

Caring

Headlines

June 19, 2008

International partnerships

*bringing the Magnet-hospital
philosophy to Dubai*

(See Jeanette Ives Erickson's column on page 2)



Senior vice president for Patient Care, Jeanette Ives Erickson, RN (second from left), executive director for The Institute for Patient Care, Gaurdia Banister, RN (third from right), and executive director for PCS Operations, Marianne Ditomassi, RN (second from right) with nurses attending the international Nursing Development Conference in Dubai.

Our Magnet partnership with University Hospital in Dubai

Even before we embarked on our Magnet journey, we understood that the Magnet philosophy wasn't about improving the quality of care for just one hospital, one organization, or one community. We knew that Magnet recognition was about raising the standards of quality, safety, and patient care wherever health care is delivered. And it is in that spirit that we have forged a relationship with

the University Hospital in Dubai, one of the seven United Arab Emirates on the Arabian peninsula.

During the week of May 12–16, 2008, along with Marianne Ditomassi, RN, executive director for PCS Operations, and Gaurdia Banister, RN, executive director for The Institute for Patient Care, I had the privilege of traveling to Dubai to embark on what I hope will be a long and fruitful partnership with some very special people. Working in tandem with the

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Nurses from throughout the region attend Nursing Development Conference in celebration of International Nurses Day at the Grand Hyatt in Dubai.



All sessions were thoughtful and productive, and we emerged with the roots of a plan for the future. We are considering a number of scenarios that may include exchange programs with MGH and/or other American or international Magnet hospitals.

American Nurses Credentialing Center (ANCC), the University of Pennsylvania School of Nursing, Harvard Medical International, the Dubai Ministry of Health, and many other international partners, our goal is to help train, develop, and prepare staff of University Hospital to open as a fully operational, state-of-the-art, Magnet hospital by June of 2011. When you consider that there are no established nursing schools in Dubai at the present time, you can appreciate what an ambitious goal this is.

Our time in Dubai was well spent, meeting with nursing leaders from around the world, solidifying our mission as the Nursing Advisory Group for this visionary project, and sharing ideas about how to move forward into this exciting but uncharted territory. Daily workshops gave us a forum to discuss everything from quality and safety to clinical practice, collaborative governance, professional development, inter-disciplinary teamwork, and most importantly, the forces of Magnetism.

Gaurdia, Marianne, and I shared some of the highlights of our Magnet journey and how we are able to integrate the forces of Magnetism into our daily practice. It was an opportunity to share the new model for Magnet recognition, which folds the 14 forces of Magnetism into five descriptive components. For those of you who may not have seen the new model launched earlier this year, the 14 forces of Magnetism fit into the new model this way:

Transformational Leadership encompasses the forces of:

- Quality of Nursing Leadership
- Management Style

Structural Empowerment encompasses the forces of:

- Organizational Structure
- Personnel Policies and Programs
- Community and the Healthcare Organization
- The Image of Nursing
- Professional Development

Exemplary Professional Practice encompasses the forces of:

- Professional Models of Care
- Consultation and Resources
- Autonomy
- Nurses as Teachers
- Inter-disciplinary Relationships

New Knowledge, Innovations, and Improvements encompasses the force of:

- Quality Improvement

Empirical Quality Outcomes encompasses the force of:

- Quality of Care

All sessions were thoughtful and productive, and we emerged with the roots of a plan for the future. We are considering a number of scenarios that may include exchange programs with MGH and/or other American or international Magnet hospitals. We're looking at ways to establish pipelines for recruiting qualified nurses from nursing schools in the region. And we're explor-

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(Dubai photos by Gaurdia Banister)

Creating strategies for healing

—by Robin Lipkis-Orlando RN, nursing director, and Patricia Martin Arcari, RN,
Benson-Henry Institute for Mind Body Medicine

Earlier this year, psychiatric nurses on Blake 11 partnered with staff of the Benson-Henry Institute for Mind Body Medicine to create a program called Mind-Body Strategies for Healing. The program trains caregivers in the use of mind-body nursing interventions, including relaxation techniques, mindfulness, cognitive strategies, and therapeutic touch. Nurses on Blake 11 embraced this opportunity to use mind-body strategies to tap into the strengths of individual patients.

Mind-body healing strategies are useful when dealing with stressful, anxiety-provoking, or crisis situations. To be effective, strategies must be 'simple' enough to be employed in any setting. Training consists of four, four-hour sessions that include didactic and experiential components and give participants enough time between sessions to practice what they've learned. Each session begins with a different relaxation technique to expose nurses to a variety of different tools, including

breath-focused meditation, body-focused meditation, mindfulness, imagery exercises, cognitive re-structuring, and contemplation. Some of the most important learning occurs as group members share their experiences and brainstorm ways to manage challenges.

To date, 14 staff nurses have completed the training program, and we're currently enrolling participants for the next session. A separate training program was created for the Psychiatric Nursing Consultation Service. This program helps clinical nurse specialists hone their skills to deliver mind-body-healing interventions throughout the hospital. The need for relaxation-based healing strategies extends across the entire MGH patient population.

Some frequently asked questions during training sessions include: How can I find the time to practice relaxation techniques? How can I be present in the moment when I have three other patients who need me? How can thoughts control the way you feel? How do you focus on your thoughts when so many other

things require your attention? But slowly, with practice and experience, nurses are able to answer these questions for themselves.

In interviews conducted after the first training session, the concept of 'resilience' emerged as a major theme. Comments included: "I'm more comfortable with myself; I don't feel the need to be as much of a perfectionist as before. When you're comfortable with yourself, people are more comfortable around you, and you can provide a more relaxing environment for your patients."

"The biggest benefit of meditation is how I interact with others, I don't over-react as much; I have more patience. I've formed closer bonds with my colleagues."

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Designing strategies for self-care walking are (l-r): Patricia Arcari, RN; Carol Marcotte, RN; Robin Lipkis-Orlando, RN; Sheridan St. Jour, RN; and Michael Jamgochian, RN.



“It’s important when you’re with a patient to be right there in the moment. That’s the part of the job I love, not thinking about the 10 million other things you need to do, but being there for the patient in the moment.”

Nurses who completed the program reported improvements in their own health:

“I’ve been using meditation to help me sleep. As soon as the kids leave for school, I do my walk and my meditation.”

“I’m very high strung, but people have noticed a difference in me. Now I take a step back, take a deep breath, and look at the big picture. Most of the time I realize it’s not a big deal.”

“It took time to make myself sit and meditate, but once I did, I changed. I’m more relaxed. I’m not as self-conscious about every little thing. I’m more in tune with myself.”

