

Caring

Headlines

March 6, 2008

African American Pinning Ceremony

See story on page 4



This year's African American Pinning Ceremony honorees (l-r) are: Decima Prescott, RN; Gwen Mitchell, LPN; Ted Hester, RN; Vickey Eugene, RN; and Alice Sickey, surgical technician.

The Magnet site visit: showing off our inter-disciplinary patient-centered practice

It was an
incredible week.
Our inter-disciplinary,
family-centered care
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practice at MGH.
I can't remember
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It may have been snowing outside, but it was warm in my heart, Friday afternoon, February 22, 2008, as the Magnet appraisers left the Bulfinch Building, and scores of Patient Care Services staff and leadership filled the Bigelow Amphitheater for a post-site-visit de-briefing. It was an incredible week. Our inter-disciplinary, family-centered care was visible in every setting as clinicians and support staff described their practice at MGH. I can't remember the last time I was so proud.

MGH president, Peter Slavin, MD, called during the meeting to personally convey his thanks and congratulations to everyone in the MGH community for their enthusiastic participation in the site visit.

We will hear from the American Nurses Credentialing Center (ANCC) regarding our Magnet re-designation status in the coming weeks, but I'd like to share some of the initial feedback we received from appraisers. Collectively, they expressed great admiration for the collegiality and environment of care we have created. They were impressed by our unwavering commitment to meet the needs of our patients and families. They appreciated the willingness and openness of staff in talking to them about their practice. And they were struck by how discernibly our mission and values drive the delivery of care in every corner of the institution.

Magnet appraisers met with senior leadership, the Board of Directors, collaborative-governance committees, clinical nurse specialists, and Human Resources. They visited the Centers within the PCS Institute for Patient Care, they toured patient care units, and met informally with staff and patients. They were knowledgeable and informed about all aspects of hospital operations and practice. And they weren't at all shy



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

about telling us how impressed they were with what they saw.

I could go on and on telling you about instances where appraisers were moved to tears by what they heard. I could tell you about all the employees who've called or e-mailed to express their pride at being part of this incredible organization. People still stop me in the corridor to share their Magnet moments and tell me how wonderful you all are. But why take my word for it? Listen to what your colleagues are saying.

Staff nurse and Magnet ambassador, Diane Lyon, RN, who served as an escort for appraisers during the site visit, shared, "I was so honored and proud. It was evident to me that the MGH community is committed to evaluating and improving patient care. At one point, Pat Witzel, the Magnet appraiser team leader, asked our PCS leadership team, 'How do you make this work?' It was clear to me that it works because of mutual respect and the common goal of improving patient care."

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Legendary football coach, Vince Lombardi, once said, "The achievements of an organization are the results of the combined effort of each individual." Surely, he was thinking of the clinicians and support staff at MGH when he made that memorable statement.

Theresa Gallivan, RN, associate chief nurse, put it this way: "The first certification was like a marathon runner making it to the finish line for the first time. We didn't know we would make it. This visit was an affirmation of the absolute fitness of our professional practice environment."

ED staff nurse, Ann Morrill, RN, accompanied appraisers as they met with physicians to talk about inter-disciplinary practice. Ann was 'blown away' by what she heard. "There were chief residents and chiefs of services. They couldn't say enough about how important the physician-nurse relationship is. It was such a rare opportunity to hear first-hand how physicians value nurses and what we do. It was incredible."

Staff nurse, Kelley Sweeney, RN, said, "I feel privileged to have had the opportunity to be a Magnet ambassador and escort. Touring the units and seeing them come alive was an incredible experience. I am truly proud to say I'm an MGH nurse!"

Associate chief nurse, Dawn Tenney, RN, told me, "Once again the whole process made you proud to be part of MGH. Staff were excited; they understood the forces of Magnetism and looked forward to participating."

When Susan Warchal, RN, staff nurse in the Emergency Department, read about the Magnet visit in *PCS News You Can Use*, she e-mailed me. "I am so proud and blessed to be an MGH nurse. We truly are 'Magnetized.' I have been a nurse for more than 30 years, and in the past there were times when we didn't know what was happening on the unit next-door let alone 22

floors away. We are not isolated anymore. We are connected. Collaboration is a valued part of everyday life. When I stand at Coffee Central and see the faces that go by, there are smiles, greetings, people speak to each other. When we see someone cry, we stop. We're a family. All 3,000 of us."

