

Caring

Headlines

February 5, 2009

PCS Greeter Program

*welcoming patients and visitors to MGH
with good old-fashioned 'hospital'ity*



Volunteer Department project specialist, Meghan Fitzgibbons, (left), greets visitor in the White Lobby as part of Patient Care Services' Greeter Program. See story on page 4.

Have a question about quality and safety? Who you gonna call?

I'd like to take this opportunity to share with you some of the important tools, materials, websites, and human resources available as we advance our campaign to achieve Excellence Every Day.

We are fortunate to practice in an organization that values quality and safety and recognizes the importance of having a well-informed workforce. Our quality-improvement initiatives are supported by educational programs, technology, and resources throughout the hospital. I'd like to take this opportunity to share with you some of the important tools, materials, websites, and human resources available as we advance our campaign to achieve Excellence Every Day.

First and foremost, Patient Care Services Office of Quality & Safety, headed by Keith Perleberg, RN, is responsible for enlisting patients, families, and staff in shared accountability for meeting quality and safety standards. The efforts of this department are geared toward helping us achieve the aims put forth by the Institute of Medicine—to provide care that is safe, effective, patient-centered, timely, efficient, and equitable. Staff of the Office of Quality & Safety are knowledgeable in all aspects of regulatory compliance, National Patient Safety Goals, and Joint Commission standards. They are available to answer any questions and eager to serve as a resource in all efforts devoted to improving care and enhancing patient safety. The PCS Office of Quality & Safety can be reached at 3-0140.

The newly created Excellence Every Day intranet site is an excellent source of information related to patient safety. The site, accessible at: <http://intranet>.



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

massgeneral.org/excellenceeveryday/, lists the current National Patient Safety Goals, offers answers to frequently asked questions, provides links to other on-line resources, and gives contact information for the many in-house quality and safety resources at MGH. This is where the Patient Care Services Toolkit resides, the resource designed for managers to help staff articulate their practice in a way that reveals their underlying knowledge and expertise. I urge you to become familiar with this website and make it one of your frequent sources for quality and safety information. If you have questions, comments, or feedback related to the Excellence Every Day intranet site, please contact Carol Camoso Markus at 6-6940.

Perhaps one of the most valuable resources we have in promoting our quality and safety efforts are the unit-based Excellence Every Day champions whose charge it is to implement their own strategies to disseminate

continued on next page

National Patient Safety Goals

- Improve the accuracy of patient identification
- Improve communication among caregivers
- Improve the safety of using medications
- Reduce the risk of health care-associated infections
- Accurately and completely reconcile medications across the continuum of care
- Reduce the risk of patient harm resulting from falls
- Encourage patients' active involvement in their own care as a patient-safety strategy
- Identify safety risks inherent in our patient population
- Improve recognition and response to changes in a patient's condition
- Meet the expectations of Universal Protocol

Staff of the PCS Office of Quality & Safety

- Keith Perleberg, RN, director (3-0435)
- Carol Camooso Markus, RN, (6-6940)
- John Murphy, RN, (3-3007)
- Linda Akuamoah-Boateng, (3-2886)
- Donna Lawson, RN, (3-3006)
- Maryann Walsh, RN, (4-8763)
- Amy Norrman, (3-0140)

information and keep staff informed about compliance issues. And we're seeing incredibly creative ideas from champions in all settings and disciplines throughout Patient Care Services.

Following our Excellence Every Day Champions Retreat on December 4, 2008, champions began attending weekly 'brown-bag' lunches facilitated by John Murphy, RN, Quality & Safety staff specialist. These forums provide information about the National Patient Safety Goals and allow champions to share some of the practices they're using to disseminate information to colleagues. These sessions are proving to be a great tool in helping to identify gaps or inconsistencies in staff's understanding of the National Patient Safety Goals and in our own practices regarding compliance with Joint Commission standards.

