

Caring

May 25, 2006

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Nurse Week 2006



Adam Barrett

Surgical Intensive Care Unit staff nurse, Adam Barrett, RN,
with patient and former nurse, Phillip Gagnon

MGH Patient Care Services
Working together to shape the future

Nurse Week Presentation

Jeanette Ives Erickson: on professionalism in nursing

Senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, always encourages staff to set the bar higher. Perhaps that's the reason MGH nurses are so successful in achieving positive patient outcomes. Clearly, Ives Erickson holds herself to the same high standard, always pushing herself to be better as this year's Nurse Week presentation vividly demonstrated. Combining video clips, still photographs, inspirational quotes, and her own powerful message of professionalism, global involvement, and the importance of forging strong partnerships, she once again filled O'Keeffe Auditorium with nurses and others eager to share her passion for excellence in patient care.

Too long to be included in its entirety, the following is an abridged version of the Nurse Week presentation Ives Erickson delivered on Thursday, May 11, 2006, to a standing-room-only crowd.

Good afternoon. I'd like to build on last year's themes of healing, leadership, and global action.

I believe we must have a global vision. We must have a deep commitment to our patients, each other, and the less advantaged in the world.

We must be concerned about the future—the future of health care, the future of our profession, the future of the world, and the future of our children. If we are to address these challenges, we must place a stake in the ground for nursing practice and professionalism.

Over the past ten years, we have transformed MGH nursing and influenced the delivery of care, here and elsewhere. Our practice is knowledge-based and holistic, taking into account the spiritual, emotional, and physical needs of our patients.

Our agenda for the next ten years must be multifaceted and hold to

the core of professionalism. Professionalism brings together the attributes and behaviors that protect and preserve our patients' best interests.

Professionalism extends beyond interactions with patients and families. Professionalism involves relationships between nurses, physicians, and others. It encompasses all activities of professional nurses. We must ask ourselves: Are we living up to our responsibility as leaders, teachers, care providers, and citizens?

Components of professionalism are all around us. I'd like to ask you all to evaluate our work as professional nurses. The question is: Do you see professionalism all around you?

To help you with this evaluation, I invite you to spend the day with me. For the purposes of this exercise, I've cancelled all my meetings, and e-mail is down. We're going to make a few visits and get a snapshot of MGH nursing. We're going to focus on our responsibility for addressing the need for a safer practice environment, higher patient-satisfaction, and more efficient operations. What better way to glimpse nursing professionalism.

As we spend the day together, be on the look-

out for components of professional behavior: honesty; integrity; reliability and responsibility; respect for others; compassion and empathy; self-empowerment; self awareness; communication and collaboration; and advocacy.

Our day begins in a local grammar school where I ask a student to tell me what he thinks a nurse does and whether nursing is important for the future. He tells me that nurses provide comfort and care to patients and families who are sick and in need. He tells me nurses provide a very important service. (He is, of course, James Ditomassi, son of our own Marianne Dito-



Ives Erickson and Patriot's defensive lineman, Jarvis Green

Continued on next page

massi, so he knows of what he speaks!) He goes on to say that when he grows up he wants to be a nurse... as well as a professional baseball player!

In his succinct description, James captures the intellectual, practical, and moral aspects of nursing practice. Is the definition of nursing we heard from James accurate because his mother is a nurse, because his teachers are enlightened, or because our message about the importance of nursing is getting through? Are we good role models? These are questions that must be answered if our profession is to survive.

Next, I decided to observe a class of nursing students. The instructor, an MGH nurse, does a great job of describing the importance of integrating evidence-based practice into the patient's plan of care.

Given the growing shortage of faculty, how are we doing at creating partnerships with schools to teach tomorrow's nurses in the classroom and in clinical settings?

MGH nurses as faculty members are an important aspect of our work. The need for faculty is growing. The need for nurses is escalating. In Massachusetts in 2004, more than 1,800 qualified applicants were turned away from nursing schools because of a shortage of nursing faculty.

There is a lack of teaching and lab space and a lack of clinical learning opportunities. Our vision is to create partnerships with schools of nursing to help

alleviate the faculty shortage by teaching tomorrow's nurses in the classroom and clinical settings. I think we agree, we have a responsibility.

My next appointment brings me to a simulation training session in The Knight Nursing Center for Clinical & Professional Development where nurses have an opportunity to participate in hands-on, critical-care scenarios in a safe, controlled setting with experienced nurses as teachers.

Don't we have a moral obligation not to practice on patients? Should we be subjecting patients to novice clinicians, potentially exposing them to harm? In an academic medical center, there is inherent tension between learning and observing, and supervised and autonomous practice. The moral challenge is to guide novice nurses through increasingly complex clinical situations while sustaining the excellence we're known for in the delivery of clinical care. We have two competing contracts: first, our responsibility to our patients; and second our commitment to advance the other aspects of our mission—education and research.

My day continues as I place a call to Iraq where it is 8:00pm. I want to see how our nursing colleagues in this war-torn country are doing. As many of you know, I've had the honor of mentoring Sukaina Matter, the new chief nurse for the Basrah Children's Hospital, which will open later this year.

Establishing a pediatric oncology hospital in Iraq through Project HOPE, with support from MGH nurses may seem like a strange priority for us. But it is precisely what our founders had in mind when they established our mission to lead in patient care, education, and research. The organizer of this program, First Lady Laura Bush, recognizes that children in Iraq need modern health care, and we agree.

Our hope is that our philosophy of healing and global collaboration will be extended to patients and colleagues thousands of miles away.

Do you agree that we must have a global mission?

After lunch I meet with a group of clinicians working on our elder-care program, 65 Plus. This is a unique program adapted from a nationwide nurse-led initiative called NICHE (Nurses Improving the Care of Health System Elders). At MGH, caring for our patients is multi-disciplinary, so our version of the program reflects the quality and safety of care delivered by all disciplines within Patient Care Services.

Next, I make rounds throughout the hospital to look at the application of scientific evidence in the delivery of care. My first stop is the Medical Intensive Care Unit where innovative

work has transformed how we think about practice in the intensive care setting. Palliative care champions are pioneering new philosophies in end-of-life care, including open visiting hours, creating a calming environment, and exploring best practices in palliative care. As evaluators, do you believe we should apply these lessons to other areas?

Other units? Are these lessons meaningful to your practice?

While making rounds, important collaborative governance meetings are taking place. Collaborative governance is our communication and decision-making committee structure. Collaborative governance recently passed its nine-

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Communicating your way to patient safety