Staff nurse, Maureen Mullaney, RN, said, "I was amazed at the ability of nurses to articulate their knowledge and expertise. As a Magnet escort, I had an opportunity to glimpse other areas of nursing and see the contributions they make to the delivery of inter-disciplinary, patient- and family-focused care. MGH nurses demonstrated their excellence consistently throughout the Magnet site visit—in one-on-one interviews, during collaborative governance group meetings, and in open-forum discussions—solid evidence that we're a Magnet hospital. I am proud to be a nurse at MGH."

I cannot end this column without adding a special note of thanks to Marianne Ditomassi, RN, our executive director for PCS Operations, whose leadership of the Magnet re-designation process was nothing short of extraordinary. Marianne, on behalf of the entire MGH community, thank-you!

Legendary football coach, Vince Lombardi, once said, "The achievements of an organization are the results of the combined effort of each individual." Surely, he was thinking of the clinicians and support staff at MGH when he made that memorable statement.

Congratulations. And thank-you.

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(Cover photo by Abram Bekker)

Pinning Ceremony: a celebration of life experience, perseverance, and achievement

If there's one thing you can depend on in this world, it's that Patient Care Services' African American Pinning Ceremony will not disappoint. It may change, evolve, surprise, even transcend, but it will never disappoint. And this year's guest speaker, Rhea McCauley, the niece of noted civil-rights legend, Rosa Parks, was living proof of that. In her remarks, McCauley spoke affectionately of her famous relative, saying, "America needed 'Auntie Rosa.' I hope she inspired you in some way. So many acts of courage and bravery have brought us to this moment. As we move forward, we must protect and preserve her legacy."

It was against that backdrop that director of PCS Diversity, Deborah Washington, RN, introduced this year's Pinning Ceremony honorees: Alice Sickey; Ted Hester, RN; Gwen Mitchell, LPN; Decima Prescott, RN; and Vickey Eugene, RN.

Below: Vickey Eugene, RN, is pinned by staff nurse, Joy Williams, RN.

Opposite page, top: Rhea McCauley addresses gathering in O'Keeffe Auditorium.

Opposite page, below: Administrative fellow, Olako Agburu watches as Williams pins Decima Prescott, RN.



(Photos by Abram Bekker)

In her introduction of Alice Sickey, Washington shared, "Alice is African American by choice—African by birth and American by citizenship. Years ago, she came to the United States to see family, and while she was here civil war broke out in her home country of Liberia. With children and a career still in Liberia, Alice was given political asylum here and began her life again. Eventually, she brought her children to this country and became a nurse's aide. She enjoyed working with patients, so she became a surgical tech, the position she holds today. When asked why she chose MGH, Alice says, 'I was a patient here once and loved the way I was treated. And working here is like finding a new family.' She is currently involved in a project sponsored by the Liberian Women of the United States addressing the trauma and abuse suffered by women in Liberia as a consequence of the war."

Introducing Ted Hester, Washington said, "Ted is a prime example of constant movement forward. Starting out as an LPN, he well remembers how gender-specific nursing was at one time. And it didn't help that he received his training at the Boston Trade School for Girls. He recalls a time early in his career working under the restrictions of his LPN licensure. It started to bother Ted that from 7:00am–3:00pm, he wasn't allowed to perform certain duties. But from 3:00–11:00pm he *was*. If he wasn't allowed to do certain things when someone was supervising him, what kind of sense did it make to allow him to do them *un*-supervised? So, in 1976 Ted became a nurse practitioner. The first nationally certified nurse practitioner at MGH." Washington spoke of Hester's commitment to mentoring, precepting, and teaching, and of his unwavering perseverance and advocacy for himself and others.

Of Gwen Mitchell, Washington said, "Gwen is known as the practice nurse in the Breast Center, a role she put her special stamp on when she accepted the position. In typical Gwen fashion, she says, 'We wanted to make sure that the *patients* knew that *we* knew they

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Recognition (continued)

had a name. Each new patient gets a telephone call so they can tell their story in their own words. We structure things to lessen anxiety so with each visit, patients feel like they're coming home.' And of course, Gwen gives them her home phone number so they can reach her if they need anything. Gwen has done annual breast-cancer fund-raising walks for years. To date, she has raised \$75,000. And being Gwen, she decided her fellow walkers needed help managing foot care, so she created the MGH Blister Sister and Blister Brother Program. You can see why so many of her colleagues consider her 'the soul' of her unit."