Training in Mind-Body Strategies for Healing is a multi-step process. We are evaluating the efficacy of each step as it’s completed. The next phase of data-collection will include a quantitative measurement of changes in resilience and the ability to cope. As nurses master these strategies, they’ll begin to feel a sense of personal knowing that will enhance their ability to deliver mind-body nursing interventions at the bedside.

For more information about mind-body strategies for healing, call Patricia Arcari, RN, at 617-732-9751.

Jeanette Ives Erickson (continued from page 3)

ing strategies for how best to train, educate, and prepare staff to ‘hit the ground running’ at a high level of performance when University Hospital opens its doors in 2011.

We were fortunate to be part of the international Nursing Development Conference in celebration of International Nurses Day during our stay in Dubai. Again, because there are so few opportunities for continuing education for nurses in that part of the world, the conference hall was packed and many nurses had to be turned away at the door.

Ives Erickson (front left), Ditomassi (third from right), and Banister (second from right) with members of the Magnet Twinning Project Nursing Advisory Group.



One attendee, an American nurse working in the area, shared her need to ‘connect’ with nursing in the Islamic world, which prompted her to do some research. She found that, as we look to Florence Nightingale as the founder of modern nursing, Rifaida bint Sa’ad, who lived at the time of the prophet Muhammad, is considered to be the first professional nurse in Islamic history. Like Nightingale, she is said to have been kind and empathetic, a strong leader and organizer, a devoted teacher and caregiver, and a selfless and giving person.

I know Gaurdia and Marianne would agree when I say our trip to Dubai was an absolutely thrilling experience—an incredible opportunity to teach and learn. We can only hope that as more people become involved and engaged with individuals from other countries and cultures, we will move toward a place of greater peace and understanding in the world.

Update

I’m pleased to announce that Colleen Gonzalez, RN, will assume the position of nursing director for the White 8 General Medical Unit on June 23, 2008.

Bay State Bike Week: PT teams up with Commuter Services

—by Garth Savidge, PT, physical therapist

In conjunction with National Bike Week and the first annual Bay State Bike Week in Massachusetts, Physical Therapy Services teamed up with Commuter Services to help raise awareness and educate the MGH community about bicycle safety, the health benefits of biking, and injury-prevention.

Bike Week kicked off during morning rush hour on Tuesday, May 13, 2008, at the MGH bike cage on Parkman Street. Commuter Services sponsored a complimentary breakfast and bicycle tune-up courtesy of Community Bicycle Supply. Physical therapists were on hand to offer information on proper bike fit, stretching exercises, and injury-prevention. Most at-

tendees were MGH employees who already bike to work, but passers-by were greeted by therapists and encouraged to consider biking as a means of increasing exercise levels.

Physical Therapy Services joined Commuter Services again in staffing an educational booth in the Main Corridor from 10:00am–2:00pm where therapists discussed bike safety, injury-prevention, and the health benefits of commuting by bike. Visitors were told about the importance of wearing helmets approved by the US Product Safety Commission and using lights and appropriate hand signals while biking.

Therapists provided information on exercises that can help prevent injuries while biking. Poor flexibility and improper bicycle fit or alignment can contribute to various musculoskeletal injuries, including neck and back pain, knee pain, and wrist or hand pain. For an individualized fitting, cyclists should contact their local bike shop.

In addition to environmental benefits, commuting by bike is an excellent way to increase cardiovascular and muscular endurance. It can help relieve stress, boost self-esteem, and people of all ages and fitness levels can participate. Biking, along with appropriate diet also helps control weight, further contributing to good health and well-being.

For more information about cycling safety, injury-prevention, or services offered by Physical Therapy, call 6-2961 or visit the Physical Therapy website at: www.mghphysicaltherapy.org/locations.htm.

Biking To Work (l-r) are: Ron Kulich, MD (bicycle commuter); Aaron Moore, PT; David Jackson, Commuter Services; Garth Savidge, PT; and Jessica Riggs, PT.



(Photo by Paul Batista)

Brian M. McEachern Extraordinary Care Award

—by Julie Goldman, RN, professional development coordinator

On Thursday, April 10, 2008, the Brian M. McEachern Extraordinary Care Award was presented to Jason Barrios, RN, staff nurse in the Ellison 9 Cardiac Intensive Care Unit. Senior vice president for Patient Care, Jeanette

Ives Erickson, RN, welcomed family and friends to O’Keeffe Auditorium, recalling Brian McEachern as a ‘quiet hero,’ an ordinary man who performed extraordinary deeds during his 31 years as a Boston firefighter. The award, established in McEachern’s memory, recognizes extraordinary care and patient advocacy.

In her letter of nomination for Barrios, clinical nurse specialist, Vivian Donahue, RN, wrote, “Jason is often recognized for his ability to develop relationships with his patients and for his caring practice. Ja-

son knows no barriers when it comes to meeting patients’ needs.”

In her letter of support, clinical social worker, Marguerite Hamel-Narozzi, LICSW, wrote, “It is hard to convey in writing what a caring, giving, kind, thoughtful, competent, and extraordinary caregiver and human being I have come to see in Jason.”

Jason’s colleagues agree. “Jason loves what he does, he makes patients and families feel comfortable with his tremendous positive energy.”

Long-time family friends and selection committee members Mary Manning, RN, and Paul Chistian, former Boston Fire Commissioner, shared stories about McEachern’s invincible spirit, compassion, and generous nature, virtues on which the McEachern Extraordinary Care Award were based.

Ives Erickson quoted South African civil-rights leader, Nelson Mandela, saying, “Courage is not the absence of fear, but the triumph over it.” To Barrios and the other award nominees, Ives Erickson said, “Courage and bravery are part of your practice every day as you care of patients and families at MGH. You show courage when you advocate for patients and families, when you seek resources to empower patients and families, when you put the interest of patients and families first, and when you deliver care that is individualized, compassionate, culturally sensitive and holistic.”

Ives Erickson thanked all the MGH clinicians who honor the memory of Brian McEachern with their extraordinary care, compassion and advocacy.

For more information about the McEachern Extraordinary Care Award, call Julie Goldman at 4-2295.

McEachern Award recipient, Jason Barrios, RN (right front), with Ives Erickson (second from left), his Ellison 9 colleagues, and friends and family of Brian McEachern.