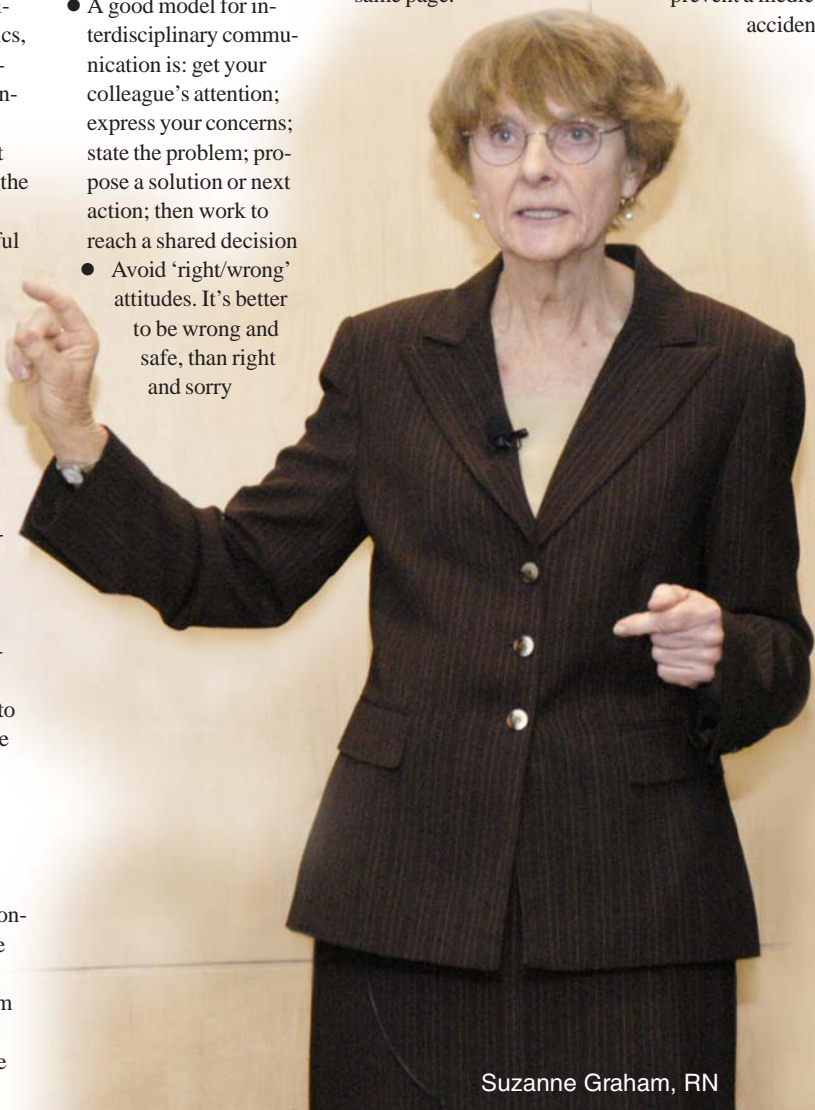
Suzanne Graham, RN, is the director of Patient Safety for the California regions of Kaiser Permanente

In her Nurse Week presentation, "Patient Safety: Every Patient's Right, Everyone's Responsibility," Suzanne Graham, RN, director of Patient Safety for the California regions of Kaiser Permanente, spoke about safety as the most pressing challenge facing health care today. Salient points of her talk included:

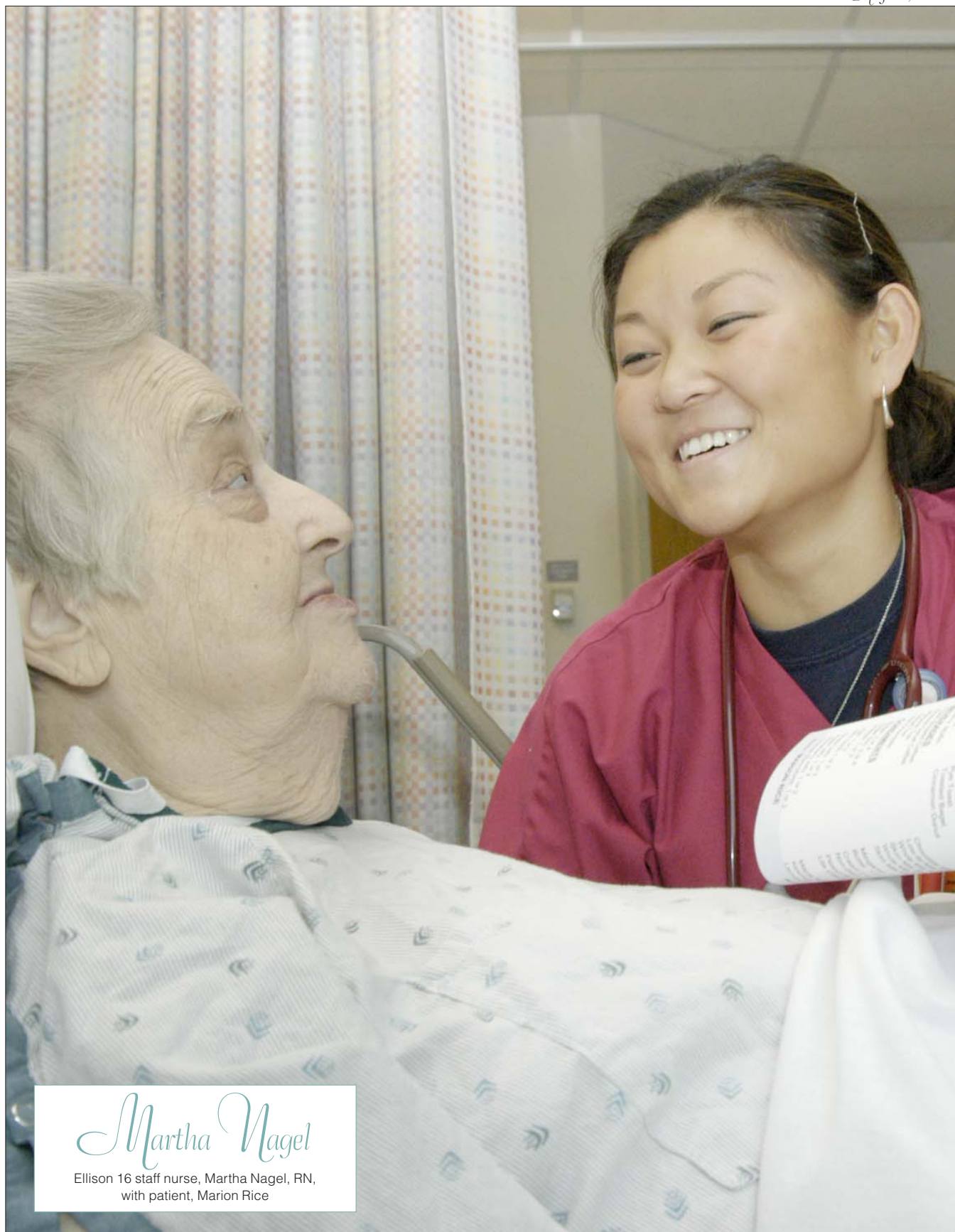
- 80% of medical errors are system-driven
- The majority of errors involve failures in communication
- The culture of blame and shame is so pervasive, it keeps us from communicating about the errors we make. We need to cultivate a blame-free environment
- Most of the time, when responsible people make an error, it never happens again because they learn from it
- Too often, people know that the potential for error exists, but don't say anything. We need to speak up!
- Differences in communication style and empowerment contribute to failures in communication and errors
- More people die each year from medical errors than from breast cancer, motor vehicle accidents, and AIDS
- A number of human limitations affect our ability to multi-task efficiently; they include: memory, mental processing capacity, stress, fatigue, and other physiological factors
- These limitations are compounded by: attitudes, group dynamics, staffing, cultural differences, and environmental factors
- Errors can happen at the best hospitals in the world
- Briefings are a helpful tool in preventing errors
- Briefings are dialogues or discussions between clinicians to review all pertinent information, speculate on what could go wrong, and hypothesize about what alternatives can be used in the event of unexpected developments
- Briefings are a way to ensure that the whole team is prepared for unplanned events
- Confidence breeds carelessness
- A culture of optimal safety requires the constant vigilance of the entire team
- Everyone on the team needs to feel valued and know their voice will be heard

- It's important to foster a climate where team members can (and do) speak up when they see a potential problem
- Briefings should take place at the start of the day, prior to a procedure, and as situations change
- A good model for interdisciplinary communication is: get your colleague's attention; express your concerns; state the problem; propose a solution or next action; then work to reach a shared decision
- Avoid 'right/wrong' attitudes. It's better to be wrong and safe, than right and sorry