Administrative fellow, Olako Agburu, introduced the final two honorees, Decima Prescott, and Vickey Eugene. Said Agburu, "Decima came to the United States ten years ago from St. Vincent Island. With help from family and MGH colleagues, Decima completed a two-year associate's degree nursing program at Bunker Hill Community College while maintaining a full-time job in our Nutrition & Food Services Department. After passing her boards and becoming a registered nurse, Decima found it challenging to obtain an interview for a nursing position, but she persevered, and today Decima works on the White 6 Orthopaedic Unit. She plans to become a nurse practitioner and advocate for young girls in St. Vincent."



(L-r): Judy Newell, RN; Firdosh Pathan, RPh; Susan Sabia; and Kathie Myers, RN



In her introduction of Eugene, Agburu said, "Vickey is a strong, hard working, diligent young woman. In her junior year of high school, she declared herself independent from her parents due to emotional abuse and domestic violence. At age 17, Vickey worked two jobs to support herself. Upon graduating from high school, she became a certified nurse's aide. After working as a nurse's aide for a year, she entered the Nursing Program at the University of Massachusetts, Boston. The burden of going to school and maintaining two jobs had a negative effect on her studies. So she switched to an associate's degree program at Bunker Hill Community College, accepting full responsibility for her tuition as well as re-payment of her loan to the University of Massachusetts. Vickey received her associate's degree, worked in the Pulmonary Function Lab at MGH for several months, then set her sights on becoming a registered nurse. Vickey connected with Deb Washington who mentored and advocated for her, and Vickey is now a registered nurse on the White 6 Orthopaedics Unit. She is currently enrolled in a bachelor's degree program.

Each of the honorees offered thanks and appreciation for being recognized in this way. Each had a story more compelling and inspiring than the last. And each acknowledged the love and support of their families, both at home and here at MGH.

This year's Pinning Ceremony departed from tradition

when Washington introduced what she referred to as, 'roll call,' a carry-over from the Southern custom of recognizing non-African American individuals who intrinsically support the African American community. These individuals were: Kathie Myers, RN, nursing director; Judy Newell, RN, nursing director, Firdosh Pathan, RPh, pharmacist; and Susan Sabia, managing editor of *Caring Headlines*.

The ceremony drew to a close as audience members joined together in a stirring rendition of Stevie Wonder's, 'We' Just Called to Say 'We' Love You.

For more information about the African American Pinning Ceremony, call Deborah Washington at 4-7469.

Marco Polo should have been so lucky!

—by Patricia Beckles, RN, veteran NICU nurse

It started the way any Sunday night in the Neonatal Intensive Care Unit (NICU) would start. We were notified that a very sick baby was being admitted. I had no way of knowing that before it was over, I would be on an adventure the likes of which Marco Polo never imagined!

Enter Mark Stephan, diagnosed with meningococemia at day 25 of life. This was 1976, and at that time we had limited knowledge of this devastating disease. In fact, it was often referred to as ‘the blueberry muffin disease’ because of the distinctive markings that accompanied the illness.

From the very first night, I knew Mark was someone special. He had the most beautiful eyes, and they seemed to be looking at me, asking me to help him. He was a lovely, cuddly baby, but his skin had spots that resembled blueberries, and right before my eyes, they seemed to multiply until his whole body was covered with them. I knew from experience, we were in for a fight to save this baby’s life. Up until this time, most babies with meningococemia did not survive.

Mark’s mom, Linda, was a slender, anxious, pretty, woman, who looked as if a strong wind would blow her away. But one look into her eyes and you could see she wasn’t going to let her first-born son die. Mark’s grandfather, though very anxious, announced that his grandson was not going to die. And so the fight began.

Because of his condition, Mark had to be isolated. That wasn’t a problem, but it required strict glove, gown, and hand-washing precautions. We put him in a small room at the back of the NICU. Because of his extreme irritability, I kept the lights dim in the room, and

the radio softly playing oldies. Mark’s dad worked evenings and would come in at around midnight with his wife. The first time she saw me in Mark’s room singing along with the radio, she became extremely upset and said she wanted someone else to take care of him. I had admitted him, so I had requested to be his nurse. It took Mark’s parents quite a while, but they soon felt comfortable enough with me that they felt they could go home and get some sleep, knowing that Mark was getting the best care we could give him. Linda soon got used to seeing me dancing around Mark’s warming table.

