formally launch our Magnet re-certification initiative.

Many of you who worked closely on our original application may recall that our evidence collection was organized around the standards of care and professional development described by the American Nurses Association's *Scope and Standards for Nurse Administrators*. A different framework will be used in the re-certification process. The new framework, put forth by the American Nurses Credentialing Center that oversees the Magnet Recognition Program, will be organized around 14 Forces of Magnetism (see shaded boxes below).



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

Many of the Forces of Magnetism overlap the standards used in the original application process, and much of the work

*continued on next page*

## The Forces of Magnetism

### Force #1: Quality of nursing leadership

Nurse leaders are strong, knowledgeable risk-takers, articulating their philosophy in day-to-day operations.

### Force #2: Organizational structure and management style

Organizations are characterized as flat, and strong nursing representation is evident in the committee structure.

### Force #3: Management style

Nurse administrators use a participatory management style that is visible, accessible, and communicative with staff at all levels.

### Force #4: Personnel policies and programs

System-wide programs are competitive and created with staff involvement.

### Force #5: Professional models of care

Models of care are used that give nurses the responsibility and accountability to provide quality patient care.

### Force #6: Quality of care

Quality care is an organizational priority, and nurses in leadership positions are responsible for developing an environment in which high-quality care can be provided.

### Force #7: Quality-improvement

Staff nurses participate in the processes that improve the quality of care throughout the organization.

### Force #8: Consultation and resources

Adequate consultation and other human resources are available.

### Force #9: Autonomy

Nurses practice autonomously, consistent with professional standards.

### Force #10: Community and the healthcare organization

The organization recruits and retains qualified nurses, creating a strong presence in the community.

### Force #11: Nurses as teachers

Nurses incorporate teaching into all aspects of their practice.

### Force #12: The image of nursing

Nurses are viewed as integral to the hospital's ability to provide quality patient care.

### Force #13: Interdisciplinary relationships

A sense of mutual respect is exhibited among all disciplines.

### Force #14: Professional development

Personal and professional growth are valued, and competency-based clinical advancement is achieved.

## Balancing home and work: finding reliable child care

*Question:* Balancing work and family life is always a challenge, and finding reliable child care can be especially stressful. How can I learn more about child-care options available at MGH?

*Jeanette:* Partners Child Care Services is the best place to look for information about child-care resources available to employees. Go to [www.partners.org/childcare](http://www.partners.org/childcare) or talk to your Human Resource generalist. To find out who your HR generalist is, visit the MGH

Human Resources homepage at [http://is.partners.org/hr/new\\_web/mgh/index.htm](http://is.partners.org/hr/new_web/mgh/index.htm).

Our Employee Assistance Program (EAP) provides information about hospital-based services, and they can also direct you to resources in the community. To learn more about EAP, call 866-724-4EAP (4327) or go to the EAP website at <http://eap.partners.org>.

The Harvard Medical Center Office of Work and Family is another

resource for MGH employees. This office provides parents with a list of licensed centers and family day-care homes, information on after-school programs, baby-sitters, public and private schools, school vacation programs and summer camps. For more information, call 617-432-1615 or e-mail Barbara Wolf at [barbara\\_wolf@hms.harvard.edu](mailto:barbara_wolf@hms.harvard.edu).

Visit the MGH or Partners Intranet and look under Human Resources for a full list of services.

*Question:* In addition to the MGH Child Care Center at the Charlestown Navy Yard, what other child-care options are available for MGH employees?

*Jeanette:* The Children's Quarters at the MGH Institute for Health Professions (IHP) is another full-time day-care program for MGH employees. As Partners employees, you have access to child-care programs at other Partners locations. Preference is given to employees who work at those locations, but if space is available other employees can take advantage of those slots. Child care is offered at Newton Wellesley Hospital, Brigham and Women's Hospital, and the North End Children's Center.

*Question:* I've heard about a program called Parents in a Pinch. What is that?

*Jeanette:* Parents in a Pinch, Inc. is a company Partners contracts with to provide employees options for back-up, in-home child care. Services are available 24 hours a day, seven days a week. They provide emergency baby-sitting, sick-child care, and back-up care. For a discounted rate, they will help you find a nanny, interview and screen baby-sitters and nannies you find on your own, and arrange group baby-sitting for special events. Check with EAP to learn about the cost of these services.