- Assertive communication is: organized, competent, disavows perfection, is owned by the entire team, and valued by all
- Assertive communication is not: aggressive, confrontational, ambiguous, or ridiculing
- It's a good idea to establish a word or a phrase that's understood by the whole team to mean: "Let's take a minute to make sure we're all on the same page."
- Focus on the common goals of quality and safety—it's hard to disagree with safe, high-quality care
- De-personalize the conversation. Be hard on the problem, not the person; you don't want to be perceived as being judgmental
- All nurses, physicians, and other caregivers are empowered and responsible to intervene to protect the safety of a patient and prevent a medical accident



Suzanne Graham, RN



Martha Nagel

Ellison 16 staff nurse, Martha Nagel, RN,
with patient, Marion Rice

The making of an article about the making of an ICU nurse

From October 23–October 26, 2005, The Boston Globe ran a four-part, front-page series entitled, “Critical Care: the Making of an ICU Nurse,” chronicling the preceptorship of staff nurse, Julia Zelixon, RN, and preceptor, Michelle ‘MJ’ Pender, RN. The series was the culmination of a seven-month observation period during which Globe reporter, Scott Allen and staff photographer, Michele McDonald, shadowed Pender and Zelixon in the Surgical Intensive Care Unit (SICU). The nurses were participants in the MGH New Graduate Critical Care Program, an intensive training program to prepare new graduate nurses to practice in acute-care settings. The series was an unprecedented look at nursing through the first-hand, unfiltered, uncensored observations of a Globe reporter and photographer. All who participated agreed it was a life-altering experience. Some of the comments that emerged during this riveting session are included below.

Scott Allen: I thought this was going to be a ‘nice’ story about a couple of ‘nice’ nurses, doing ‘nice’ work in a ‘nice’ hospital. Who wants to read that! I completely underestimated the drama this story would have, the contributions nurses make, the knowledge they possess, and the intensity of their work. People have so many pre-

conceived ideas about nursing. I’m here to tell you—they’re all wrong! Every time I left here after spending the day with MJ and Julia, I felt like I was leaving a church; I was thankful to be walking out under my own power and going back to the work I do.

Michele McDonald: I was struck by how physically and intellectually

challenging their work is; it’s so much harder than I thought. I really felt privileged to get a glimpse of this ‘secret society’ whose daily life is caring for people, some of whom die in their presence under astonishing circumstances. That is so much more than a job! Spending this time with them made me realize how much I don’t know.

Michelle Pender: One thing I know—I don’t take anything for granted; I don’t think any nurse does. We see every day how life can change in a split second.

Julia Zelixon: It was pretty amazing to see myself on the front page of the *Globe*. I heard from people I hadn’t heard from in years! When I went trick-or-treating with my kids a few days later, I realized how many of my neighbors read the *Globe*!

Michele McDonald: What was interesting was I never felt a need to ‘embellish’ the pictures or try to add drama somehow. The reality of the situation was enough. Authenticity was enough.

Scott Allen: It was such a different experience than I was expecting. We developed a real closeness with Julia and MJ. I found myself feeling protective of them; I really wanted to capture and convey the richness of their work.

Michelle Pender: You may not think about it, but there was such a difference in learning styles because of our ages, our life experience, and personalities. It’s a challenge to be in such a busy, complex, high-tech environment and help someone with a different learning style transition from a task-oriented mindset to a place of critical thinking, teamwork, and being able to see the big picture.

Julia Zelixon: One year after orientation, I love my job; I love my unit; I feel completely supported in my work.

Michelle Pender: Since this series ran, I’ve been hearing from nursing colleagues all over the country about how proud they are that nurses were spotlighted in this way; about how great it is for us and the profession. I’ve heard from faculty and nurses that enrollment is up at nursing schools in many areas. How great is that?



Panelists (l-r): Michelle ‘MJ’ Pender, RN, preceptor; Julia Zelixon, RN, staff nurse; Boston Globe writer, Scott Allen; and Globe staff photographer, Michele McDonald



Mary Donnelly

IMA (Internal Medicine Associates) staff nurse, Mary Donnelly, RN, with patient, Charles Doucette, Jr.

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Josephine Boakye

Ellison 7 staff nurse, Josephine Boakye, RN,
with patient, Albert Carrick



A conversation with nurse leader, Joyce Clifford

Joyce Clifford, RN, is the president and CEO of the Institute for Nursing Healthcare Leadership

In a session that included a brief 'formal' presentation followed by a dialogue with senior vice president for Patient Care, Jeanette Ives Erickson, RN, Joyce Clifford, RN, president and CEO of the Institute for Nursing Healthcare Leadership, spoke at length about her passion for nursing, the challenges affecting health care, and the future of the nursing profession. Key points of her talk included:

- I believe strongly that nursing is a practice discipline; we are involved in direct patient care, education, administration, leadership and research to continually improve patient care
- No matter what our role is, we are all directly involved in providing and improving care
- Nurses are a critical part of the healthcare system; we should always be thinking about the next generation of nurses
- No nurse works alone. Nursing is a collaborative practice within our profession and between other disciplines
- Collaboration + negotiation + engagement = leadership
- Good nursing practice is built on trust, respect, integrity, and confidence
- We need to develop evidence-based practice to carry out the science of caring
- Nursing is not a science alone—how do we 'artfully' apply the knowledge and skills we acquire?
- Personalized care is the artful application of science
- Someone once asked Tiger Woods, "Why do you keep practicing at your level of excellence?" He replied, "You can always be better. That's the fun of it!"
- Florence Nightingale once said, "If you're not making progress every week, you're going backwards."
- The ideal culture to support nursing encompasses respect, collaboration, and recognition
- It's important to seek Magnet recognition and re-certification. It keeps the bar going higher. Close clinical scrutiny is a great motivator
- It's important to be able to articulate nursing's impact on patient outcomes. So much of what nurses do can't be measured

- Excellence comes from within
- Nursing is about building relationships—relationships with patients, physicians, and colleagues from other disciplines. Relationships are central to success
- Effective decision-making and a strong infrastructure support patient care

- The Patients First website is a landmark opportunity to spotlight nursing-sensitive care. It gives us a forum to showcase how nursing impacts patient falls, infections, smoking cessation, and other key indicators
- Stay focused on the patient, the family, and the community; stay the course

- Recognize opportunities to impact the future
- Learn to work and thrive in an interdisciplinary approach
- Tension is good. Tension drives progress. Tension makes us better
- We all have a responsibility to prepare the next generation of our profession
- We must leave nursing stronger than when we found it
- Keep up the wonderful, demanding, challenging, and rewarding work of nursing



Joyce Clifford, RN

MGH nurse researchers present their findings

On Wednesday, May 10, 2006, Nursing Research Day, MGH nurses presented their research findings for three separate studies conducted in the past year

Nurse manager, Peggy Doyle Settle, RN, presented the results of her study, "A Comparison of Radiant Warmer and Giraffe Bed for Fluid, Electrolyte and Glucose Balance for Premature Infants." The study sought to determine whether there was a difference in the fluid, sodium, and glucose levels of infants 30 weeks of gestation or younger who were cared for in radiant warmers versus those cared for in a 'Giraffe' bed, which combines a radiant warmer with an internal scale, X-ray plate, and rotating mattress. The study came about as the result of a veteran staff nurse's observation, which triggered the research question.

Settle described her research project, which used a comparative chart review to evaluate outcomes. The study resulted in a null hypothesis, neither supporting nor refuting the original research question. Said Settle, "The study was a valuable learning experience despite the outcome, and it has spurred ideas for future research projects, one of which may be a multi-disciplinary

retrospective chart review to look at gentamycin dosing and fluid balance."