Mark was started on antibiotics for his septicemia, and when it became apparent that he had meningococemia, more antibiotics were added. We placed intravenous lines anywhere we could. Central venous and arterial lines were also placed. He required red blood cells and plasma for volume expansion. Sodium bicarbonate was given for metabolic acidosis, and a potassium infusion was started for hypokalemia. Mark was intubated and placed on a ventilator, which of course required frequent suctioning. After several days, he had to be given an exchange transfusion because he was bleeding from many sites. He was given platelets to help his blood clot. He received isoproterenol for low blood pressure. His urine output went down, so peritoneal dialysis was started for a week until his kidneys started to work normally again.

After all of this, Mark developed a heart murmur. A chest x-ray confirmed he had pulmonary ef-

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I knew from experience, we were in for a fight to save this baby’s life. Up until this time, most babies with meningococemia did not survive.

I went to Mark's graduation. I went to his wedding. And not that long ago, I went to a baby shower in anticipation of the birth of his first child. On February 8, 2008, Mark and his wife, Michelle, became the parents of twin girls, Hannah and Sarah.

fusion, which was treated with isuprel and peritoneal dialysis. By this time, my fat, cuddly baby was so swollen and oozing so much fluid, it was a job just trying to keep him dry and comfortable. Fortunately, when diuresis began, his condition improved. He was extubated in two weeks, and his murmur and pulmonary effusion disappeared.

But that was not the end of it. Mark developed seizures. An EEG showed considerable activity. He was given additional medication for seizure activity. Thankfully, this controlled his seizures, and his EEG came back normal. Blood cultures and spinal taps finally came back negative after a ten-day course of antibiotics.

This disease affected every organ in Mark's body, and we had to treat every symptom as it appeared. Sometimes, the treatment of one thing interfered with

the treatment of something else. Keeping him symptom-free was a delicate balance of trial and error.

Finally, Mark's parents were able to take him home, and they were so grateful to the nurses who had cared for him, they invited the entire NICU staff to their home for the christening. We stayed in touch over the years and, when I went to Mark's high school graduation he told me of his plans to become a nurse.

Well, I went to Mark's graduation. I went to his wedding. And not that long ago, I went to a baby shower in anticipation of the birth of his first child. On February 8, 2008, Mark and his wife, Michelle, became the parents of twin girls, Hannah and Sarah.

One of the girls, Hannah, was admitted to the NICU just as Mark had been all those many years ago. I'm happy to report, she's doing very well.

And so... the adventure continues.



Veteran NICU nurse, Pat Beckles, RN (center), with Mark Stephan, his wife, Michelle, and their two daughters, Hannah and Sarah.

Adapting therapy to the time-sensitive setting of the ED Observation Unit

In the EDOU, patients present with a wide array of diagnoses, and care is almost always time-sensitive. In this setting, determining and coordinating a patient's physical-therapy needs is generally accomplished in one session.

My name is Maura Ament and for the past 18 months, I've had the pleasure of working at MGH in the inpatient Physical Therapy (PT) Department. Recently, I had an opportunity to cover the Emergency Department Observation Unit (EDOU), where patients who enter the hospital via the Emergency Department and whose stays are anticipated to be less than 24 hours are cared for. This is a unique and challenging setting in which to practice as a physical therapist. Patients present with a wide array of diagnoses, and care is almost always time-sensitive. In this setting, determining and coordinating a patient's physical-therapy needs is generally accomplished in one session. And practicing in the EDOU provides many opportunities to educate clinicians from other disciplines on the scope of PT practice.

A few weeks ago, I received a consult to evaluate Mr. F, a 78-year-old man, who had been admitted to the unit after falling while outside walking his



Maura Ament, PT, physical therapist

dog. Mr. F had no acute injuries, but he complained of pain in his right outer thigh. Imaging showed progressive avascular necrosis (dead tissue) in his right femur. As I took his history, he reported having had other falls over the past two years under varying circumstances. The common theme in all instances was pain in his right hip. The pain ultimately led to his retirement from his job and increased dependence on his granddaughter and great-granddaughter with whom he lives. Although Mr. F was aware he had avascular necrosis (he had declined surgical intervention in the past), he didn't fully understand the diagnosis, its progressive nature, or the long-term ramifications of foregoing treatment. This was extremely concerning, as it appeared

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As healthcare professionals, we can give patients the necessary information and direct them to appropriate resources, but they are the ultimate decision-makers responsible for following through on their care. We may not always agree with a patient's decisions, but we need to respect their choices.

to be the driving force behind his decline in function over the past two years. He had experienced a growing discrepancy in the length of his legs, and he had become more and more sedentary due to the pain and repeated falls.