*Question:* I have child care for my family, but sometimes those plans fall through. What can I do when that happens?

*Jeanette:* If there is an unexpected disruption in your child-care arrangements, the MGH Back-Up Child Care Center provides short-term, on-site child care for children 15 months to 12 years old. You could use the Back-Up Child Care Center if your child-care provider becomes ill or goes on vacation, if your day-care center is closed, or if you have to work a different shift than normally scheduled. The Back-Up Child Care Center is open Monday-Friday, 7:00am-6:00pm. It is \$6 an hour per child and is available to all employees. In addition to the Back-Up Child Care Center, Parents in a Pinch can help meet emergency child-care needs when plans fall through.

*Question:* Is there any type of financial support for these services?

*Jeanette:* Child care is expensive, so MGH subsidizes our current programs to reduce out-of-pocket expenses as much as possible. During the next benefits open enrollment period, consider opening a Dependent Care Account. The flexible Dependent Care Account allows you to set aside tax-free dollars to pay for eligible, dependent care expenses; and child care is considered one of those expenses.

## Jeanette Ives Erickson

*continued from previous page*

we did to prepare for Magnet recognition the first time will guide us as we re-align our evidence to meet the new requirements. One aspect that will definitely carry over is the important role that staff nurses played in motivating staff, communicating information among and between units, and identifying examples and best practices that demonstrate our worthiness to be a Magnet hospital.

Each Force of Magnetism delineates specific requirements that organizations are expected to meet. For example, Force #6, Quality of care,

asks for evidence of:

- a working quality infrastructure
- systems that promote, support, monitor, and improve patient- and staff-safety
- integration of a Code of Ethics and a Patients' Bill of Rights into practice at all levels of the organization
- integration of research and evidence-based practice into clinical and operational processes
- nurses perceive that they provide high-quality care

As you know, quality and safety are our highest priorities. We had considerable evidence for

this standard in 2003, and our programs and initiatives related to quality and safety are even more impressive today. The challenge will be to identify, capture, and present *all* the good work we're doing.

I'm proud of the work we've done to earn the right to be called a Magnet hospital. It's because of your commitment and drive that we excel as a team and as an organization. As we begin preparations to apply for Magnet re-certification, I have no doubt that we will remain a Magnet hospital, recognized for quality patient care and nursing excellence, and for providing consumers with a benchmark by which to measure quality of care in all hospitals.

## Volunteer Recognition Day: the feel-good event of the year

—by volunteer coordinator, Sara Burton

There was a veritable sea of pink coats in O’Keeffe Auditorium on May 24, 2006, to celebrate Volunteer Recognition Day. MGH president Peter Slavin, MD, welcomed volunteers and guests, updating attendees about new initiatives and construction projects. Expansion of the hospital, he said, could provide new and exciting opportunities for volunteer participation.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, thanked volunteers for their contributions, saying, “Every day, your acts of kindness have a profound effect on people’s lives and the success of our hospital. You quietly and persistently brighten the lives of those around you, and for that we are eternally grateful.”

With nearly 1,200 volunteers giving their time last year, singling out individuals for recognition

was a challenge. Director of Volunteer Services, Pat Rowell, and chairman of the MGH Board of Trustees, Edward Lawrence, presented awards to:

- Barbara Jankowski, the Jessie Harding Award for Outstanding Volunteer, named for pioneering volunteer, Jessie Harding
- Matthew Grabowski, the Outstanding Youth Volunteer Award
- Raj Patel, the Maeve Blackman Award (for volunteers who choose a career in healthcare in part because of their vol-

unteer experience) and the Janet Ballantine Oncology Volunteer Award (named in memory of a patient whose life was touched by volunteers)

- The MGH Occupational Health Department, the Trustees’ Award for collaboration with the Volunteer Department. (Over the past year, Occupational Health made a number of adjustments and accommodations for volunteers and worked diligently to ensure quick, complete health screening for all vol-

Outstanding Service Awards were presented to:

- Jessica Berger, Pediatrics
- Meagan Bowley, Pediatric Hematology/Oncology
- Charles Calvin, Patient & Family Learning Center
- Lillian Cosman, Proton Therapy Center Information Desk
- Steve and Kellan Falivene, Pet Therapy