Psychiatric clinical nurse specialist, Barbara Guire, RN, presented her team's research study, "The Recognition and Prevalence of Delirium in Patients who Fall while Hospitalized in the Acute-Care Setting." For the purposes of the study, a fall was defined as an unplanned descent to the floor with or without injury to the patient. (The national average of falls in a hospital setting is three per 1,000 days. The MGH fall rate is below the national average.) Delirium was defined as an acute disturbance of consciousness accompanied by a change in cognition that cannot be accounted for by a pre-existing condition.

Guire went into great detail about her team's process and findings, which revealed compelling evidence that there is a relationship between falls and delirium. The team recommends formal training, education, and standardized assessments across disciplines to help staff recognize delirium

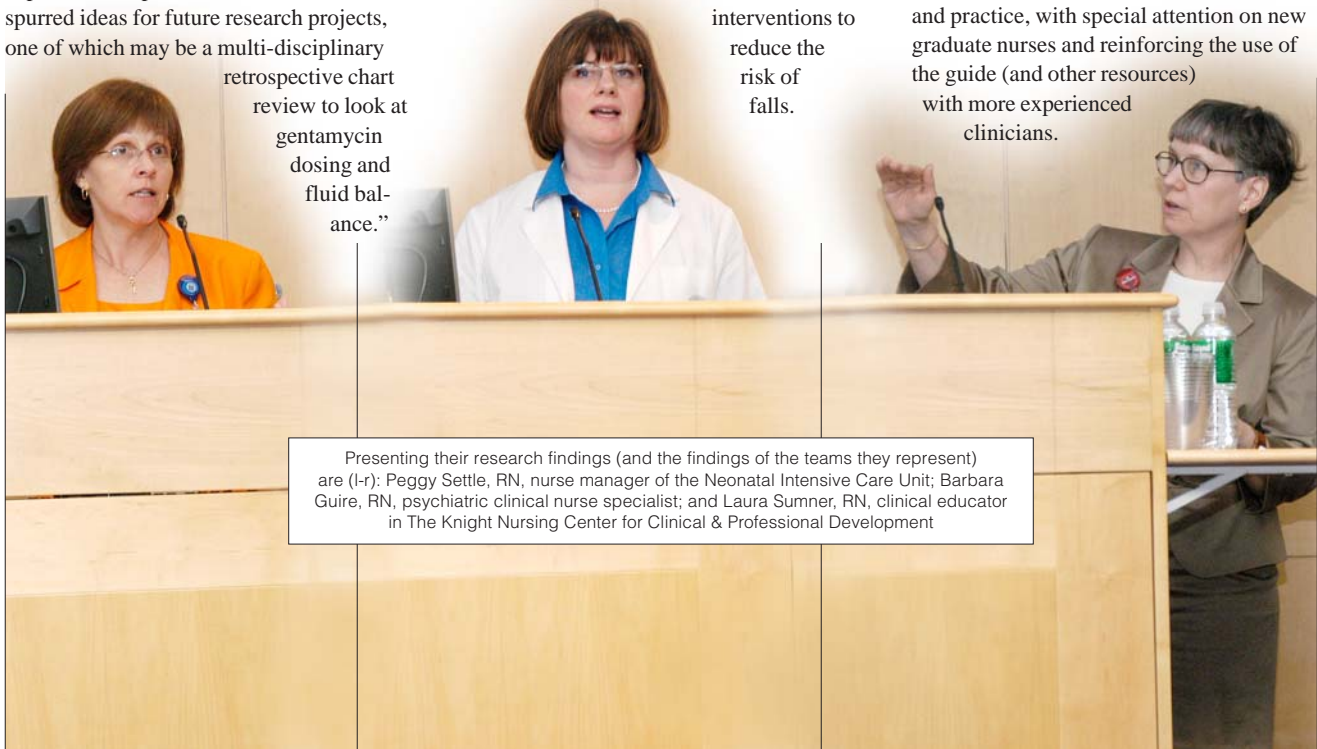
and introduce interventions to reduce the risk of falls.

The research team of Laura Sumner, RN; Gail Alexander, RN; Mary McAdams, RN; and Dorothy Jones, RN, presented the results of their study, "Evaluation of the Drug Dosage Calculation Guide on Registered Nurses' Multi-Step Calculation Scores."

After learning that a significant percentage of nurses exhibited difficulty in computing complex, multi-step dosing calculations, this team of nurse researchers set about to evaluate the effectiveness of using a self-directed medication-calculation guide (the *Drug Dose Calculation Guide*). The study compared pre- and post-test scores for specific medication calculations and the perceptions of nurses who used the self-directed drug dose calculation guide to perform complex computations.

The study found a significant improvement in pre- and post-test scores among different categories of nurses who participated in the study (based on years of experience). A large percentage (80%) of participants opted to review the guide for various amounts of time. Participants reported that the self-directed drug dose guide reinforced learning, clarified the calculation process, and improved performance.

The team concluded that the study has implications for nursing education, research and practice, with special attention on new graduate nurses and reinforcing the use of the guide (and other resources) with more experienced clinicians.



Presenting their research findings (and the findings of the teams they represent) are (l-r): Peggy Settle, RN, nurse manager of the Neonatal Intensive Care Unit; Barbara Guire, RN, psychiatric clinical nurse specialist; and Laura Sumner, RN, clinical educator in The Knight Nursing Center for Clinical & Professional Development

Celebrating Nurse Week, collaboration, and the 98th birthday of the US Navy Nurse Corps

On Sunday, May 7, 2006, several MGH nurses kicked off Nurse Week with a visit to the USNS Comfort as it sat anchored in Boston Harbor off Black Falcon Pier. Nurses who served in southeast Asia after the tsunami and in the Gulf coast after hurricanes Katrina and Rita were reunited with colleagues from Project HOPE and the United States Navy at a special military cake-cutting ceremony. The event was a joint celebration of National Nurse Week and the 98th birthday of the Navy Nurse Corps.



Sharing a moment aboard the Comfort are (l-r): Commander Linda Nash, RN, senior nurse, USNS Comfort; Karen Holland, RN, staff nurse, MGH Emergency Department; Jeanette Ives Erickson, RN, senior vice president for Patient Care; and, Rear Admiral Christine Bruzek-Kohler, RN, director of the Navy Nurse Corps

Visitors were treated to a tour of the Project HOPE ship complete with fully equipped operating rooms, ICUs, MRIs, and much more.

In her comments, Jeanette Ives Erickson, RN, senior vice president for Patient Care, shared the following quote, "Wherever there are people, nursing has the opportunity to support health and well-being in partnerships with others... Through cooperation and co-creation, a synergy will be formed that can transform the total well-being of society. Alone, nursing cannot do it. Without nursing, it cannot be done."



MGH nurses who worked with the US Navy and Project HOPE following disasters in southeast Asia and along the American Gulf coast reunite aboard the USNS Comfort for a celebration of Nurse Week and to commemorate the 98th birthday of the US Navy Nurse Corps

The nurse scientist: blazing new trails in health promotion

Loretta Sweet Jemmott, RN, is the Van Ameringen professor in Psychiatric Mental Health Nursing and co-director of the Center for Health Disparities Research at the University of Pennsylvania School of Nursing

In one of the more animated Nurse Week presentations, nurse researcher, Loretta Sweet Jemmott, RN, Van Ameringen professor in Psy-

chiatric Mental Health Nursing and co-director of the Center for Health Disparities Research at the University of Pennsylvania School of Nursing, gave a tour-de-force account of several of her

research studies. Most of Jemmott's work is set against the backdrop of high-risk sexual behaviors in teens and effective education around HIV and sexually transmitted diseases.