Many practitioners had had lengthy conversations with Mr. F about his hip prior to my arrival, but he had continued to minimize the situation. His primary goal was to return home, and it was my role to help make that happen while keeping him as safe as possible and minimizing his risk of falling.

During his examination, Mr. F demonstrated impaired balance that was the result of many factors, including, abnormal sensation, postural changes, a delayed ability to right himself when he changed position, decreased muscle performance, and altered leg lengths with ineffective, mismatched, and worn footwear. I knew I had only one opportunity to make a difference in Mr. functional mobility. I decided to focus on making him as safe and independent as possible and putting him in touch with the appropriate resources.

The most obvious issue was Mr. F's footwear. Many years ago he'd had a lift attached to his right shoe, but the lift was well worn, the shoe itself no longer provided support, and there was a hole over the big toe. Mr. F could no longer wear the matching left shoe because it was worn through, so he had replaced it with a mis-matched boot. After a long discussion with his granddaughter, I learned that Mr. F had a brand new pair of shoes at home but didn't know how to go about getting a lift applied. I measured the difference in his leg lengths, spoke with a member of the inpatient orthotics staff, who referred me to the outpatient orthotics service, and I made an appointment for Mr. F. His granddaughter agreed to help get him to the appointment.

The next step was to figure out what was needed in order for Mr. F to return home later that day. He did quite well walking with the use of a rolling walker and was able to navigate the stairs independently using both railings. He had a rolling walker at home that he wasn't using, but agreed it would be necessary under the circumstances. The walker gave him added stability and decreased the force through his right hip, reducing his pain. At home, the staircase leading to the

only bathroom was equipped with just one railing. Although he could manage stairs with one railing with some assistance, he was most independent with two railings. His granddaughter said a second railing could be installed at their housing complex if a letter of need was provided. Mr. F agreed to let his granddaughter assist him up and down the stairs until the second railing could be installed. And I provided them with a letter outlining Mr. F's needs that they could provide to the managers of their housing complex. Mr. F's granddaughter also volunteered to take over the task of walking the dog, as Mr. F had difficulty controlling the dog and would sometimes become tangled in the leash.

My last concern was to ensure Mr. F received ongoing physical therapy at home to improve his balance, strength, and gait-training. I spoke with Mr. F and the nurse practitioner covering his case about recommendations for an orthopaedic consult and follow-up with his primary care provider.

Mr. F returned home a couple of hours after all his needs were met and resources coordinated. He was by no means perfect, but he left MGH in a safer, more independent state than when he arrived. As healthcare professionals, we can give patients the necessary information and direct them to appropriate resources, but they are the ultimate decision-makers responsible for following through on their care. We may not always agree with a patient's decisions, but we need to respect their choices.

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

This is a wonderful example of matching the care to meet the individual needs of the patient. Maura met Mr. F where he was and addressed his most pressing needs. She knew he wanted to return home that day, so she concentrated her efforts on his footwear and the resources necessary for him to return home safely. Maura's intervention consisted of tangible changes to his footwear, information on how to function optimally at home, and follow-up therapy to ensure continued improvement. She empowered Mr. F and his family to resume an independent life style.

Thank-you, Maura.

Job Shadow Day makes work experience real for local high-school students

Below left: High-school student spends time with operations associate, Michelle Mady, on the Ellison 12 Neuroscience Unit.
Below right: Staff nurse, Kathleen Blais, RN, demonstrates medical equipment for high-school student in the Yawkey 8 Infusion Unit.

Legend has it that, on Groundhog Day, if the groundhog sees his shadow, it means six more months of winter. MGH has its own Groundhog-Day tradition: job shadowing. On February 1, 2008, the 13th annual city-wide Groundhog Day Job Shadow Program brought 52 students from East Boston High School (EBHS) and Health Careers Academy (HCA), to MGH to learn about careers in health care by 'shadowing' hospital staff for part of the day. Students have an op-

portunity to observe, ask questions, and assist their job-shadow hosts whenever appropriate. They come out of the experience with a better understanding of the training, education, and skills required to work in healthcare professions.