- Heather Gray, Emergency Radiology
- Timothy Hogan, WACC Information Desk
- Gwen Jemmison, Radiation Oncology
- George O’Brien, Discharge Services
- Ellen O’Connor, Chemotherapy Infusion Unit
- Susan Noonan, Cancer Resource Room



Peter Slavin



Tim Hogan



MacKenzie Bovat



Edward Lawrence



Matthew Grabowski



Ellen O’Connor



Gwen Jemmison



Steve Falivene and Kellan

Continued on next page

- Peggy Scott, Pediatric Parent Survey

A special recognition dinner was held for evening and weekend volunteers on June 7th. Volunteer, Julia Bishop, who spoke at the event, told how volunteering in the Chemotherapy Infusion Unit had helped her decide to pursue a ca-

reer in nursing. Bishop was also presented with the Maeve Blackman Award.

Outstanding Service Awards were presented to:

- Barry Barnes, Discharge Services
- Janice Belleville, Emergency Department
- Susan Born, Emergency Radiology

- Jennifer Heuf, Gray Family Waiting Area
- Susan Javurek, Flower Shop
- Albert Kwon,

Emergency Radiology

- Chris Kelly, Book Cart

For more information about the MGH Volunteer Department, or to learn more about opportunities to donate your time, contact Sara Burton, volunteer coordinator, at 4-1755.



Barbara Jankowski (left) and Pat Rowell



Jeanette Ives Erickson

## Some impressive numbers (some impressive volunteers!)

- Volunteers in Cancer care areas contributed 8,843 hours of support to patients and families
- Volunteers provided 21,873 hours of support on inpatient units throughout the hospital
- Volunteers contributed 7,410 hours of clerical support in outpatient and inpatient settings
- Volunteers spent 10,143 hours transporting patients on the main campus
- Volunteers spent 5,527 hours giving directions, information, and wayfinding assistance
- Volunteers in the Radiology Department transported patients and assisted in making their hospital stay more comfortable for a total of 3,395 hours.
- Pediatric volunteers spent 5,372 hours playing games, telling stories, and watching movies with children in inpatient and outpatient areas
- 14 dog-and-handler partnerships gave 459 hours of unconditional affection and encouragement to patients via the hospital's very popular Pet Therapy Program



Volunteers (l-r): Heather Gray, Peggy Scott, Dory Howard, Bunny Baker, Nancy Carroll, Joseph Cody, Matthew Grabowski, Jim Pratt, Rene Thomson, Dominique Davenport, Joyce Ciffolillo, and Carol Toronto

(Photos by Abram Bekker)

## OB care is by its very nature family-centered

*Ann Hession is a clinical scholar*

*M*y name is Ann Hession, and I have been a nurse for 38 years. I've worked in Vincent Obstetrics since the unit opened in 1994, at one time working as a home-care nurse with the OB Home Visitation Program.

The focus of my practice is, by its very nature, the family. The patient isn't the mother or the baby, but the family. Pregnancy and birth are major life events that cause stress and significant life changes. This transition creates a perfect climate for learning and personal growth. One of the primary goals of this period is the successful integration of mom, dad, and baby into a family. This transition to parenthood is an optimal time for me to teach and families to learn. It's a time when I can effect positive change in family dynamics. Parents' first perceptions of their infant and their confidence in their ability to care for their baby affect their sense of parental competence.

Recently, I was working 3:00-11:00pm on the Family-Centered Care Unit. It was late afternoon. Mary was a 38-year-old woman recently transferred from Labor and Delivery. She had

had a repeat Cesarean section of a full-term baby girl earlier that morning. Her first pregnancy had ended in pre-term labor, a crash Cesarean section for fetal distress, and the delivery of a premature 32-week boy. The pre-term infant had been transferred immediately from the operating room to the Neonatal Intensive Care Unit (NICU). Mary had developed depression and an anxiety disorder following that pregnancy and was currently taking medication for it.