Some key points made by Jemmott in her presentation include:

- When trying to change the behavior of young people to lead safer life-styles, you can't work in a vacuum; you must have those hard conversations
- I subscribe to the, 'So what?' theory of nursing research. So you've published; so what? It doesn't mean anything until you start using your findings in your practice.
- When working with youth, you have to get out there and 'blend.' Learn the 'code of the street.' Find out what's important to them
- To understand a person, you need to open the field, understand her world, her family, her home, school, and social environment
- Knowledge alone does not change behavior
- In trying to change behavior, you need to change a person's *perception* of his/her ability to adopt new behavior. If they think they can't change, they won't. If they have confidence they *can* change, they will
- You need to find out what's standing between young people and safe behavior and deal with those issues
- 99% of the time, young people want to do the right thing, but they lack the skills required to do the right/safe thing
- We need to give them the skills to do the right/safe thing and make it desirable for them to want to
- You may think peer pressure is the strongest factor in the life of a teen; in truth, partner pressure is far stronger
- We've found that interactive activities help keep teens engaged, help keep them coming back to participate in studies, help keep them 'off the street'
- We need to reinforce learning in ways that are fun and meaningful to them
- There are six phases of research:
 - Elicitation (focus groups; learn the code of the street)
 - Questionnaire development
 - Design culturally appropriate intervention
 - Pilot intervention

- Evaluation
- Dissemination
- The Ten Commandments for effective community-based research:
 - Thou must be truly committed to the community
 - Thou must partner with the community to design, evaluate, tailor, and disseminate life-altering strategies
 - Thou must respect the traditions and cultures of the various populations within the community
 - Thou must know the community
 - Thou must listen to the community
 - Thou must disseminate findings back to the community in a way that is meaningful and understandable
 - Thou must be committed to the 'Three Ts' of community-building: time, trust, and team-building. Researchers don't have all the answers; together, we do
 - Thou must realize that people have many burdens, but can be very resilient
 - Thou must develop partnerships with community leaders and organizations to sustain research programs after the funding is gone
 - Thou shall not get discouraged
- Divided we fall. United, we flourish. Work together!



Loretta Sweet Jemmott, RN

The annual Yvonne L. Munn research awards

This year's Yvonne L. Munn Nursing Research Award went to Kelly Trecartin, RN, and Nicole Spano-Niedereirer, RN, staff nurses in the Cardiac Catheterization Lab, for their research proposal, "The Effects of Two Types of Informational Reports on the Anxiety Levels of Waiting Family Members During Invasive Cardiac Procedures." Diane Carroll, RN, clinical nurse specialist, will be their mentor for the study.

In their proposal, Trecartin and Spano-Niedereirer note that the diagnosis and treatment of heart disease is a life-altering event that not only impacts patients,

but their families as well. Undergoing an invasive cardiac procedure can heighten feelings of anxiety and stress. Nursing research shows that family members need information, reassurance, support, comfort, and physical proximity to their loved one. They want to be involved in care during hospitalization. With changes in health care, family members are required to take on more responsibilities and understand the needs of their loved one after invasive cardiac procedures.

No research addresses the unique needs of family members waiting while a loved one is undergoing diagnostic testing, treatment, cardiac proced-

ures, or cardiac catheterization. The purpose of this study is to examine the effects of:

- the current standard of care
- the current standard of care combined with an informational report during the invasive cardiac procedure
- the current standard of care combined with an informational report during the invasive cardiac procedure and a short visit in the recovery area after the procedure by family members

The recipient of the Yvonne L. Munn Post-Doctoral Fellowship, a fellowship designed to provide doctorally-prepared nurses with the time and resources they



Yvonne Munn Post-Doctoral Fellowship recipient, Lynda Tyer-Viola, RN (left) with mentor, Inge Corless, RN, of the MGH Institute of Health Professions

need to advance their research and increase funding for MGH nursing research, is Dr. Lynda Tyer-Viola, clinical nurse specialist in Obstetrics.

Tyer-Viola's study is entitled, "The Relationship between Depression and Fatigue in HIV-Positive Pregnant Women." According to Tyer-Viola's proposal, women with HIV are living longer and deciding they want to have children. To ensure their physical and psychosocial needs are fully met, it's imperative to examine how deviations and symptoms in the general population are experienced when pregnancy is complicated by HIV.

Tyer-Viola's study will examine the presence of depression and fatigue pre- and post-delivery using four established measures. Women who are at least 36 weeks pregnant will be

enrolled. Data will be collected prior to delivery and at three intervals after delivery. Data will be used to determine the reliability of instruments, the feasibility of procedures, and the effect size for future analysis.

Said senior vice president for Patient Care, Jeanette Ives Erickson, RN, "Nursing Research Day is a visible way of showcasing nursing research at MGH—from the research posters lining the walls of the first floor, to the scientific sessions presented by MGH staff nurses, to the Yvonne Munn Nursing Research Lecture and Awards. We're fortunate to have so many dedicated nurse researchers at our institution. We look forward to hearing the results of your exciting studies."

Congratulations to all.



Ives Erickson (left) with Munn Award recipients, Nicole Spano-Niedereirer, RN (second from left), Kelly Trecartin, RN (right), and their mentor, Diane Carroll, RN

Jean M. Nardini, RN, Hemodialysis Unit and Nurse of Distinction Award

—by Julie Goldman, RN, professional development coordinator

If the number of people who attended the dedication of the Jean M. Nardini, RN, Hemodialysis Unit is any measure of the impact Nardini had on the MGH community in her lifetime, then that impact was very great indeed.

On April 28, 2006, family, colleagues, and loved ones gathered in the Thier Conference Room to celebrate the life and career of a cherished member of the MGH family with the dedication of the Nardini Hemodialysis Unit and the first formal presentation of the Jean M. Nardini, RN, Nurse of Distinction Award.

Nardini, who was nurse manager of the Hemodialysis Unit at the time of her death last year, had worked at MGH since the mid-60s. Her distinguished career was marked by innovation, progressive thinking, and a caring (if sometimes loud) leadership style. Nardini was a trailblazer, a transvisionary leader who led by example. She was passionate about teamwork, had a far-reaching sphere of influence, and a sense of humor that buoyed her friends and colleagues through many ups and downs. Nardini gave

unselfishly of her time and energy for more than 30 years. She was true to her values, her passion for nursing, her patients, and her staff. Her passing left a void in the hearts of many, but her life made a lasting impression on MGH and the national renal nursing community.

Associate chief nurse, Theresa Gallivan, RN, moderated the dedication ceremony. "There is little anyone can say to ease the sense of sadness we feel at the loss of our dear colleague, friend, mother, and wife," said Gallivan. She spoke about their long friendship and working relationship, ending with, "Our colleagueship continued over the past seven years as we both pretended I was Jean's boss. I advocated for what she needed for her team, and she taught me the basics of dialytic therapy. But mostly, she taught me about living life with joy, generosity, and compassion, and about facing death with courage and grace."

MGH president, Peter Slavin, MD, remarked, "Today, we celebrate an important day in our history. This is the first time a patient care unit in our hospital has been named in honor of an MGH nurse." Slavin recalled his first meeting with

Nardini as a medical resident and shared how fortunate he felt to have had Nardini as a colleague and teacher. He went on to say that when dialysis was first introduced in the 60s, Nardini was instrumental in shepherding this new treatment into practice. "Everyone looked to Jean for direction in providing this care. In the course of her career, she taught countless nurses, physicians, and fellows. She was always a compassionate and articulate patient advocate."

Dr. Nina Tolkoff-Rubin, director of the Hemodialysis and Continuous Ambulatory Peritoneal Dialysis Units and medical director for the Renal Transplant Program, worked closely with Nardini. Said Tolkoff-Rubin, "For more than 30 years, Jean was my colleague and dear friend. She was the consummate professional, and together we watched the evolution of hemodialysis from an experiment in human biology to the most widely applied dialytic therapy for patients with renal failure. It is fitting that we memorialize her life's work by naming the unit in her honor."