"I now see that this is more than just work," said Sewicka, a sophomore at Health Careers Academy after observing a surgical procedure. "It's a great responsibility." Job Shadow Day also helps students make informed decisions about the future. As a result of her experience, Eden, a student from East Boston High School, expressed a strong in-

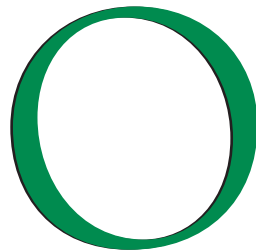
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Journal Club looks at nurses' perceptions of information technology

—submitted by the Nursing Research Committee Journal Club

The next More Than Just a Journal Club meeting will be held, Wednesday, March 12, 2008, from 4:00–5:00pm in Yawkey 7-980.



On January 9, 2008, Patricia Dykes, RN, presented her original research at the Nursing Research Committee's More Than Just a Journal Club meeting. Her article, "Development and Psychometric Evaluation of the Impact of Health Information Technology (I-HIT) scale," published in the *Journal of the American Medical Informatics Association*, described the process of developing and testing a tool to measure nurses' perceptions of how health information technology affects their workload and ability to communicate. Dykes and her team conducted focus-group interviews with five healthcare informatics experts. From these interviews, they crafted a survey consisting of 43 questions related to five key themes. The second part of their study was conducted primarily at MGH. Dykes surveyed nurses in the acute-

care setting using an on-line tool, and found 29 of the 43 items in the survey to be appropriate based on internal reliability analysis. Journal Club attendees enjoyed hearing about Dykes' current research related to expanding the tool for international use by analyzing its validity abroad. Dykes shared some of the unanticipated issues they encountered as they explored international applicability.

The next More Than Just a Journal Club meeting will be held, Wednesday, March 12, 2008, from 4:00–5:00pm in Yawkey 7-980. Linda Andrist, RN, will share her work on women's and providers' attitudes toward menstrual suppression with extended use of oral contraceptives. This session is sponsored in collaboration with the Women's Health Coordinating Council.

For more information about the Nursing Research Committee Journal Club, visit their website at <http://mghnursingresearchcommittee.org>.

Job Shadow Day (continued)

For more information, about Job Shadow Day, call Galia Wise at 4-8326

interest in learning more about Radiology as a possible career interest. This exposure to real-life experience helps students put healthcare professions into context.

In Boston, Job Shadow Day is a partnership of Boston Public Schools, the Boston Private Industry Council, and the Massachusetts Department of Education and Junior Achievement. This year, nearly 1,000 Boston public high-school students 'shadowed' professionals at more than 150 businesses as part of the city-wide Groundhog Job Shadow Day initiative.

More than 40 Partners and MGH employees volunteered to host students and found the experience fun and rewarding. Ruthann Looper, RN, endoscopy staff nurse, hosted two students, saying, "My students and I really enjoyed our time together. They're both seriously considering careers in health care, so it's a win-win situation for MGH and for the students."

Groundhog Job Shadow Day is supported by the MGH-Boston Public School Partnership Programs in the MGH Community Benefit Program. For more information, call Galia Wise at 4-8326.

March is National DVT Awareness Month

—by Lynn Oertel, RN, clinical nurse specialist,
Anticoagulation Management Services

Colorful socks designed by staff of Anticoagulation Management Services help raise awareness about deep vein thrombosis (DVT), its risks and management.

Every year, more people suffer from deep vein thrombosis (DVT), commonly called blood clots, than heart attack or stroke. In the United States alone, as many as 600,000 people are hospitalized each year due to DVTs, which can develop into pulmonary embolisms (blood clots in the lungs). And more people die from pulmonary embolisms than from AIDS and breast cancer combined.

Last fall, Governor Patrick proclaimed November DVT Awareness Month in Massachusetts, however, March is when DVT Awareness Month is observed nationally. Both these observances serve to raise the general public's understanding of DVTs, which is important as this condition affects the lives of so many people across the country.

In observance of DVT Awareness Month, Anticoagulation Management Services and the MGH Vascular Center are hosting an educational display table in the Main Corridor, Tuesday, March 25, 2008, from 9:00am to 10:00pm. In accordance with the Coalition to Prevent Deep Vein Thrombosis, which uses decorative socks as a way to show support and increase awareness, the display table will have all the materials necessary to design and create your own DVT awareness socks.