At a recent brown-bag lunch, John recommended a number of books to champions, which I think would be valuable for all clinicians. The first, *Preventing Patient Falls: Establishing a Fall Intervention Program*, by Janice Morse, talks about all aspects of fall-prevention, intervention strategies, and assessing patients at risk for falling. *How Many More Studies Will it Take? A Collection of Evidence that our Health Care System Can Do Better*, from the New England Healthcare Institute, addresses the important issue of waste. The authors make the case that 30% of healthcare spending could be eliminated without sacrificing quality or patient safety. And the third, *The Best Practice: How the New Quality Movement is Transforming Medicine*, by Charles Kenney, chronicles the quality movement in health care and offers some concrete ideas on how we can work together to provide high-quality, affordable care to all. The better informed we are about the issues affecting health

care, the better prepared we are to address them effectively.

Other resources available to staff include:

- The MGH Center for Quality & Safety, 6-9282
- The MGH Quality & Safety website at: <http://qualityandsafety.massgeneral.org>
- The on-line MGH Patient Safety Reporting System available through the Start menu of your computer under Partners Applications
- The Joint Commission Operations Committee, 4-9725
- The Joint Commission Communications Subcommittee, 6-4709 or 6-0275

And lets not forget each one of us. We all play a role in keeping patients safe. Knowing what options and resources are available is only part of our responsibility as members of the MGH workforce. Taking the initiative to act when we have questions or concerns is just as important. I know you share my passion for providing the best possible care to our patients and families. That's exactly what we do every time we tap into our resources, advocate for our patients, and settle for nothing less than Excellence Every Day.

Updates

I'm pleased to announce that Yasmin Khalili, RN, has accepted the position of clinical nurse specialist for Phillips House 22. I want to thank Joanne Empoliti, RN, for her commitment to enhancing nursing practice during her tenure as clinical nurse specialist for Phillips House 22.

I'm happy to announce that Susan Jaster, RN, has accepted the position of clinical nurse specialist for Hematology/Oncology and Bone Marrow Transplant.

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Patient Care Services Greeter Program

“Every man our neighbor”

— by Paul Bartush, co-director, Volunteer, Interpreter, Information Ambassadors,
and General Store Services

Launched in October, 2007, Patient Care Services' Greeter Program was created to give patients and visitors a warm and friendly greeting upon entering the hospital and to provide timely assistance in finding the location of appointments or loved ones. In keeping with the mission and vision of the hospital, the Greeter Program is an extension of our unofficial credo, “Every man our neighbor.”

Members of the leadership team of Volunteer Services, Medical Interpreter and Translation Services,

and the LVC Retail Shops, have committed to offering weekly, two-hour shifts greeting patients and visitors as they enter the hospital. Many MGH volunteers also participate in the program.

Most Greeter Program interactions consist of giving directions to various locations; escorting or transporting

patients and visitors to desired destinations; or assisting patients and visitors who may require a little extra support (such as waiting in line at the Pharmacy with patients).

During an average week, greeters respond to approximately 600–700 requests or questions.

Feedback from patients and visitors has been overwhelmingly positive. They appreciate the personal touch greeters provide and are pleasantly surprised to learn they can be escorted to their appointments (either by walking or in a wheelchair.)

Says Paul Bartush, co-director, Volunteer, Interpreter, Information Ambassadors, and General Store Services, “Patients love the program because greeters can take extra time responding to requests when needed. It’s calming and reassuring to have a ‘buddy’ when coming into the hospital, and there’s an instant sensation of feeling welcome.”

The Greeter Program has been especially well received by non-English-speaking patients and visitors who can show a greeter their paperwork and be escorted to their destination without having to try to ask for directions. And the program frees up information associates to respond to other requests in a timely fashion.

Members of the Patient Care Services Executive Committee will soon be joining the team of greeters who welcome patients and visitors to our hospital. Volunteer greeters can commit to as little as a one hour per month.

For more information about the Greeter Program, contact Mike Stone, manager, information associates, via e-mail.

Feedback from patients and visitors has been overwhelmingly positive. They appreciate the personal touch greeters provide and are pleasantly surprised to learn they can be escorted to their appointments.