Senior vice president for Patient Care, Jeanette



Staff nurse, Nyla Shellito, RN, the second recipient of the Jean M. Nardini, RN, Nurse of Distinction Award, and Tony DiGiovine, RN, interim nurse manager for the Hemodialysis Unit

Ives Erickson, RN, observed, "I've never felt more proud to be an MGH nurse than I do today. It is a memorable day for nursing as we honor Jean's legacy of outstanding leadership, clinical excellence, collaborative practice, compassion, and advocacy."

Ives Erickson shared her memory of Nardini's last visit to MGH and Bigelow 10, the unit she had managed for so many years. "Jean had come from an appointment with her oncologist wearing her trademark Red Sox baseball cap. Her body was weak and frail, but her spirit was as strong as ever. The first thing she did was go straight to the white board (the list of patients scheduled for the day). Even in her

final days, she was thinking of her patients first."

During that visit, Ives Erickson and the staff of Bigelow 10 thanked Nardini for her years of leadership and friendship. They took advantage of the opportunity to present Nardini with a special award to honor her contributions to nursing and MGH. It was the first presentation of the Jean M. Nardini, RN, Nurse of Distinction Award.

Since that time, much work has gone into establishing a criteria for the Jean M. Nardini, RN, Nurse of Distinction Award. The award recognizes a clinical staff nurse who consistently demonstrates excellence in clinical practice, leadership, and a dedication to the

continued on next page

Jean M. Nardini, RN, Hemodialysis Unit

Nardini Hemodialysis Unit and Nurse of Distinction Award*continued from previous page*

profession of nursing. The award is given to a nurse who consistently delivers patient-centered care that is highly skilled and informed by evidence-based practice.

Following the dedication of the Nardini Hemodialysis Unit, this year's Nardini Nurse of Distinction Award was presented to staff nurse, Nyla Shellito, RN. Shellito has been a nurse at MGH for 34 years, 26

years in the Hemodialysis Unit.

In support of Shellito's nomination, Tony DiGiovine, RN, interim nurse manager for the Hemodialysis Unit wrote, "It has been a privilege working with Nyla this past year. As the resource nurse for the unit, she helps facilitate the day-to-day operations. She works with the team—nurses, physicians, support staff, social workers, and others,

to help patients navigate the system. As she makes rounds, she connects with each nurse to provide support."

Shellito's colleagues say, "Nyla is an energetic and gifted person. In her current role as resource nurse, she's responsible for the smooth operation of the unit. Rapid changes of assignments and case load require Nyla to be in a constant state of flexibility. We're in awe at how she makes the work seem so effortless. Throughout Jean's illness, Nyla was our rock. She took over the day-to-day operations without a second thought,

thinking only of what was helpful to Jean, to us, and to the patients. Like Jean, Nyla is an amazing role model."

An emotional Shellito accepted the award, saying, "Jean was my nurse manager, mentor, sister, and friend. We had disagreements, but our shared values of family, friendship, and nursing gave us the foundation for a relationship that strengthened year after year. Her support during my ups and downs was unwavering. She gave me every opportunity to

grow and always encouraged me to go further while maintaining the highest standards of nursing professionalism. As part of her legacy, I hope to be there for my colleagues the way Jean was always there for me."

Though an inherently sad occasion, Nardini's presence was strongly felt and frequently invoked throughout the ceremony. Like Nardini herself, the event left us with a feeling of pride and optimism and perhaps even... happiness.



Award recipient, Nyla Shellito, RN (third from right) with MGH president, Peter Slavin, MD (left); associate chief nurse, Theresa Gallivan, RN (second from left); Dr. Nina Tolkoff-Rubin (third from left); senior vice president for Patient Care, Jeanette Ives Erickson, RN (right); and members of the Nardini family

(Photos by Abram Bekker and Paul Batista)

May 25, 2006



Maxine Glaser

Pediatric OR staff nurse, Maxine Glaser, RN,
completes documentation in the Main OR



Jamie Ciano

Cardiac Care Unit staff nurse, Jamie Ciano, RN,
with patient, Claire Peloquin

Nursing Spectrum bestows annual Excellence Awards

Our MGH nurses were nominated this year as part of *Nursing Spectrum's* 2006 Excellence Awards, The Stars of New England. Of the four nurses nominated: Jean Stewart, RN; Susan Tully, RN; Diane Carroll, RN; and Adele Keeley, RN, Tully and Stewart were selected as winners in their respective categories (see side bar). All four honorees were spotlighted in the special Nurse Week issue of *Nursing Spectrum*. The following are excerpts from that coverage:

Jean Stewart: Stewart bases her practice on a theoretical foundation along with the knowledge that comes from years of experience. She consistently recognizes the subtle changes in patients' conditions. She always critiques her own work and reflects on better ways to care for patients and transfer knowledge. She is the one person to whom nurses, physicians, and other members of the team turn for guidance and consultation. The patients she sees range

in age from 18 to 100 and bring with them myriad orthopaedic issues and complex medical and social concerns.

Susan Tully: Tully's entire surgical ICU staff endorsed her nomination for this award. Nurses, critical care patient care associates, housekeepers, secretaries, residents, fellows, attending physicians, and allied health professionals agree she is highly skilled at, "managing conflict and identifying creative solutions to the many challenges inherent in such a busy healthcare setting. Six years ago, Tully led an initiative to combine two surgical ICUs that had distinct patient populations and staff cultures. These two units now exist as one with a unified, patient- and team-oriented culture that has staff looking forward to coming to work each day. Tully encourages staff to make decisions, delegate appropriately, and take sound clinical risks.

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Jean Stewart, RN
staff nurse, White 6 Orthopaedics, nominated for excellence in direct care in the clinical setting



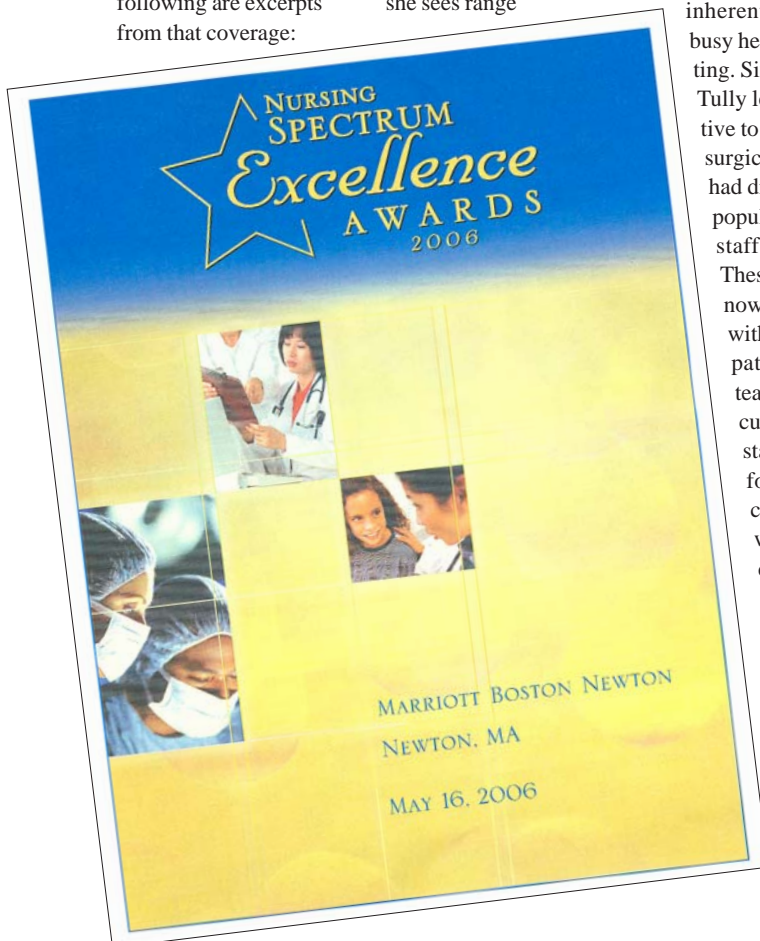
Susan Tully, RN
nurse manager, Surgical Intensive Care Unit, nominated for demonstrating exceptional management of nursing and patient care services



Diane Carroll, RN
clinical nurse specialist, Cardiac Care Unit, nominated for significant contributions in education and professional development



Adele Keeley, RN
nurse manager, Medical Intensive Care Unit, nominated for advancing and strengthening the nursing profession and the delivery of patient care



Boston Globe readers pay tribute to nurses who make a difference

In a special Nurse Week supplement to *The Boston Globe*, readers had an opportunity to nominate their favorite nurse and share stories about how a particular nurse helped them in a time of need. MGH nurse, Sharon Sullivan, RN, was one of many area nurses spotlighted in the supplement as an 'above-and-beyond nurse instructor.' The following is an abridged version of what appeared in *The Boston Globe's* Salute to Special Nurses.