Stephanie Macaluso, RN, Excellence in Clinical Practice Awards

—by Julie Goldman, RN, professional development coordinator

For ten years, the Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award has been a coveted prize within Patient Care Services. In a ceremony held May 29, 2008, in O’Keeffe Auditorium, four more clinicians were added to the list of distinguished recipients: Jean Stewart, RN, staff nurse, White 6 Orthopaedics; Karon Konner, LICSW, social worker; Melissa DeLisle, RN, staff nurse, Bigelow 7 Gynecology; and Lilian Dayan-Cimadoro, PT, physical therapy clinical specialist.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, reminded attendees that the Macaluso

Award recognizes direct caregivers whose practice exemplifies the expert application of our values—practice that is caring, innovative, guided by knowledge, built on a spirit of inquiry, and based on a foundation of leadership and entrepreneurial teamwork.

Featured speaker, Michael Sullivan, PT, director of Physical and Occupational Therapy shared his thoughts on clinical excellence (see article on opposite page). Said Sullivan, “Though I never had the privilege of working with Stephanie, I feel I’ve come to know her through the Macaluso award recipients. The excellence embedded in the clinical practice of individual clinicians has become a tribute to Stephanie’s legacy and a benchmark of excellence toward which we all strive.”

Introducing the recipients, Ives Erickson read excerpts from their letters of nomination. Stewart was nominated by Kathleen Myers, RN, and Joanne Empliti, RN, who wrote, “There are staff nurses you work with who love bedside nursing and everything about what it means to care for patients. Jean is one of those nurses.” Andrew Freiberg, MD, wrote, “Jean is involved in all aspects of patient care and is an integral part of the orthopaedic team. She empowers patients and families and participates in all aspects of education, decision-making, and care.”

Konner was nominated by Karen Tanklow, LICSW, clinical team leader for Social Services, who wrote, “Karon has always expressed a desire to assist the most vulnerable and disenfranchised patients. She works with staff to help them understand the complex psychosocial influences and needs of these patients. Karon works closely with Team 5 to ensure consistent, compassionate care for all patients.” Said Rebecca Brendel, MD, “I’ve been impressed by Karon’s clinical acumen, her ability to quickly and accurately analyze complex interpersonal situations, and her dedication to forging alliances with the most resistant patients.”

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Macaluso award recipients, (l-r): Karon Konner, LICSW; Jean Stewart, RN; Melissa DeLisle, RN; and Lilian Dayan-Cimadoro, PT.



Sullivan on clinical excellence

At the May 29, 2008, Stephanie Macaluso, RN, Excellence in Clinical Practice Awards ceremony, director of Physical and Occupational Therapy, Michael Sullivan, PT, was the featured speaker. His comments on clinical

practice, reflection, leadership, and patient centrality struck a powerful chord with listeners. By popular request, Sullivan's remarks are published here. Too long to be included in its entirety, the full text of Sullivan's speech can be found on the PCS *Caring Headlines* website.

Understanding expertise

Many years back, Patient Care Services, through the efforts of the Professional Development Committee, explored ways to acknowledge the clinical practice of bedside clinicians. The journey to establish the Clinical Recognition Program (CRP) brought to light the work of many theorists: Benner and Dreyfus perhaps the most notable. Even before the creation of our recognition program, the use of narratives as evidence of clinical expertise was an integral part of the Macaluso selection process.

From the work of the Professional Development Committee we became familiar with the work of Patricia Benner. Benner believes the documentation of clinical performance by experts is an important part of sharing their knowledge. Benner contends that fundamental knowledge is embedded in practice, which develops as clinicians test theoretical principals in real clinical situations. New knowledge and expertise emerge when preconceived notions and expectations are refined and revised. Experience, therefore, is a fundamental precursor to expertise. As expert clinicians document their performance, the context and meaning



Michael Sullivan, PT, director, Physical and Occupational Therapy

inherent in clinical situations are revealed. According to Benner, "A wealth of untapped knowledge is embedded in the practice and 'know-how' demonstrated by expert nurses."

A number of theorists have identified characteristics that define expert practice. Among the most frequently cited are reflection, patient centrality, and humility.

Reflection

Donald Schön, a philosopher best remembered for his work on the development of reflective practice and learning systems, differentiates various types of knowledge. Schön contends that graduates of professional programs demonstrate a 'knowing that,' kind of knowledge while skilled practitioners demonstrate a 'knowing how' kind of knowledge.

From Schön's work we understand that experts gain practical knowledge through reflective inquiry—asking what works and what doesn't work. Professionals build practical knowledge (knowing how) through reflection on lived experiences. Schön describes two notions: reflection-in-action and reflection-on-action. The former is 'thinking on our feet' and involves connecting with our feelings. Practitioners allow themselves to experience surprise, puzzlement, or confusion

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Teamwork, communication, key factors in care of complex cancer patient

I wouldn't be telling the truth if I said I wasn't apprehensive about caring for a patient like Rose on our unit. I knew her day-to-day care would be extremely challenging. But... I knew there was more to Rose than just 485 pounds.

My name is Melissa Delisle, and I am a staff nurse on the Bigelow 7 Gynecology-Oncology Unit. Before meeting 'Rose,' I had received report from a nurse at the transferring hospital. Rose is a 45-year-old woman with newly diagnosed cervical cancer. She weighs 485 pounds. As the resource nurse at the time, I started thinking about what we would need to accommodate a patient of this size. The nurse provided me with Rose's vital signs, skin assessment, mobility, medical history, and medications. All important, but what about her state of mind? Was she depressed? Did she understand her diagnosis? Did she have a support system? I wouldn't be telling the truth if I said I wasn't apprehensive about caring for a patient like Rose on our unit. I knew her day-to-day care would be extremely challenging. But I felt compelled to advocate for a patient-centered plan of care. I knew there was more to Rose than just 485 pounds.

The first time I met Rose, I introduced myself and asked how she wanted me to address her. She said her friends called her, 'Rosie.' From that moment on, we had a special bond. I took a few moments to try to get to know her. I learned that despite Rose's obesity, she was relatively independent at home. She got around the house with a walker. She's happily married, collects



Melissa DeLisle, RN, staff nurse,
Bigelow 7 Gynecology-Oncology Unit

dolls, adores animals, takes care of a man with MS, has several good friends, and was already horribly homesick. She couldn't talk about her husband or her home without tearing up.

Because of Rose's weight and diagnosis she was going to have to remain at MGH for several months for cancer treatment. Her regimen would consist of weekly chemotherapy, radiation therapy, and interventions to manage the side-effects that come with these procedures. Everyone, including Rose, knew she wasn't going to go home for a very long time.

Over the next couple of weeks, Rose went through several routine tests and procedures. One major issue arose when it was learned that Rose was too large for the MRI chambers at MGH, and oncologists felt they really needed an MRI. Rose would need to be transported by ambulance to another facility to get the MRI. She shared with me how embarrassed she was. "I'm a whale," she yelled.