I knew Mary's pre-term son had been born before she'd had the opportunity to become disattached to the pregnancy, a developmental stage that occurs at the end of the third trimester. There had been no time to finish the nursery, have a baby shower, or engage in any of the other ritual celebrations that accompany the birth of a baby. No baby came home with her; instead Mary spent her days after the birth in the NICU. The immature central nervous system of a 32-week infant can easily become stressed or over-stimulated. Social interactions such as holding, talking, singing, or rocking can exceed the infant's sensory threshold, causing him to avert his gaze, spit up, or even

become cyanotic due to bradycardia or oxygen desaturation. These are all behaviors that can stir up feelings of helplessness and inadequacy in parents. During their son's NICU stay, Mary and her husband had never been left alone with their baby. They always had a medical team member at their side.

After nursing report, I went into Mary's room. Pink and white flowers were nestled in every available spot on the bedside table. A pink "It's a girl!" balloon floated in the air over the bassinet. Sunlight streamed through the window. The television was on, but the sound was turned down. The room was silent except for the ticking of a large clock on the wall. Mary was sitting bolt upright in the bed, leaning forward, muscles tense, hands clenched. Her eyes darted in my direction. Dad was sitting rigidly on the edge of the rocking chair, jaw muscles tight, his eyes immediately turned toward me when I entered. The baby was in the bassinet to the right of mom, sleeping quietly. I took in the whole picture.

I knew from report that Mary had an anxiety disorder. But as an exper-

perienced nurse, I was able to step back and not take that information at face value. Her past history would be only part of my assessment. I immediately sensed that Mary was anxious, but I knew she wasn't having an anxiety 'attack.' Her breathing was slow and regular, her skin warm and dry. Her husband, Jim, looked just as 'shell-shocked.' This initial assessment drove my interventions in a certain direction. I didn't immediately reach for the ativan (anti-anxiety medication). Ativan was not the answer for the anxiety Mary was clearly experiencing. I introduced myself to Mary and Jim and let them know I'd be their nurse that evening. Knowing their past birth experience and how different today's delivery was, I said, "It must be different having a full-term infant compared to a '32 weeker.'

The floodgates opened. Mary and Jim began talking about the birth of

their premature son. He had had the usual NICU course: nasogastric feeding tube, IV fluids, cardiac and oxygen saturation monitors, isolette, etc. Mary and Jim remembered touching their son's fingertips through the portholes of the isolette, only being allowed to hold him every few hours. Mary recalled trying to breast-feed him, but said he wouldn't nurse.

Then Mary said, "We don't know anything about babies born at this age."

Jim readily agreed.

I sat with them for about an hour. I confirmed their observation that caring for a full-term infant was very different from caring for a 32-week-old, and we discussed those differences. We talked about their new daughter and what she could do at this age, her capabilities and uniqueness. We talked about how to care for her, position her, use a bulb

*continued on next page*



Ann Hession, RN,  
OB staff nurse

*Some portions of this text may have been altered to make the story more understandable to non-clinicians.*

## Clinical Narrative

*continued from previous page*

syringe to prevent choking and ensure her safety. Both Jim and Mary transformed before my eyes. They sat back, relaxed, engaged in the conversation and processed all the information. I started talking about hunger cues noting that crying was one of the last signals to occur. The baby must have heard us, because she began stretching her arms over her head and moving her lips. I pointed to the cues she was giving, and we all had a good laugh.

I called Jim over to the bassinet and showed him how to change a ‘girl’s’ diaper. I told them to watch for hunger cues. When she gave the hunger signs, dad should change her diaper and

bring her over to mom to breast-feed.

He laughed and said he could definitely handle that assignment. A father’s involvement with an infant’s care is a good gauge of the family’s adjustment, so I actively look for ways to support and include him in the care. I talked him through his first swaddling. He brought the baby to mom. She praised his swaddling, saying the baby looked like a ‘burrito.’ They smiled lovingly at each other.

I assisted Mary in getting the baby to her breast. She latched on and began sucking at once. We talked about breast-feeding and different nursing positions. I told her she looked very

comfortable holding and nursing the baby, positively reinforcing her intuitive parental behavior.