The profession has changed since Sharon Sullivan, RN, was a student. "What nurses did then, and what they do now has changed considerably," she says. "Pa-

tients in hospitals are much sicker now. The job has become much more demanding and complex."

Sullivan knows too well the challenges of the

studied Psychology as an undergraduate and has one year left in the program Sullivan teaches before she becomes a nurse practitioner. Says Sayegh, "Sullivan keeps

with the patients and their families."

Sullivan says there's more to being a good nurse than refined technical skills and the ability to handle stress. "I

What sets Sharon apart from the others are the intimate details and real-life examples of the art of nursing. She doesn't simply present us with hard facts and data, she gives us techniques so we can provide compassionate care to our patients.

job, but her enthusiasm for the profession remains strong. Her students say her passion for nursing and her ability to effectively handle two roles are inspirational, as is her ability to keep them focused on what's most important—patients.

Student, Tara Sayegh

students intrigued. She always brings it back to the basic foundation. She quotes Florence Nightingale about bearing witness to the human condition. She reminds you that even though you're going through a lot and have a lot of stress in the job, the ultimate stress is

emphasize that you need to look at things from a patient's perspective. What is it you would want if you were the patient in that bed or if it was a family member? You'd want to provide care and comfort for them."

Student, Sally Watson, says Sharon has somehow mastered the balance of pursuing an incredibly challenging career as a cardiac ICU nurse and serving as a phenomenal nursing educator. There's no doubt in any of our minds that Sharon has a tremendous amount of knowledge in cardiology. The passion she exudes has made us eager to learn. Each of her presentations thoughtfully integrates the latest research and guidelines, including links to websites with technologically advanced images and

demonstrations, in order to expose us to multiple learning tools, which increases our understanding of this very complex system.

What sets Sharon apart from the others are the intimate details and real-life examples of the art of nursing. She doesn't simply present us with hard facts and data, she gives us techniques so we can provide compassionate care to our patients. She provides insight into an area that's difficult to grasp by simply reading textbooks.

Sharon is so talented and well respected, I feel extremely fortunate to have had her as an instructor in the classroom and at a clinical site. Her high expectations and demand for hard work were delivered in weekly e-mails of inspiration and encouragement. I hope someday to be as exceptional a nurse as she is.

Sullivan's advice to new nurses: "You have to give a little of yourself." It's a credo Sullivan obviously lives by every day.

Other MGH nurses nominated were:

- Maureen Brecken, RN
- Heather Fealtman, RN
- Jane Flanagan, RN
- Margie Hollihan, RN
- Mary Lowe, RN
- Corrina Minnar, RN
- Clare Swan, RN
- The nurses of the Lab-
or & Delivery Unit

Nursing Spectrum Awards

continued from previous page

Adele Keeley: Keeley has effectively changed the culture in the Medical Intensive Care Unit from nurse- and physician- focused to patient- and family-focused. She changed the role of the charge nurse from individual nurse leader to resource nurse—a nurse who rotates among staff. This role-change had a tremendous effect on the leadership and development of all staff. As a

nurse co-investigator on a research study funded by the Robert Wood Johnson Foundation, she investigated end-of-life care in the MICU by collecting data before and after interventions and then promoting and implementing changes to improve care.

Diane Carroll: It may come as second nature to Carroll, but according to the colleagues who nominated her, she is constant-

ly teaching and mentoring staff nurses. She listens closely to the nurse at the bedside and his or her clinical concerns, and then she takes the next step in helping the nurse design and conduct research protocols that generate and promote evidence-based practice. She helps staff nurses present findings of their research on local and national levels. Staff nurses seek her expertise when they develop portfolios for clinical advancement.

Jeanette Ives Erickson

continued from page 3

year milestone with a myriad of accomplishments and improvements in patient care under its belt. Collaborative governance is a system that is 'built to last.'

During my perfect day, visiting and observing MGH nurses, a group of nurse researchers is meeting with Yvonne Munn, RN, the benefactor of the Munn Center for Nursing Research. They are discussing the study, "Recognition and Prevalence of Delirium in Patients Who Fall While Hospitalized."

What do you think about the role of professional nurses in reducing the number of patient falls?

I believe that by improving our understanding of the relationship between delirium and falls, nurses, who play a pivotal role in patient safety, are better able to identify patients at risk and provide appropriate interventions to optimize patient outcomes. I'm very excited that a research award has fueled a program of research that positively impacts patient safety in this way.

So, what is this day

telling us? The integration of all the work we do and all we *want* to do requires vision, integrity, creativity, and a will to be the best—the best provider, best teacher, best researcher, best member of the community, and best nurse you can be. Success is never assumed, it is a quest that must be revisited and reshaped over time.

One program that integrates some of the aspects of professionalism is our Clinical Recognition Program. This first-of-its-kind interdisciplinary program recognizes the acquisition of clinical expertise. To date, 106 nurses have been recognized as advanced clinicians and 47 have been recognized as clinical scholars. And many more are in the

process of developing portfolios for submission.

Florence Nightingale, the founder of the nursing profession, taught us many lessons that have stood the test of time. Nightingale's concern for continuing education, the application of evidence to practice, and the lessons learned from war are as relevant today as they were in her lifetime. We live, practice, and collaborate in a time of innovation, great change and great opportunities.

Today, 50% of our staff are new graduate nurses. Nearly 5% are 60 years old or older.

By 2011 we will have a new patient care building with 19 additional operating and procedural rooms, additional recovery spaces and 150 new inpatient beds. We'll be

caring for sicker patients and using more advanced technology. We'll feel financial pressures from Medicare and Medicaid cuts and heightened patient expectations. We'll need to respond to the request for public reporting of nurse-driven outcomes. And, we'll be challenged to employ even more nurses than we have today.

In a recent analysis, we looked at our position in the marketplace, the projected impact of the nursing shortage, and our growth strategies. Our

we respond to technology doing some of our work? How will we provide the highest quality care if half of our workforce are beginners? For some of you, alarms are sounding.

The public holds us responsible for generating and applying new ideas, advancing our knowledge, and engaging in innovative new work. In exchange for the privilege of being a leader in health care, we're obliged to seek new solutions, set new standards, and advance the science.

I think this work is

"Professionalism seeks freedom in and through significant work, not by escaping from it."

—William Sullivan, *Work and Integrity: the Crisis and Promise of Professionalism in America*

analysis showed that if nothing changes in our recruiting and retention strategies, we will have a shortfall of 150 nurses by 2011. That is *not* okay.