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I asked if she had always been overweight, and she replied with a very surprising answer. She said no one had ever asked her that. She said people were afraid to get to know her because of her weight. I have to admit, I had been apprehensive to ask, but it was obvious Rose's weight was going to be a factor in her treatment, and we needed to discuss it openly.

This outburst led to a crucial conversation at the outset of Rose's treatment. We talked about how important it was to focus on 'now' and worry about her weight later. Rose had a good chance of surviving cancer, but we had to get her through treatment. I asked if she had always been overweight, and she replied with a very surprising answer. She said no one had ever asked her that. She said people were afraid to get to know her because of her weight. I have to admit, I had been apprehensive to ask, but it was obvious Rose's weight was going to be a factor in her treatment, and we needed to discuss it openly. It actually made her feel more comfortable that I cared enough to ask. Afterward, Rose and I talked about her life: her childhood, her mom, her home town, her marriage, and why she thinks she eats so much. She opened up to me, and it helped her cope with her upcoming ambulance ride and MRI. For Rose, it meant more people seeing her, touching her, and judging her.

After getting the results of the MRI, it was time to start treatment, which consisted of weekly infusions, daily external beam radiation, and eventually implantation of localized radioactive pellets which would need to be done in the operating room because of Rose's size. Rose was seen by cardiologists, renal doctors, psychologists, social workers, physical therapists, nutritionists, a case manager, and many other caregivers. After a while, the on-going activity began to take a toll on Rose. She became irritated and eventually just wanted to be left alone. She started to withdraw and became visibly depressed. She had been away from home for weeks and hadn't seen her husband at all during that time. (Rose and her husband care for a man who is dependent on them, so it was hard for her husband to come visit.) Rose was losing her will to fight.

I remember Rose yelling out in tears, "I have no privacy!" And she was right. We bathed her when we had enough staff available to help. She had little say in when or how that happened. She was dependent on us for everything: bathing, eating, toileting, re-positioning. She understood the need for several staff to be involved in her care, but we needed a compromise that would give Rose some autonomy and self-respect.

With the help of staff, we developed a plan. We posted a daily schedule of Rose's activities and treatments in her room where she could see it. We gave her advance notice about PT visits. We let her decide when she wanted to do certain activities, then communicated it to staff so they could plan around it. It sounds simple, but it made a big difference for Rose.

Multi-disciplinary collaboration played an important part in Rose's care. I remember a conversation I had with Rose when she said she didn't think she needed so many people taking care of her. I sat down beside her and explained each service to her and what each one did to help her. I encouraged her to be patient, explaining that each specialty had something important to offer. She reluctantly said she'd give it a chance.

It was rewarding to see Rose develop relationships with her social worker, case manager, and physical therapist over the course of her hospitalization.

One of my goals was to help Rose keep her spirits up. She was trapped in a small room, isolated from things that were familiar and comforting. Her husband's inability to visit regularly took a toll on her. During the time we spent together we talked about how they met, their wedding, and what they liked to do. I started to realize that it eased Rose's mind to talk about the things in her life she felt were worth fighting for. She would get lost in her stories and find comfort in sharing them.

Shortly after starting radiation therapy, Rose's skin began to show signs of break-down. As time went by, she became weaker and wasn't able to transfer into a wheelchair anymore. Because of her treatment and inactivity, Rose began to lose muscle mass. When she first arrived, we had been able to safely transfer her with three nurses and a walker. Later, it became unsafe, regardless of how many nurses assisted. Despite efforts to preserve her skin integrity, Rose developed skin break-down across her sacral area and in the folds of her skin. Her treatment plan was amended, and staff did a phenomenal job keeping her skin clean despite her frequent diarrhea. Unfortunately, the physical and emotional discomfort from the repeated cleanings began to wear away at Rose's will.

Something needed to be done. I put myself in Rose's position and tried to imagine what it was like to be in that bed with six nurses wiping and holding her while she was exposed in every conceivable way. We were kind and gentle and caring, but the commotion and humiliation must have been unbearable.

Afterward, in desperation, we asked Rose how we could make it better for her. Exhausted, we came up with a plan: one nurse would lead the group, direct the care, and do most of the talking. Having one nurse talk and direct the care dramatically reduced the noise and anxiety for Rose. She shared that her mom had sung a song to her when she was a child. She sang a little

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bit of it, and we thought it might be a good idea if she hummed it while we cleaned her.

It was amazing. At her next cleaning, we implemented all the changes and the process was so much better for Rose. She used half the pain medicine and was noticeably more comfortable. Rose was so thankful for the changes we made. The plan was communicated to the rest of staff who embraced the opportunity to make Rose more comfortable. It felt so good to be able to make such a positive difference in a patient's plan of care.

Looking back on that day, I know Rose felt that she'd gotten some of her autonomy and dignity back. She had taken part in developing a new plan for herself, and it had made a difference for all of us, especially Rose.

As the weeks passed, Rose's condition improved. Because of the complexity of her case, all the nurses

care, the more important communication and organization become.

Rose was transferred to a rehabilitation facility close to her home. Before being discharged, Rose was taken to the OR for one last biopsy, which came back negative. Rose got the best news we could have given her. Not only had she made it through treatment, she had made it with limited complications considering she weighed 485 pounds.

I knew Rose was going to be discharged soon, so after she got her pathology results, we talked about her future plans. She said she was scared to leave MGH. She was afraid she wouldn't get the quality of care she received here anywhere else. I encouraged her to give her new nurses and doctors a chance. I reminded her that it had taken us a little while to develop a personalized plan of care for her. We shared some laughs that day and some tears. I told her I wanted to keep in touch with her and if she needed anything she could always get in touch with me.

I'll never forget her response. She said, "Melissa, we always say things like that, but we never really mean them. We never follow through." I smiled, because she was right. We do say things like that and don't follow through. But I was going to prove her wrong.

Rose was discharged sooner than expected and I wasn't working the day she left. I never got a chance to hug her good-bye and wish her luck. But I didn't forget our conversation. I called Rose at her rehab hospital a few days later. She was shocked when I told her it was me.

"Melissa," she said, "you didn't forget me."

"Rosie," I replied, "I will *never* forget you."

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

Perhaps the most important words in this narrative are, "I put myself in Rose's position..." Melissa's ability to empathize with Rose, her willingness to go to any lengths to preserve Rose's dignity and personhood are what drove the important decisions in Rose's care. Melissa asked, "How can we make it better for you?" giving Rose the opportunity to describe her own concerns and fears. Melissa and her team created a healing space for Rose allowing her to recover physically and emotionally.