O'Neill, Forrester, receive Anthony Kirvilaitis Jr. Partnership in Caring Awards

Kirvilaitis Award recipients, Christine O'Neill (center back) and Maudeline Forrester (center front), with fellow nominees (l-r) Sophia Niles, Kimicko Woodroffe, and Melanie Oliveira, along with senior vice president for Patient Care, Jeanette Ives Erickson, RN (front left) and director of PCS Clinical Support Services, George Reardon. Nominee, Maryann Toney, not pictured.

Once again, O'Keefe Auditorium was infused with the warmth and spirit of former training coordinator and beloved friend, Tony Kirvilaitis, on January 22, 2009, as members of the MGH community came together for the 7th annual presentation of the Anthony Kirvilaitis Jr. Partnership in Caring Awards. Said senior vice president for Patient Care, Jeanette Ives Erickson, RN, "Tony embraced patient-centered care long before it was 'fashionable.' It is a testament to his contributions that we carry the legacy of his compassion, humor, and inner strength ever with us in our hearts."



Educational development and project specialist, Stephanie Cooper, read a speech written by White 9 operations associate, Mary Billingham, acknowledging the important work of support staff including this year's recipients, White 8 unit service associate, Maudeline Forrester, and Bigelow 11 operations associate, Christine O'Neill.

Ives Erickson read from letters of recommendation as she introduced each recipient. In writing about Forrester, nursing director, Colleen Gonzalez, RN, wrote, "Maude provides a watchful eye over patients. She communicates well when she identifies something she's concerned about. Her communication style, her work ethic, her commitment to patients, families, and staff are qualities we should all emulate."

Said another staff member, "She starts each day hoping she will be a helping hand to a needy person. She establishes a bond with patients from the moment she says, 'Good morning,' and strives to bring some normalcy to their hospitalization."

About O'Neill, staff nurse Heather Carlson, RN, wrote, "Christine makes my unit a nice place to work. Her compassion for others, dedication to her work, flexibility, responsiveness, and reliability have been greatly appreciated by all who work with her. Christine is my partner in caring, and I couldn't do my job as a nurse without her."

Other colleagues say, "Christine's creative mind, skill, and compassion allow her to create systems that free clinicians from worrying about supplies and equipment. She is always a step ahead of us, coming to the table with innovative solutions in mind."

Forrester and O'Neill thanked their co-workers, acknowledging the support they receive from family and friends both within and outside MGH.

For more information about the Anthony Kirvilaitis Jr. Partnership in Caring Award, contact Stephanie Cooper at 4-7841.

Nursing presence informs care of terminally ill patient

My name is Maureen MacDonald, and I am a staff nurse in the Yawkey 8 Infusion Unit. “We’ve been together forever it seems,” she told me that first day with a smile on her face and a tear in her eye. They had met in England 50 years ago when he was in the army. Both were smitten. “And still are,” he informed me. Their eyes danced with years of laughter and kindness. “I wondered how I could ever live without him,” she said. Not the last time I would hear that.

Taxotere was on my agenda for the day. Prostate cancer. Bone mets. Taxotere. That, I understood. Facial flushing. Shortness of breath. Pre-meds. I was ready. We were ready.

They had lived here for many years. He owned his own store. She worked in a dentist’s office. They were happy. You could feel it. She hovered and talked a lot, the worrier of the two. He smiled and soothed her. They both loved.

Just like I had been taught, it happened right away. His face turned the color of a tomato. He said his chest felt tight. He told her he was okay. He was. She worried anyway. Minutes later, he looked like himself again. Physically, back to normal. They were reassured by me. I was reassured by my colleagues. We would try again tomorrow. We would think positive.

If any of us thought positive thoughts that first night, it was a miracle. I lay awake thinking of them, the tears in her eyes, the worry in his. The way his



Maureen MacDonald, RN,
staff nurse, Yawkey Infusion Unit

touch reassured her. They had so many questions. I wondered how I could give them answers when I was just learning myself. I hoped they were sleeping. I fell asleep with them on my mind.

The next day was better. He had a successful treatment. A plan was followed. Hope was restored. We all smiled. That day feels like forever ago. It’s been ten months today.