Some of you will see these developments as an opportunity—they'll

trigger your competitive juices—you'll start thinking of creative solutions. You'll ask, how will the profession of nursing emerge? How will we fulfill our contract with our patients and the new of our profession? How will

best accomplished in partnerships. A partnership requires accountability and responsibility. It calls for active collaboration and communication with the public and each other.

What does a good partnership look like? In this fast-paced environment, we're constantly called upon to respond to increasing demand and changing needs. In the coming weeks, we'll be implementing several new initiatives:

- Our medical interpreters are piloting a new computerized teleconferencing system to support our work with patients
- We are launching the Institute for Patient

continued on next page



Green and Ives Erickson watch Nurse Week video

Jeanette Ives Erickson

continued from previous page

Care to provide everyone in Patient Care Services with the space and resources they need to think, innovate, collaborate, and learn

In the coming weeks, you'll hear more about these wonderful developments.

A professional work environment requires the application of the components of professionalism we witnessed during my perfect day. So, let me tell you about those components.

Honesty and integrity imply being fair and truthful and keeping your word; being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other interactions.

There must be accountability to patients and their families. There must be accountability to society to ensure the public's needs are being addressed. We must also be accountable to the profession to ensure the ethical precepts of practice are upheld. There must be a willingness to accept responsibility for errors.

Respect extends to everyone. We must treat all people with respect and regard for their individual worth and dignity. We must be fair. We must not discriminate. We must be aware of emotional, personal, family, and cultural influences on patients' well-being.

We must be present to the patient, listening and responding

humanely to their concerns. Empathy and pain-relief should be part of our daily practice.

We must seek to learn from errors and aspire to excellence through self-evaluation.

We must be insightful regarding the impact of our behavior on others.

We must work as a team and communicate effectively with all involved.

"Wherever there are people, nursing has the opportunity to support health and well-being in partnerships with others... Through cooperation and co-creation, a synergy will be formed that can transform the total well-being of society. Alone, nursing cannot do it. Without nursing, it cannot be done."

**—J. Koerner Nightingale II,
Nursing in the New Millennium**

We must work on behalf of others and proactively advocate for our patients.

Integrating these components of professionalism into what we do on perfect days and 'not-so-perfect days' makes us better as individuals and as a whole.

We must be willing to make ourselves and our work better, relentlessly. Creating the perfect environment means doing for others what we would want done for ourselves and our loved ones.

A profession is a livelihood—it's also a way of life. Do you see yourself as a nurse wherever you are? Do you take your knowledge and skills home with you? I came across this quote recently that says, "Professionalism seeks freedom in and through significant work, not by escaping from it." Isn't that a great quote?

I think we've demonstrated

in my perfect day that we are a high-quality nursing service, and we definitely bring value to others. But don't take my word for it. Let's hear from one of our patients about his experience at MGH.

At this point, defensive lineman, Jarvis Green, of the New England Patriots entered the auditorium and joined Ives Erickson for a brief discussion. Green was drafted by the Patriots in 2002 out of Louisiana State University where he was

reputed to be the most dominating defensive lineman in LSU history. In his three seasons with the Patriots, he has recorded 69 tackles (46 solo), including eight and a half sacks.

When asked by Ives Erickson to describe the care he received, Green replied, "This must be what it's like to be a little kid, because I felt like my mom was here with me the whole time. I never wanted for anything. Everything I needed was given to me before I even asked. At one point, my mom called and said she wanted to come up and take care of me. I told her, 'Mom, you don't have to. I'm in good hands.'"

Said Ives Erickson, "Do you have a message for our nurses as we celebrate Nurse Week?"

"I just want to say thank-you for all your hard work. Your job isn't easy, and we really appreciate everything you do."

Said Ives Erickson, "It's great to be surrounded by champions—by you, Jarvis, and all these wonderful MGH nurses. Thank-you."

Published by:

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

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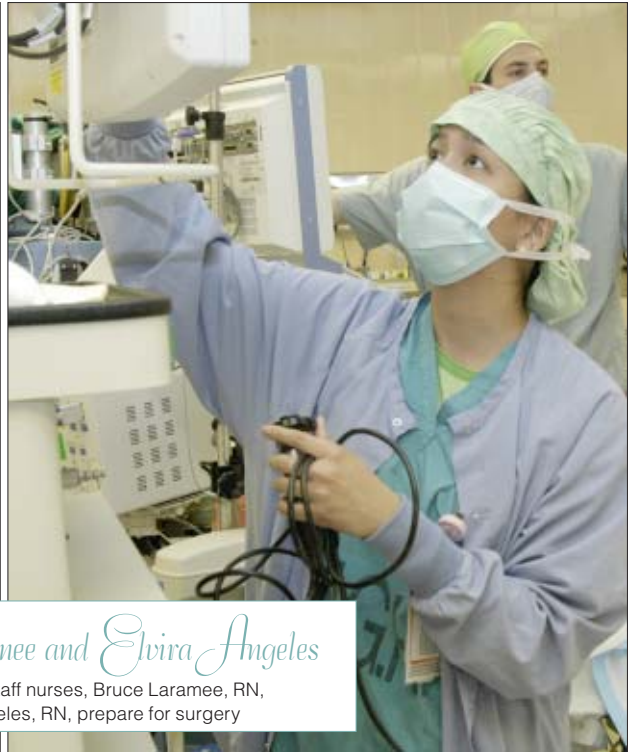
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Next Publication Date:

June 15, 2006



May 25, 2006



Bruce Laramie and Elvira Angeles
Operating room staff nurses, Bruce Laramie, RN,
and Elvira Angeles, RN, prepare for surgery



Kevin Babcock and Eric Driscoll
Emergency Department nurses, Kevin Babcock, RN (left)
and Eric Driscoll, RN, with patient, Josephine Pace

Educational Offerings

May 25, 2006

When/Where	Description	Contact Hours
May 31 8:00am–12:30pm	Pediatric Advanced Life Support (PALS) Re-Certification Program Thier Conference Room	
June 1 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK401	---
June 2 8:00am–4:30pm	Intermediate Respiratory Care O’Keeffe Auditorium	TBA
June 7 8:00–11:30am	Intermediate Arrhythmias Haber Conference Room	3.9
June 7 12:15–4:30pm	Pacing Concepts Haber Conference Room	4.5
June 7 and 14 8:00am–4:30pm	Wound Care Education: Phase II Training Department, Charles River Plaza	TBA
June 13 11:00am–12:00pm	Chaplaincy Grand Rounds “Providing Care to Jehovah’s Witnesses.” Sweet Conference Room	---
June 14 8:00am–2:00pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
June 14 11:00am–12:00pm	Nursing Grand Rounds Haber Conference Room	1.2
June 14 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater	---
June 15 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
June 15 and 22 8:00am–4:00pm	Oncology Nursing Society Chemotherapy-Biotherapy Course Yawkey 2220	16.8 for completing both days
June 15 and 16 Day 1: 7:30am–4:00pm Day 2: 8:00am–1:00pm	Pediatric Advanced Life Support (PALS) Certification Program Training Department, Charles River Plaza	---
June 19 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK401	---
June 20 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK401 (No BLS card given)	---
June 21 8:00am–4:30pm	Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other Training Department, Charles River Plaza	7.2
June 22 8:00am–12:00pm	BLS Certification—Heartsaver VBK401	---
June 22 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
June 22 8:00am–4:30pm	Workforce Dynamics: Skills for Success Training Department, Charles River Plaza	TBA
June 23 7:30am–4:00pm	Bedside Basics for Neurologically Compromised Patients O’Keeffe Auditorium	TBA
June 28 8:00am–2:00pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)

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>.

May 25, 2006

Mary Graney

In the Cardiac Step-Down Unit, staff nurse, Mary Graney, RN, with patient, Diane Bellone, who is living with a left ventricular assist device (LVAD, seen below)



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