Thank-you, Melissa.

I have always genuinely enjoyed working alongside my colleagues, but since taking care of Rose, I have developed a greater appreciation of what nurses can accomplish as a team. Getting Rose through her treatment was a team effort from the moment she arrived until the moment she left.

on the unit were involved with her care whether they were assigned to her or not. As a team, we got Rose through her treatment. She underwent numerous tests and procedures, suffered a number of complications and setbacks, experienced renal failure, cellulitis, blood transfusions, and was transported off site three times for scans. I have always genuinely enjoyed working alongside my colleagues, but since taking care of Rose, I have developed a greater appreciation of what nurses can accomplish as a team. Getting Rose through her treatment was a team effort from the moment she arrived until the moment she left.

I am extremely proud to work alongside the nurses on Bigelow 7. Rose brought us closer together and showed us how important we are to each other when caring for complicated patients. We often have complex patients on the unit but never one who required so many of us at once. The more nurses involved with

Experience tells us that 'unbundling' narratives provides additional knowledge and deeper insight into embedded knowledge. It is through these processes that the practice of experts becomes knowledge from which others can benefit.

in situations they find uncertain. They reflect on the situation before them and on prior actions.

Reflection-on-action occurs later—after the encounter. Clinicians may document a situation or talk things through with a supervisor or mentor. Reflecting-on-action enables exploration of why we acted as we did, helping us develop sets of questions and ideas about our practice. Reflecting on the salient features of a clinical situation helps clinicians understand the practical knowledge embedded in their practice.

Patient centricity

The central importance of the patient has been espoused by Benner and others. Linda Resnik and Gail Jensen have extensively studied the evolution of expert practice among physical therapists. Through their research we understand that patient-centered care is characterized by extensive knowledge, patient empowerment, sound clinical reasoning, and strong bonds between patients and clinicians. An expert therapist's approach is centered on an ethic of caring and patient respect. Expert therapists who value patient individuality garner greater information from their patients and practice in a manner where the patient is the primary focus of care-planning and decision-making.

In defining the 'helping role,' Benner describes maximizing patient participation and control during recovery as a key contributor to outcomes. This entails sensing a patient's strengths, drive, desire, and ability to improve and mobilizing these forces through an effective relationship. Experts develop an understanding of the patient beyond the impaired anatomical, psychological, or physiological systems. Care is provided in a manner that stems from insight and understanding of the patient as an individual.

I've learned through my colleagues in Occupational Therapy of the work of Mattingly and Fleming who studied clinical reasoning among occupational therapists. Mattingly and Fleming believe that the clinical context is a meaningful variable that distinguishes expert practitioners from others. They observed various types of reasoning patterns: procedural, interactive, conditional, and narrative. It is through the occupational therapist's use of conditional and narrative reasoning that patient centricity emerges. Conditional reasoning is demonstrated as the therapist attempts to understand the person in the context of the life-world, given the influence a disability may have on the person's future. Conditional reasoning requires imagination and an ability to understand the entirety of the patient. With narrative reasoning, the patient's past,

present, and anticipated future provide the foundation for therapeutic intervention. Disability is not seen as a medical or physiological issue, but as an experience with personal meaning to the patient, necessitating meaningful interventions connected to the patient's life roles.

Leadership and humility

From the field of management we understand humility to be a fundamental characteristic of great leaders. Jim Collins, in his book, *Good To Great: Why Some Companies Make The Leap... and Others Don't*, tells us that great leaders are a complex, paradoxical mix of intense professional will and extreme personal humility; leadership is about demonstrating pride in achievement without arrogance. It's about quiet confidence. Peter Drucker in his book, *Managing the Non-Profit Organization*, says, "Leaders who focus on themselves are destined to mislead. Leadership is the raising of a vision to a higher level, performance to a higher standard, and ones skills and abilities beyond normal limitations."

Expertise made visible

The daily demands at MGH can obfuscate clinical practice. Benner contends that clinical narratives make nursing practice visible. I admit in my early exploration of Benner's work, I was skeptical of this assertion. Today, I consider myself a convert. The narratives of Macaluso recipients illuminate sophisticated, clinical reasoning, skilled navigation of a complex practice environment, and artful negotiation and advocacy on behalf of patients. Narratives are a growing part of our culture that should be fostered, as Benner says, "to uncover the practical knowledge of the expert clinician." Experience tells us that the 'unbundling' of narratives provides additional knowledge and deeper insight into embedded knowledge. It is through these processes that the practice of experts becomes knowledge from which others can benefit.

Conclusion

The theoretical work that seeks to explain the development of expert practice transcends disciplines and reflects shared values. Like PCS, this work is strengthened by a diverse and multi-disciplinary perspective. We share a rich tradition that supports clinicians and the development of exemplary practice; a tradition that nurtures practitioners who grow to become mentors... completing the circle. By all accounts from those who had the privilege of working with Stephanie Macaluso, she was an exemplary clinician, teacher, and mentor. And our recipients today are upholding and advancing the care of our patients and Stephanie's standard for excellence.

Diversity: getting from point A to point B with dignity and respect

The mop and the bucket are as valued as the scalpel and the stethoscope. The person doing the work is as valued as the work itself. That's not always the case in the workforce, and it's one of the reasons we need diversity initiatives.

On March 26, 2008, the PCS Diversity Program received the Arnold Z. Rosoff Award for its, “far-reaching initiatives to build a diversity-centric hospital community and embed diversity into its everyday culture.” Sponsored by the Boston Ad Club and the Greater Boston Chamber of Commerce, the award recognizes businesses and individuals for advancing diversity and having a positive impact on multi-cultural communities. Deborah Washington, RN, director of the PCS Diversity Program, accepted the award on behalf of MGH. Following, are excerpts from her remarks:

The Rosoff Award is a wonderful acknowledgement of work done by many people. With the Rosoff Award, you present us with a tangible symbol that we have, indeed, moved from point A to point B in our diversity journey. It wasn't easy. We tackled the issues through leadership, an expectation that organizational systems would function on behalf of everyone, open dialogue, peer pressure, and of course, funding to support our diversity initiatives. We didn't mandate anything. Resentment at being told what to do is an escape hatch to disengagement. Constant discussion about how people feel is a stumbling block to accomplishing the work.