For more information about deep vein thrombosis, to learn about the risk factors, treatment options, and screening tests, visit the educational display table on March 25th, or call Anticoagulation Management Services at 6-2768.



Why gerontology certification?

As the number of older adults grows with increased life expectancy, it becomes more and more important to increase the number of nurses who have specialized knowledge about the care of older adults.

Question: Why is gerontology certification important?

Jeanette: At MGH, older adults comprise 43% of our inpatient admissions. As the number of older adults grows with increased life expectancy, it becomes more and more important to increase the number of nurses who have specialized knowledge about the care of older adults. Nationally, fewer than 1% of all nurses are certified in gerontology nursing. This is important because it has been shown that outcomes improve when nurses with this specialized knowledge care for older patients.

Recognizing this growing need, MGH became the first hospital in Massachusetts to join NICHE, a national initiative to improve the care of hospitalized older adults. At MGH, we call this interdisciplinary approach, *65Plus*.

Question: Who can become certified in gerontology?

Jeanette: The American Nurses Credentialing Center (ANCC) offers different types of gerontological certification: gerontological nurse certification and gerontological clinical nurse specialist or gerontological nurse practitioner certification for advanced practice nurses. To sit for the certification exam, you must have the equivalent of two years of full-time practice, 30 continuing education contact hours focusing on geriatric issues, and 2,000 hours of clinical practice in gerontology nursing.

Question: Do other disciplines have a specialty in gerontology?

Jeanette: Physical therapy offers a geriatric certification. The MGH Physical Therapy Department supports pursuit of geriatric certification and currently has six geriatric board-certified therapists.

Question: Why should I consider becoming certified?

Jeanette: Becoming certified in gerontology enhances professional development and validates your specialized knowledge, expertise, and level of clinical competence. It identifies you as a leader in gerontology to your peers and patients.

Question: How can I learn more about the application process?

Jeanette: Information about the application process can be found on the Patient Care Services website. Go to The Norman Knight Nursing Center for Clinical & Professional Development and click on Professional Certification in Nursing.

Question: How can I prepare for the exam?

Jeanette: There are a number of resources available to help you prepare for the exam, including content outlines, a free on-line review course, and sample test questions. Go to the certification section of www.consultgerim.org for more information about these resources.

Question: Does the hospital offer financial support?

Jeanette: Financial support is provided to registered nurses in Patient Care Services through the E. Louise Berke Fund for Gerontology Nursing. The fund reimburses registered nurses for the cost of the certification exam. It does not cover the cost of study materials or review courses. The exam fee is \$390. You may be eligible for a discount if you're a member of certain professional organizations. Check the ANCC website for details.

For more information about the gerontology certification process, contact Deborah D'Avolio, RN, at 3-4873 or Mary Ellen Heike, RN, at 4-8044.

Announcements

Enhancing Teamwork to Achieve Excellence

OA/PCA/USA Connections
presented by
Deb Washington, RN
director of PCS Diversity

Wednesday, March 12, 2008
Bigelow Amphitheatre, White 4
1:30–2:30pm

For more information,
call 4-7469

Abstracts wanted for Clinical Research Day

The Clinical Research Program invites investigators from throughout MGH to submit abstracts for Clinical Research Day, Thursday, May 22, 2008.

A poster session will showcase clinical research at MGH. Prizes include:

Team award: \$5,000
Translational research award:
\$1,500

Individual awards: \$1,000
A number of departmental prizes also will be awarded.

Submissions due March 20, 2008
Submit abstracts online at: <http://crp.abstractcentral.com>

For more information,
call 6-3310

Celebrate Purim

Hear the scroll of Esther,
shake a gragger, eat a
hamantaschen

Friday, March 21, 2008
10:00–11:00am
MGH Chapel

Purim celebrates the victory of the Jews of Persia, led by Mordecai and Esther, over their enemies, led by Haman.

For more information,
call Rabbi Ben Lanckton
at 4-3228

Make your practice visible: submit a clinical narrative

Make your practice visible.
Submit your narrative for publication in *Caring Headlines*.
All submissions should be sent via e-mail to: ssabia@partners.org.
For more information,
call 4-1746.

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.