While she breast-fed, we talked about emotions and postpartum depression. I asked about her support system. Because I had developed a trusting relationship with Jim and Mary, I knew it would be a good time to address her potential for postpartum depression (PPD). Mary said she’d had PPD with her last pregnancy and was being followed by a psychiatrist. I explained that ‘baby blues’ are very common—about 70% of women experience this relatively minor depression after childbirth. Postpartum depression is less common, affecting about 10% of mothers. Women who’ve had PPD in the past and those with a psychiatric history appear to have a higher risk for PPD. I knew collaboration and focused support were essential for Mary because she was at risk for postpartum depression.

We made a plan. Mary would call the psychiatrist to let her know the baby had been born and make an appointment, and Mary agreed to meet with the social worker. I checked her insurance, and she was covered for a visit by a home-care nurse. Mary and Jim were enthusiastic about a home visit. It would help bridge the transition from hospital to home and provide support and eval-

uation for this mother at high risk for PPD. I informed them about our daily infant and breast-feeding classes and the availability of a lactation consultant if needed. And I gave them a number of other contacts and resources they could tap into for various issues.

I emphasized that teaching and support would continue in the days ahead, and I reassured them that I would communicate the plan to her future healthcare team. A noted maternal-infant nursing expert believes that a mother is most ready to learn about her baby’s care in the ‘taking-hold’ phase, which usually occurs *after* the first 24 hours. The ‘taking-in’ phase occurs in the first 24 hours, and this is when mothers usually focus on their own basic needs. The ‘letting-go’ phase occurs several weeks later when the mother incorporates the new baby into the family unit.

Using these stages as a guideline, I concentrated on teaching and providing interventions for the situation at hand, giving Jim and Mary some insight and a sense of control. I used knowledge to empower them.

This clinical situation was important to me for many reasons. It emphasizes teaching as one of the hallmarks of my practice and shows how my nursing care impacts the patient and the family.

The story illustrates the depth and accuracy of my nursing intuition and the way I use it in daily practice. It demonstrates my ability as an expert nurse to see beneath the surface of a situation and intervene in such a way as to empower my patients and families.

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

This narrative is a wonderful teaching tool—for parents as well as clinicians. From her first introduction to Mary and Jim and their baby, Ann relied on her substantial knowledge and experience to guide her interventions. She didn’t allow herself to be misled by Mary’s past history or information in her medical record. Ann observed, listened, deduced, and responded to each nuanced behavior she saw.

Ann quickly understood the power that Mary and Jim’s first birth still had over them, and she gently and skillfully helped them work through it. She made sure they had a contingency plan in the event that Mary developed post-partum depression. She helped Jim feel comfortable handling the baby so he could take an active role in the care of their new daughter. Indeed, Ann played a big part in successfully integrating mom, dad, and baby into a family.

Thank-you, Ann.

### Blood: there’s life in every drop

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

The MGH Blood Donor Center is open for whole blood donations:  
 Tuesday, Wednesday, Thursday,  
 7:30am–5:30pm  
 Friday, 8:30am–4:30pm  
 (closed Monday)

Platelet donations:  
 Monday, Tuesday, Wednesday, Thursday,  
 7:30am–5:00pm  
 Friday, 8:30am–3:00pm

Appointments are available for blood or platelet donations

Call the MGH Blood Donor Center to schedule an appointment

6-8177

## Myers presents

Kathleen M. Myers, RN, nurse manager, presented her poster, "Confronting Health Care Disparities through Culturally Competent Care," at the National Association of Orthopedic Nurses Annual Congress in Boston, May 20–24, 2006.

## Doherty receives doctorate

Occupational therapist, Regina Doherty, OTR/L, received the title, doctor of Occupational Therapy, from the Boston School of Occupational Therapy at Tufts University, May 21, 2006.

## Peirce named to Board of Directors

Georgia Peirce, director, PCS Promotional Communication and Publicity, was named to the Board of Directors for The Center for Nursing Advocacy, in June, 2006.

## Burke presents

Sheila Burke, RN, clinical educator, The Knight Nursing Center for Clinical & Professional Development, presented, "Family- and Patient-Education," at the 2006 Nursing in the 21st Century spring International Conference at Wuhan University in China, on May 20.

## Robbins and Harker present

GI Endoscopy nurses, Christopher S. Robbins, RN, and Jane Harker, RN, won first prize for their poster, "The DAVE GI Nursing Project: an Innovative Way to Share Information," at the 33rd Annual Society of Gastroenterology Nurses and Associates Course in San Antonio, May 19–24, 2006.