We did get to other feelings, however, because we made it possible for people to tell us what it was like to work on our clinical units, labs, mail room, and cafeteria. We acknowledged those stories publicly and dealt with their implications openly. We kept interest high by being responsive to the real-time issues of staff, employees, patients, and families. We celebrated those people who, despite their struggles, stayed with us year after year, decade after decade. Ethnically and culturally diverse employees have been at our hospital for more than 20, 30, and 40 years. There's a reason for



Deborah Washington, RN
director, PCS Diversity Program

that. Perhaps you know what it takes to instill organizational pride in employees. MGH does it by imparting to each of us our reason for being. We're able to transform the notion of 'having a job' into an understanding of what it means to perform countless 'acts of help and assistance.' We know how to make it personal. We make sure, as one Environmental Services employee put it, "... that people are not treated like the tools they use to do their jobs." The mop and the bucket are as valued as the scalpel and the stethoscope. The person doing the work is as valued as the work itself. That's not always the case in the workforce, and it's one of the reasons we need diversity initiatives.

Investing in human potential has led us to create scholarships, fellowships, flexible scheduling to accommodate school enrollment, pipeline programs to foster recruitment of new graduates, mentoring programs, and training programs for multi-cultural, multi-ethnic, multi-lingual employees. The Rosoff Award is encouragement to continue this work. On behalf of everyone at MGH, I would like to express our gratitude for this recognition. Please know that we will continue to move forward to point B to point C.

More on advance directives

Question: What is an advance directive?

Jeanette: An advance directive is a document that expresses your preferences about medical care should you become unable to communicate your wishes in the future. An advance directive does not require legal involvement.

Question: Are there different types of advance directives?

Jeanette: Advance directives vary from state to state, but typically include a Living Will and Health Care Proxy. A Living Will is a written statement of your wishes for medical care including circumstances in which you would want certain treatments withheld or withdrawn. A Health Care Proxy is a legal document appointing another person to make healthcare decisions (to serve as your agent) in the event you become unable to communicate yourself.

Question: When does an advance directive become effective?

Jeanette: An advance directive is only used in situations where you are unable to make or communicate your own decisions. An advance directive ceases to be used if/when you regain the ability to make or communicate your decisions again.

Question: How do I complete a Health Care Proxy?

Jeanette: Health Care Proxy forms are available on every patient care unit and at the Blum Patient & Family Learning Center. They are available online at <http://www.massmed.org> A Massachusetts Health Care Proxy does not need to be notarized, but it does require the signature of two witnesses.

Question: What if someone wants an advance directive but doesn't have anyone to appoint as a healthcare agent?

Jeanette: In the absence of someone who can be named as an agent, an instructional advance directive may be completed to guide your care. One example of this is the Five Wishes form, which is also available at the Blum Patient & Family Learning Center.

Question: What is a guardian?

Jeanette: A guardian is a court-appointed substitute decision-maker. Guardianships may be limited to certain functions, such as financial decision-making, or they can include all aspects of medical, financial, and personal affairs.

Question: When is a guardian appointed?

Jeanette: In Massachusetts, a guardian can be appointed by the court for persons unable to make or communicate decisions due to physical incapacity or illness, mental illness, mental retardation, or persons who are under age. By law, any suitable individual may serve as a guardian whether biologically related to the individual, or not.

Professional Achievements

Parlman appointed

Kristin Parlman, PT, physical therapist, was appointed a member of the Awards Committee for the American Physical Therapy Association, Neurology Section, from 2007–2010.

Bonanno appointed

Andrea Bonanno, PT, physical therapist, was appointed a member of the Nominations Committee for the Massachusetts Chapter of the American Physical Therapy Association of Massachusetts in February, 2008.

Curley presents

Suzanne Curley, OTR/L, occupational therapist, presented, "Managing Extensor Tendons: Anatomy," at Tufts University, February 10, 2008, and, "Managing Extensor Tendons: Injuries and Splint Lab," on February 25, 2008.

Mulgrew and Squadrito present

Physical therapists, Jackie Mulgrew, PT, and Alison Squadrito, PT, presented the two-day course, "Management of the Acute Care Patient," at Vanderbilt Medical Center in Nashville, February 16–17, 2008.

Carroll and Gonzalez present

Diane Carroll, RN, nurse researcher, and Colleen Gonzalez, RN, clinical nurse specialist, presented their poster, "Visiting Preferences of Cardiovascular Patients," at the Eastern Nursing Research Society scientific sessions in Philadelphia, March 27–29, 2008.

Radwin presents

Laurel Radwin, RN, nurse researcher, presented, "Grounded Theory Methodology," in *Advanced Qualitative Methods* at Boston College, April 14, 2008.

Shea presents

Kathryn Shea, RN, presented, "Nursing Care of Patients after Pulmonary Vein Isolation Procedures," at the 2nd annual Atrial Fibrillation Symposium for Allied Health Professionals, January 17, 2008.

Radwin, Wilkes, and Cabral present poster

Laurel E. Radwin, RN, nurse researcher; Gail Wilkes; and Howard Cabral, presented their poster, "Effects of Patient-Centered Oncology Care on Desired Patient Outcomes," at the American Psychosocial Oncology Society Annual Meeting in Irvine, California, February 29, 2008. The poster received "Best Poster Award."

Inter-disciplinary group creates booklet

Mary Zwimer, LICSW, Social Services; Jean Kwo, MD; Paul Montgomery; Marion Phipps, RN, Neurology; Ellen Robinson, RN, The Institute for Patient Care; Judith Sullivan, RN, Respiratory Acute Care Unit; Angelika Zollfrank, MDiv, Chaplaincy; Regina Doherty, OTR/L, Occupational Therapy; and Ruth Purtilo, developed the booklet, *Maintaining Compassionate Care: a Companion for Families Experiencing the Uncertainty of a Serious and Prolonged Illness*, in February, 2008.

Nurses receive writing award

Marian Jeffries, RN, clinical nurse specialist; Rechelle Townsend, RN; and Emily Horrigan, RN, received the Nursing 2008, Clinical Writing Award, for their article, "Helping Your Patient Combat Lung Cancer," published in *Nursing* 2007.

Nurses receive writing award

Mary Lussier-Cushing, RN; Jennifer Repper-DeLisi, RN; Monique Mitchell, RN; Barbara Lakatos, RN; Fareeda Mahmoud, RN, and Robin Lipkis-Orlando, RN, received the *Nursing* 2008 Clinical Writing Award for their article, "Is Your Medical-Surgical Patient Withdrawing from Alcohol?"

Waithe appointed

Philip Waithe, RN, The Norman Knight Nursing Center for Clinical & Professional Development, was appointed a member of the Board of Registration in Nursing.

Arnstein publishes

Paul Arnstein, RN, clinical nurse specialist for Pain Relief, published the article, "The Joint Commission: New Name, Look, Leadership, and Standards," in *ASPMN Pathways*, in March, 2008.