2008 Holy Week Services

All services held
in the MGH Chapel

Saturday, March 15, and
Sunday, March 16
4:00pm

Palm Sunday Roman Catholic
Mass
Monday, March 17, Tuesday, March
18, and Wednesday, March 19
12:15 and 4:00pm
Ecumenical service
(Roman Catholic Mass will take
place as regularly
scheduled)

Thursday, March 20
12:15pm
Ecumenical prayer service
4:00pm
Roman Catholic Mass

Friday, March 21
12:00–3:00pm
Good Friday service of music,
reflections, readings
and prayer
4:00pm
Roman Catholic service
Saturday, March 22
7:00pm
Roman Catholic Easter Vigil Mass

Sunday, March 23
12:15pm
Ecumenical Easter service
4:00 Pm
Easter Sunday Roman Catholic
Mass

Friday, April 25
11:00am
Passover service

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Submissions

All stories should be submitted
to: ssabia@partners.org
For more information, call:
617-724-1746

Next Publication

March 20, 2008

Educational Offerings – 2008

March

12

Simulated Critical-Care Emergencies

POB 448
1:00am–3:00pm
Contact hours: TBA

March

12

Nursing Grand Rounds

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

March

12

OA/PCA/USA Connections

Bigelow 4 Amphitheater
1:30–2:30pm
No contact hours

March

12

Nursing Research Committee's Journal Club

Yawkey 7-980
4:00–5:00pm
Contact hours: 1

March

13

Ovid/Medline: Searching for Journal Articles

Founders 334
1:00–3:00pm
Contact hours: 1

March

**13, 14, 20,
21, 24 & 28**

Greater Boston ICU Consortium Core Program

NEBH
7:30am–4:30pm
Contact hours: TBA

March

14

Basic Respiratory Nursing Care

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

March

14

Inter-Disciplinary Ethics Resource Program

O'Keeffe Auditorium
7:30am–4:30pm
No contact hours

March

19

Simulated Bedside Emergencies for New Nurses

POB 448
7:00am–2:30pm
Contact hours: TBA

March

19

Congenital Heart Disease

Haber Conference Room
7:30am–12:30pm
Contact hours: TBA

March

20

Psychological Type & Personal Style: Maximizing your Effectiveness

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

March

20

Oncology Nursing Concepts

Yawkey 2220
8:00am–4:00pm
Contact hours: TBA

March

20

Phase I Wound-Care Education Program

Simches Conference Room 3120
8:00am–4:30pm
Contact hours: 6.6

March

21

Management of Patients with Complex Renal Dysfunction

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

March

24 & 25

PALS Certification

Simches Conference Room 3110
7:45am–4:00pm
No contact hours

March

25

BLS Instructor Program

Founders 325
8:00am–4:30pm
No contact hours

March

26

New Graduate RN Development Seminar II

Charles River Plaza
8:00am–12:00pm
Contact hours: TBA

March

26

On-Line Electronic Resources for Patient Education

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

March

26

Pediatric Simulation Program

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

March

28

Anticoagulation: Focus on Thrombosis-Prevention and Treatment

O'Keeffe Auditorium
8:00am–4:30pm
Contact hours: TBA

For more information about educational offerings, go to: <http://mghnursing.org>, or call 6-3111

Be Fit Program introduces stair-climbing challenge

If you climbed 37 flights of stairs per day, five days a week, for eight weeks, it would be the equivalent of climbing Mount Everest, (29,028 feet or 1,451 flights).

The MGH Be Fit Program, jointly sponsored by Nutrition & Food Services and the Clubs at Charles River Park, is introducing a new challenge to help MGH employees stay fit and trim. Starting the week of March 10, 2008, employees are invited to Take the Stair Challenge! Participants will receive a registration sheet via e-mail and instructions on how to track your progress. Each



participant can choose the mountain he/she hopes to climb (by logging the corresponding number of flights of stairs). Here's how it works:

- Every week for eight weeks, participants e-mail the total number of flights they climbed that week to the MGH Be Fit Program
- Participants should include flights of stairs they have walked both up *and* down
- Weekly and cumulative totals will be posted on the Be Fit website
- At the end of the program, all participants will be invited to a completion ceremony where the top five climbers for each mountain will be awarded a one-month membership to the health club or a \$25 MGH Nutrition & Food Services gift card

Some of the benefits of climbing stairs include:

- burning ten times the number of calories you would burn riding the elevator
- improving heart health by increasing the good cholesterol in your blood
- reducing the risk of osteoporosis due to increased bone density
- improving respiratory health by increasing aerobic capacity
- decreasing stress and tension

For more information about the Be Fit Program's new stair-climbing challenge, send e-mail to: jmaxwell1@partners.org.

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