Ten months.

I’ve learned a lot in that time. I learned about Taxotere, Mitoxantrone, Zoladex, Samarium, and Zometa. I learned about treatment plans and expectations. I learned about metastasis and low blood counts. Hope and pain.

Time passed. We grew closer. I was their nurse. They trusted me to answer their questions. I surprised myself by being able to. We learned together.

They traveled and shared stories with me. They immersed themselves in my stories of home and family. They ate great meals. Drank great wine. They laughed with their friends. They made plans.

continued on next page

Time passed.
We grew closer.
I was their nurse.
They trusted
me to answer
their questions. I
surprised myself by
being able to.
We learned
together.

His disease progressed. Cancer doesn't care about plans.

He lost weight. His pain increased and spread. His blood counts were slower to recover. His PSA (prostate-specific antigen) count got higher and higher. They never doubted.

He wasn't going to get better. We had done everything we could, and it wasn't enough. It hurt.

Every Monday, they arrived after lunch. Blood and platelets. We kept his heart beating while hers slowly broke.

"When do you think his counts will get better?" she asked me. A million times. A million ways. She couldn't understand why it was taking so long. She never wanted to hear my answers. The doctor's office was for tough answers. From me, they just wanted smiles.

Every week, it got harder. He weighed less. He slept more. She slept less. On Monday nights, so did I.

It became a routine. I'd spend hours having the same conversation with her. Or rather, she would have it with herself. What? When? How? She would never let me answer.

One day, after the doctor told them again, there was nothing else to do, a Limitation of Life-Sustaining Treatment order was signed. I was sure our talks would change. Again she asked, "Don't you think, maybe, his counts will come up on their own?"

"Well..."

"Maybe?" she cut me off.

"The things is..."

"No one can say for sure, right?" she pleaded.

I wanted to scream. I didn't have the answer she needed. I couldn't make it better. I searched my mind, my heart, my faith for something to say. I found nothing.

She grabbed my hand and looked at me through a veil of tears. "Please," she said, "just hope with me. Just hope with me." I told her I would always hope.

It was the first time she saw me cry.

It's funny how those months, those Mondays, felt like a lifetime to me. And to them, it was all happening so fast. Cancer doesn't care about time, either.

To say this experience taught me a lot is an understatement. I learned about the course of death and dying, the physical things that keep a body alive. I learned about the treatment of a disease and how to comfort an ailing body. More than that, I learned how difficult it is to soothe an aching heart.

This wasn't my first experience with cancer or death. I understand the emotions. I appreciate the process of grief.

When I think of this couple, and the long, full life they shared, my heart aches for their loss. Every Monday, I cried thinking of how much this was going to hurt them. That might be the biggest lesson I learned this year.

When I looked at him, near the end, I saw a dying man. She looked at him and saw hope. When you love someone that much, that long, that deeply, you don't see anything else.

He passed away one night in August. I had seen them that afternoon. Her new questions were more difficult than the old ones. "What am I going to do?" "How will I live without him?" It was the first time she had acknowledged that hope was lost. She knew he was going to die. It was a crushing thing.

Still, she worried. Could he hear her even though he was unconscious? Was he upset he was in the hospital and not home?

I reassured her. I believed she was home to him in every sense of the word, and as long as she was near, he was okay. I told her he could hear her and encouraged her to tell him everything she wanted him to know. She did. Mostly, I tried to convey what I saw when I looked at them. The depth of their love. Her quiet strength. Faith. Devotion. Kindness. Hope. Peace.

I cried with her. I had stopped trying to hide it long before. Then, I said good-bye.

"I love you." That was the last thing he said to her. She cried as she told me.

When I left that last day, my heart actually hurt. I thought a lot about our ten months together and wondered if I had done enough. It's hard to feel you've helped when the outcome is the same. I remembered a conversation we'd had a few months earlier. He was sleeping and she was crying. I hugged her and told her I wished there was something I could do to help.

"You care about us," she said. "What more could we ask for?"