Blakeney presents

Barbara Blakeney, RN, innovations specialist, The Center for Innovations in Care Delivery, presented, "Who Speaks for the Patient," at the Third Annual Medical Device, Regulatory, Reimbursement, and Compliance Congress, at Harvard University, March 27, 2008.

Peterson re-elected

Gayle Peterson, RN, was re-elected to the American Nurses Association House of Delegates for 2008–2010.

Ranford and Cardella present

Occupational therapists, Jessica Ranford, OTR/L, and Jennifer Cardella, OTR/L, presented, "A Function-Based Approach to Cognitive Perceptual Assessment: the A-ONE," at Tufts University, March 27, 2008.

Mian presents

Patricia Mian, RN, clinical nurse specialist, presented, "Being There: Family Presence in the Emergency Department," at the Integration of End-of-Life Care in Acute Care Settings Conference, at the Connecticut Coalition to Improve End-of-Life Care, on March 28, 2008.

Murphy-Lind presents

Karen Murphy-Lind, RN, served as chair of the Dermatology Nursing Basics Core Curriculum and presented, "What Happens Between 'Hello' and 'Goodbye,'" "Acne: the Basics," "Opportunities to Educate are Everywhere," and, "Acne Overview," at the Dermatology Nurses 26th annual convention in Las Vegas, March 25–26, 2008.

Committee members present

Carly Jean-Francois, RN; Susan Warchal, RN; Joanne Empoliti, RN; Laura Naismith, RN; Taryn Pittman, RN; Karen Lipshires, RN; and, Wendy Lee Baer, RN, presented a one-hour panel presentation, "Collaborative Governance at MGH," at the South Shore Hospital Shared Governance Summit on February 27, 2008.

Professional Achievements (continued)

Konner appointed

Social worker; Karon Konner, LICSW, was appointed a member of the Simmons Graduate School of Social Work Alumni Board, in January, 2008.

Hubbard, Kelleher, and Weber present

Jessie Hubbard, RN; Mary Louise Kelleher, RN; and Kristen Weber presented their poster, "Family-Centered Rounding," at the National Initiative of Children's HealthCare Quality, in Miami, March 19–21, 2008.

Jeffries receives award for excellence

Marian Jeffries, RN, clinical nurse specialist, received the 2008 Sigma Theta Tau Award for Excellence in Nursing Practice, from the Theta Alpha chapter, on April 27, 2008.

Nurses inducted

Patricia Tammaro, RN; Mary McAuley, RN; Christopher Callahan, RN; and Kathy Sherburne, RN, were inducted into Sigma Theta Tau, Northeastern University Graduate School of Nursing, on April 9, 2008.

Nurses publish

Mary Larkin, RN; Chelby Cierpial, RN; Joan Stack, RN; Victoria Morrison, RN; and Catherine Griffith, RN, authored the article, "Empowerment Theory in Action: the Wisdom of Collaborative Governance," in the *Online Journal of Issues in Nursing*, in March, 2008.

Carroll and Mahoney present

Diane Carroll, RN, and Ellen Mahoney, RN, presented their poster, "The Antecedents to Integration after a Cardiovascular Event," at the Eastern Nursing Research Society scientific sessions in Philadelphia, March 27–29, 2008.

Lowe presents

Colleen Lowe, OTR/L, occupational therapist, presented, "Sensation and Sensibility," at Tufts University, March 24, 2008.

Burchill presents

Gae Burchill, OTR/L, occupational therapist, presented, "Hand and Upper-Extremity Rehabilitation: Wound Assessment and Management," at Tufts University, April 7, 2008.

Dorman presents

Robert Dorman, PT, physical therapist, presented, "Management of the Patient with Burns: Acute Care and Beyond," at the Physical Therapy Program at Boston University, April 15, 2008.

McKenna Guanci presents

Mary McKenna Guanci, RN, clinical nurse specialist, presented, "The Big Chill: Temperature Management of the Critically Ill," at the American Association of Neuroscience Nurses, 40th annual conference in Nashville, March 31, 2008.

Michael certified

Stephanie Michael, RN, became certified in Medical-Surgical Nursing by the American Nurses Credentialing Center, in January, 2008.

Serinsky presents

Sharon Serinsky, OTR/L, occupational therapist, presented, "Helping Pre-Schoolers with Sensory Processing Issues," at the Beacon Hill Nursery School, on March 13, 2008, and in the Needham Public Schools, on April 10, 2008.

Steiner presents

Linda Steiner, PT, physical therapist, presented, "Management of Pre-Natal and Post-Partum Back Pain," at Tufts Medical Center's Physical Medicine and Rehabilitation Residency Training Program, April 2, 2008.

Tyrrell presents

Rosalie Tyrrell, RN, professional development coordinator, presented, "Understanding and Leading a Multi-Generational Workforce," and facilitated the interactive workshop, "Strategies for Leading a Multi-Generational Workforce," at Nursing in the 21st Century: from Yesterday to PDAs, Conventionality Excellence Unlimited, in Newport, Rhode Island, April 5, 2008.

Growney, Vanderboom, and Levis present

Marion Growney, RN; Teresa Vanderboom, RN; and Diane Levis presented, "Filling the Gaps Between the Image and the Patient: the Roles of the Nurse Practitioner, Physician Assistant, and Nurse Coordinator," at The American Radiological Nurses Association's annual convention, in Washington, DC, March 18, 2008.

Seleyman certified

Kimberly Seleyman, RN, became certified in Medical-Surgical Nursing by the American Nurses Credentialing Center, in April, 2008.

Levine certified

Amy Levine, RN, became certified as a perioperative nurse from the Competency and Credentialing Institute, on March 14, 2008.

Kerls presents

Daniel Kerls, OTR/L, senior project specialist, presented, "Occupational Therapy and its Role in Influencing a Healthcare Organization," at Tufts University, April 9, 2008.

Mulgrew and Squadrito present

Jackie Mulgrew, PT, and Alison Squadrito, PT, physical therapists, presented, "Management of the Acute Care Patient," at the Dallas Medical City Hospital in Dallas, April 25–26, 2008.

Keeley and Thompson present

Adele Keeley, RN, nursing director; and Taylor Thompson, MD, medical director, presented, "Patient- and Family-Centered Care in the ICU," at the AACN Horizon Conference in Hartford, April 10, 2008.

Announcements

Bradley to retire after 38 years

Leon Bradley, team leader of Information Systems' desktop technicians, is retiring after 38 years of service to MGH. A farewell celebration is being planned, and Information Systems invites all to attend. Come wish 'Mr. B' a fond farewell.