## McKenna Guanci and Phipps present

Clinical nurse specialists, Mary McKenna Guanci, RN, and Marion Phipps, RN, presented their poster, "Reduction of Urinary Tract Infection on a 78-Bed Neuroscience Service: a Quality Initiative," at the American Association of Neuroscience Nurses Annual Conference, in San Diego, April 23–26, 2006.

## Visco receives award

Emergency Department nurse, Jason Visco, RN, received the Nursing Teaching Award from pediatric residents at MGH, June 13, 2006.

## Rotfort presents

Social worker, Alice Rotfort, LICSW, presented, "Disabled Adults Enjoying Life in Your Community, Disabled Adults Sharing Your Home," a workshop on Adult Foster Care, at the Innovation in Social Work conference, at Boston College, June 16–17, 2006.

## Capasso presents

Virginia Capasso, RN, clinical nurse specialist, The Knight Nursing Center for Clinical & Professional Development, presented, "Advancing Wound Care: the Volcano is Rumbling," at the Northeast Regional Nurse Practitioner Conference, in Manchester, New Hampshire, on May 4, 2006.

## Carroll presents

Diane Carroll, RN, clinical nurse specialist, presented, "Changes in Fears and Concerns in Recipients of the Implanted Cardioverter Defibrillator," at the spring meeting of the Workgroup of Cardiovascular Nursing, European Society of Cardiology, in Bergen, Norway, in May, 2006.

## Chang presents

Lin-Ti Chang, RN, clinical educator, The Knight Nursing Center for Clinical & Professional Development, presented, "Nurse Case Management," at The New Trends of Nursing Management Seminar, Beijing Nurses Association, in Beijing, China, on May 15, 2006.

Chang also presented, "Clinical Continuing Education for Nurses: Diversity and Flexibility," and "Trauma Nursing Skill Stations: Primary Survey," at the 2006 Nursing in the 21st Century spring International Nursing Conference in Wuhan, China, in May.

Chang presented, "Clinical Continuing Education for Nurses: Diversity and Flexibility," at The New Trends of Nursing Management Seminar, at the Zhejiang Province Nurses Association, in Hangzhou, China, in May.

## Madigan publishes

Janet Madigan, RN, published her article, "Nurse Staffing Issues," in the May/June, 2006, *Worcester Medicine*.

## Dahlin receives award

Constance Dahlin, RN, palliative care nurse practitioner, received the Leading the Way Award, from the Hospice and Palliative Nurses Association in June, 2006.

## Zachary receives award

Emergency Department nurse, Tracey Zachary, RN, received the Nursing Appreciation Award from the graduating class of emergency room residents in June, 2006. Zachary was the first to be a second-time recipient of this award.

## LaSala appointed

Cynthia LaSala, RN, clinical nurse specialist, was appointed delegate of the American Nurses Association by the Massachusetts Association of Registered Nurses, effective June, 2006–May, 2008.

## Johnson receives award

Cynthia Johnson, RN, clinical nursing supervisor, received the first annual Nurse Appreciation Award, from Internal Medicine's senior medical residents, at the Annual Teaching Awards ceremony on June 8, 2006. This new award acknowledges a nurse who has provided outstanding collaboration and support to medical residents.

## Lipshires presents

Karen Lipshires, RN, presented her poster, "Helping Nurses Utilize Computer-Based Applications: the Role of the Chemotherapy Order Set Coordinator," at the 2006 Oncology Nursing Society Congress in Boston, May 4–7, 2006. Lipshires joined Dana Farber Cancer Institute nurses, Deborah Verrier, RN; Ellen Toomey-Mathews, RN; Damiana Maloof RN; and Karen Schulte, RN, in presenting their poster, "Ensuring Clinical Trial Treatment Accuracy with a Computerized Chemotherapy Template," at the same meeting.



## Graf publishes

Christina M. Graf, RN, published her article, "ADN to BSN: Lessons from Human Capital Theory," in the May/June, 2006, issue of *Nursing Economics*.

## Fitzgerald certified

Patricia Fitzgerald, RN, clinical nurse specialist, was certified by the American Nurses Credentialing Center as a clinical nurse specialist in Adult Medical Surgical Nursing, in May, 2006.

## Madigan presents

Janet Madigan, RN, project manager, presented, "Present and Future Trends of Nursing in Massachusetts," at the Brockton Hospital on May 4, 2006.

## Jenkins certified

Donna Jenkins, RN, nurse manager, was certified by the American Nurses Credentialing Center as a nurse administrator in May, 2006.

## Matthews certified

Christina Matthews, RN, was certified as a neuroscience Nurse, in April, 2006.

## Marley certified

Shean Marley, RN, Internal Medical Associates, received his certification in Emergency Nursing in June, 2006.

## Murphy certified

Joan Murphy, RN, was certified as an asthma educator by the National Asthma Educators Certification Board, in April, 2006.

## Capasso presents

Virginia Capasso, RN, clinical nurse specialist; M. J. O'Neill, P. Mattos, and B. Hazard, presented their poster, "Comparison of Three Methods of Wound Volume Measurement: Preliminary Findings," on Research Day at the Alpha Chi Chapter of Sigma Theta Tau at Boston College, May 10, 2006.

## MGH is committed to improving hand hygiene

### Skin Health

- Your skin is the largest organ of your body. It is also the most important barrier you have against infectious organisms
- Skin health may be improved 'from the inside' through better nutrition, better hydration, increased exercise, and reduced use (or discontinuation) of tobacco products

### Moisturizer is a must

- Hospital-supplied lotion should be applied to hands at least *twice* per shift to maintain soft and healthy skin (more often, if desired)
- Do not use personal skin lotions from home because they are more easily contaminated. Some lotions may harbor or promote the growth of bacteria; and petroleum-based ingredients in the lotion may cause weakness or damage to latex gloves

### Avoid excessive hand-washing

- Excessive hand-washing with hot water and soap can cause dry, chapped, cracked, and broken skin
- Excessive hand-washing can aggravate underlying skin conditions, making it difficult to follow good hand-hygiene procedures
- Excessive hand-washing should be avoided, and Cal Stat should be used for hand hygiene whenever possible to prevent problems



Stop the Transmission  
of Pathogens  
Infection Control Unit  
Clinics 131  
726-2036

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

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

## Next Publication Date:

August 17, 2006



## 2006 Carol A. Ghiloni Oncology Nursing Fellowship

—by Mandy Coakley, RN, staff specialist

Once again this year, two student nurse oncology fellows spent ten weeks at MGH observing the Oncology Nursing Service learning about the varied roles nurses hold and the many career opportunities available to them when they graduate. The Carol A. Ghiloni Oncology Nursing Fellowship Program was developed in 2001 with the goal of giving student nurses an opportunity to learn about the specialty of oncology nursing by working in an oncology setting.

This year's fellows, Julie Cronin, a student at Salem State College, and Kelley Blouin, a student at Boston College, began their ten-week learning experience on inpatient units with assigned preceptors. For the first five weeks, Cronin spent time with preceptor, Corina Lee, on Bigelow 7, while Blouin learned about inpatient oncology from preceptor, Linda Choute Brown, on Ellison 14.

In July, Cronin and Blouin began observational experiences in Radiation Oncology, the Infusion Unit, and out-

patient cancer units in the Yawkey Building. They attended Schwartz Center rounds, HOPES programs, spent time in the Palliative Care Service, the Blood Transfusion Center, Interventional Radiology, and took advantage of other learning opportunities within the Cancer Center.

Says Cronin, "This fellowship has been one of the most incredible experiences of my life. I've learned

so much, not only clinically and professionally, but about compassion, patience, courage, and strength through the tremendous nursing staff and inspiring patients. I hope to emulate the selfless and caring nature of nurses at MGH. I feel so blessed to have been given this opportunity. Patients and families at MGH shared their stories, hopes, and fears and exhibited an unflin-

'positivity' during these weeks. This opportunity has given me some of the best memories and experiences of my life, and I hope to one day make a difference in the field of oncology nursing."