Thursday, June 26, 2008
3:00–5:00pm
under the Bulfinch Tent

For more information, contact istraining@partners.org.

Change in Partners Paging System

Due to the growth in the number of telephone extensions used throughout the Partners network, it has become necessary to require a ten-digit telephone call-back number when using the Partners telephone directory to initiate a page.

To facilitate this change, the call-back number field in the Partners telephone directory has been re-formatted to include separate boxes for the area code and phone number. This change impacts the call-back number field only. Pager numbers remain five digits, and those being paged on the main campus may continue to dial the five-digit extension number.

Patient Education Survey

Your voice matters

The Patient Education Committee invites all Patient Care Service clinicians to participate in a research study to determine clinicians' use of current patient-education resources. Data collected will help identify patient-education needs and allow the PEC to develop new resources to meet the individual educational needs of patients at MGH.

The survey will be emailed in July. Please help make a difference in patient education.

For more information, contact Judy Gullage at 6-1409.

Boston Health and Fitness Expo

Partners HealthCare, NBC News, and CW 56 are joining together to present the second annual Boston Health and Fitness Expo.

June 21 and 22, 2008
10:00am–5:00pm

Hynes Convention Center

The Expo will feature free medical tests and health screenings, presentations by MGH experts, a showcase of MGH Centers of Excellence, celebrity guest appearances, healthy cooking demonstrations, and much more.

Volunteers are needed to help make this year's expo a success. To volunteer, contact Amanda Westerling at 617-643-2366.

For more information, visit www.bostonhealthexpo.com.



The MGH Blood Donor Center

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

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

Free Summer Help

Boston's Summer Jobs program may be the solution to your vacation coverage this summer

Jobs for Youth combines professional development workshops with real work experience to help students make informed career decisions. Students spend 25 hours per week at the worksite, Monday–Friday from July 8–August 29, 2008. For information, contact Galia Wise at 4-8326.

SummerWorks is a structured career-exploration program for eighth grade graduates of the Timilty Middle School. The seven-week program introduces students to work experiences in health care. Students work 25 hours per week, Monday–Friday, from June 30–August 15, 2008. For information, contact Dan Correia at 4-6424.

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For more information, call: 617-724-1746

Next Publication
July 3, 2008

Educational Offerings – 2008

June

26

Psychological Type & Personal Style: Maximizing your Effectiveness

Charles River Plaza
8:00am–4:30pm
Contact hours: TBA

June

26

Phase II Advanced Wound-Care Education Program

Simches Conference Room 3120
8:00am–4:00pm
Contact hours:
6.6 for each day

June

26

Nursing Grand Rounds

O'Keefe Auditorium
1:30–2:30pm
Contact hours: 1

June

27

Basic Respiratory Nursing Care

Bigelow Amphitheater
12:00–4:00pm
No contact hours

July

8

Chaplaincy Grand Rounds

Yawkey 2-220
11:00am–12:00pm
No contact hours

July

8

New Graduate RN Development Program

Founders 311
8:00am–4:30pm
Contact hours: TBA

July

8

BLS/CPR Re-Certification

Founders 325
7:30–10:30am and 12:00–3:00pm
No contact hours

July

8

Ovid/Medline: Searching for Journal Articles

Founders 334
9:00–11:00am
Contact hours: 2

July

9

Nursing Research Committee's Journal Club

Yawkey 2-210
4:00–5:00pm
Contact hours: 1

July

10, 11, 14,
16, 31, and

August 1

Greater Boston ICU Consortium Core Program

Call for locations (6-3111)
7:30am–4:30pm
Contact hours: TBA

July

14

BLS Heartsaver Certification

Founders 325
8:00am–12:30pm
No contact hours

July

16

Nursing Grand Rounds

Haber Conference Room
11:00am–12:00pm
Contact hours: 1

July

17

Oncology Nursing Concepts

Yawkey 2-220
8:00am–4:00pm
Contact hours: TBA

July

17

Management of Patients with Complex Renal Dysfunction

Yawkey 4-810
8:00am–4:30pm
Contact hours: TBA

July

22

CPR Mannequin Demonstration

Founders 325
Adults: 8:00am and 12:00pm
Pediatrics: 10:00am and 2:00pm
No BLS card given
No contact hours

July

24

Nursing Grand Rounds

O'Keefe Auditorium
1:30–2:30pm
Contact hours: 1

July

29

BLS/CPR Re-Certification

Founders 325
7:30–10:30am and 12:00–3:00pm
No contact hours

July

30

Code Blue: Simulated Cardiac Arrest for the Experienced Nurse

POB 448
7:00–11:00am
Contact hours: TBA

July

30

Pediatric Simulation Program

Founders 335
12:30–2:30pm
Contact hours: TBA

July

30

On-Line Electronic Resources for Patient Education

Founders 334
9:00am–12:00pm
Contact hours: 2.7

Recognition (continued from page 8)

Nancy Goode, PT, clinical director for Inpatient Physical Therapy, nominated Dayan-Cimadoro, saying, "Lily connects with patients and families. She is highly skilled in examination and evaluation, and her expert

knowledge and skilled hands enable her to gain data important to shape the appropriate treatment plan." Henry Dorkin, MD, wrote, "Lily's clinical knowledge of CF is first-rate and her recommendations sound. I appreciate her suggestions which inevitably lead to better airway function. She believes in a 'hands-on' approach, leading by example. This speaks volumes of her as both a clinician and an individual."

DeLisle was nominated by Coleen Caster, RN, Liz Johnson, RN, and Kathleen Johansen, who wrote, "Melissa is an experienced nurse who provides compassionate, evidence-based, thoughtful patient- and family-focused care." Marcel del Carmen, MD, and Sara Fisher, RN, added, "Melissa distinguishes herself with her breadth of clinical knowledge, professionalism, compassion, and dedication to patient care."

DeLisle read her clinical narrative aloud (see page 10) then engaged in a dialogue with Lillian Ananian, RN, about the principles that drive her practice and the specific situation that led to her powerful narrative.

Said Ives Erickson, "After ten years of Macaluso Award ceremonies, Stephanie's presence is still palpable. Her lessons live on in the clinical practice of today's recipients, the nominees, and all clinicians who give their best for our patients and families."

Macaluso Award recipients (clockwise from top left): Lilian Dayan-Cimadoro, PT; Karon Konner, LICSW; Melissa DeLisle, RN; and Jean Stewart, RN, receiving award from senior vice president for Patient Care Services, Jeanette Ives Erickson, RN.



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