Carol A. Ghiloni, RN, clinical educator and inspiration for the Ghiloni Oncology Fellowship Program



Faculty oncology fellow, Vicky Morrison, RN



Oncology nursing fellows, Kelley Blouin (left) and Julie Cronin

Blouin agrees. "I've been overwhelmed by the willingness of oncology nurses and patients to allow me into their lives. I've been exposed to so much compassion, hope, and excellence these last ten weeks. I look forward to graduating in the fall so I can incorporate what I've learned into my own practice."

This year, Vicky Morrison, RN, was the faculty oncology fellow. Mor-

ison is currently an assistant professor at Salem State College and a per diem nurse at MGH. She spent ten weeks rotating through many of the specialty areas within Oncology, observing new techniques and procedures, and learning about new medications. Much of what she learned will make its way back to her classroom at Salem State.

Says Morrison, "I've found the experience

totally amazing. I've gained a better understanding of cancer treatment and the collaborative care involved. It's much different than what I remember from when I was in nursing school."

For more information about the Carol A. Ghiloni Oncology Nursing Fellowship Program, which is partially funded by Johnson & Johnson, call Mandy Coakley, staff specialist, at 6-5334.

# Educational Offerings

August 3, 2006

When/Where	Description	Contact Hours
August 16 8:00am–2:00pm	<b>BLS Certification for Healthcare Providers</b> VBK601	---
August 16 11:00am–12:00pm	<b>Nursing Grand Rounds</b> “Caring for Patients with Multiple Complex Needs,” Haber Conference Room	1.2
August 22 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK401	---
August 23 8:00am–2:00pm	<b>New Graduate Nurse Development Seminar II</b> Training Department, Charles River Plaza	5.4 (for mentors only)
August 24 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)	---
August 24 1:30–2:30pm	<b>Nursing Grand Rounds</b> “Provoking Ischemia; Risking Infarction,” O’Keeffe Auditorium	1.2
August 29 and 30 8:00am–4:30pm	<b>BLS Instructor Program</b> VBK601	---
September 6 8:00am–4:00pm	<b>The Beat Goes On: Ventricular Devices for Treatment of Heart Failure</b> O’Keeffe Auditorium	TBA
September 7 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK401	---
September 7 8:00–4:00pm	<b>Oncology Nursing Concepts: Advancing Clinical Practice</b> Yawkey 2210	TBA
September 7 8:00am–12:00pm	<b>CVVH Core Program</b> Training Department, Charles River Plaza	TBA
September 8 and 13 8:00am–4:00pm	<b>Phase II: Wound Care Education</b> Training Department, Charles River Plaza	TBA
September 8 8:00–10:00am	<b>On-Line Patient-Education Resources</b> FND626	2.4
September 8 and 25 8:00am–5:00pm	<b>Advanced Cardiac Life Support (ACLS)—Provider Course</b> Day 1: O’Keeffe Auditorium. Day 2: Thier Conference Room	---
September 11, 13, 20, 22, 28, 29 7:30am–4:30pm	<b>Greater Boston ICU Consortium CORE Program</b> (check for locations)	44.8 for completing all six days
September 13 8:00am–2:00pm	<b>New Graduate Nurse Development Seminar I</b> Training Department, Charles River Plaza	6.0 (for mentors only)
September 13 11:00am–12:00pm	<b>Nursing Grand Rounds</b> “Mucositis,” Haber Conference Room	1.2
September 13 1:30–2:30pm	<b>OA/PCA/USA Connections</b> Haber Conference Room	---
September 13 4:00–5:00pm	<b>More than Just a Journal Club</b> Yawkey 2210	1.2
September 15 and 18 8:00am–4:15pm	<b>Neuroscience Nursing Review Course</b> Day 1: O’Keeffe Auditorium. Day 2: Thier Conference Room	TBA
September 20 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>.

# Interfaith Prayer Service for Peace



In response to escalating violence in the Middle East, the MGH Chaplaincy held an interfaith service for peace on July 21, 2006. The service consisted of music, readings, reflections, and quotes, such as this one from an astronaut who recently viewed our world from the outer reaches of space, "We hope that all people will learn the value of getting along together."

Pictured clockwise from top left: Mike McElhinny, MDiv, director of the Chaplaincy; Imam Talal Eid, Muslim chaplain; 'Gentle Muse' harpist, Katherine Willow; and members of the MGH Chaplaincy at interfaith prayer service.



(Photos by Abram Bekker)

# Caring

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