I'm a very lucky girl.

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

How beautifully Maureen describes her evolving relationship with this couple throughout the course of 'his' illness. Much happens in their ten months together, and as the inevitability of his death looms, Maureen's presence is a constant source of comfort and reassurance. We can't always control the outcome, but as Maureen showed us, we can inform the process, we can be present to patients and families, and indeed, we can care.

Thank-you, Maureen.

To say this experience taught me a lot is an understatement. I learned about the course of death and dying, the physical things that keep a body alive. I learned about the treatment of a disease and how to comfort an ailing body. More than that, I learned how difficult it is to soothe an aching heart.

Countdown to EMAPPS

improving patient safety with electronic medication administration

On March 9, 2009, MGH will begin roll-out of the Electronic Medication Administration Process for Patient Safety (EMAPPS). This initiative is intended to help prevent medication-related adverse events by linking the electronic systems clinicians use to order, dispense, and administer medications. EMAPPS uses scanning technology to match bar-coded medications with bar-coded patients' wristbands.

Green books to be replaced by electronic communication with implementation of EMAPPS.



EMAPPS will be implemented in two phases, from March 9 through July 13, 2009, and from mid-summer through November, 2009. To help facilitate the transition, specially trained coaches will be available on units 24 hours a day, seven days a week for the first two weeks of implementation. These coaches, members of Nursing and Information Systems, have received intensive training in EMAPPS and will be available to answer questions as clinicians transition to the new system.

In the two weeks prior to roll-out on each unit, staff will participate in a hands-on medica-

tion administration class (MAC) to familiarize themselves with the EMAPPS system. Computer-based tutorials and reference materials will also be available.

Patients may have questions about EMAPPS, too. A pamphlet has been created to help educate patients and families about this new system. The pamphlet will be distributed on inpatient units prior to implementation. EMAPPS coaches are available to help staff address any issues that may arise.

For more information about EMAPPS, contact Rosemary O'Malley, RN, at 6-9663. Training and roll-out schedule for Phase I is included below:

<i>Unit</i>	<i>Training</i>	<i>Roll-out Date</i>
Blake 13	February 22 –March 7	March 9
White 6	February 22 –March 7	March 9
Ellison 13	March 15 –28	March 30
Blake 10	March 15 –28	March 30
Blake 14	March 29 –April 11	April 13
Ellison 7	March 29 –April 11	April 13
Ellison 19	April 12 –25	April 27
Ellison 6	April 12 –25	April 27
Bigelow 14	April 26 –May 9	May 11
White 7	April 26 –May 9	May 11
Phillips 22	April 26 –May 9	May 11
Ellison 14	May 10 –May 23	May 26
Ellison 4	May 10 –May 23	May 26
Ellison 10	May 25 –June 6	June 8
Ellison 11	May 25 –June 6	June 8
Ellison 8	June 7 –20	June 22
Ellison 9	June 7 –20	June 22
Blake 8	June 7 –20	June 22
White 8	June 28 –July 11	July 13
White 9	June 28 –July 11	July 13

New and improved patient rounding

a pearl of the past, a gem of the future

Question: I've heard that some units have implemented regular, hourly, patient rounding. Is that so?

Jeanette: Yes. A number of units have initiated regular patient rounding. Over and above responding to patients' call lights, nurses and patient care associates conduct hourly rounds between 6:00am and 10:00pm, then every two hours between 10:00pm and 6:00am. In some settings, clinicians from other disciplines and role groups also participate in rounding. If the person rounding is unable to meet a patient's needs, he or she knows to call someone who can.

Question: Isn't regular patient rounding already part of basic patient care?

Jeanette: Absolutely. What's new is the evidence-based, need-oriented nature of each visit to the patient's room. For instance, research tells us that patient falls are reduced when patient rounding incorporates an offer to help patients move from one place to another, or when staff ask, "Is there anything I can help you with before I leave?" When patients know to expect a routine visit from staff, they're less likely to attempt things beyond their ability. And as you know, reducing injury through falls is one of our National Patient Safety Goals.

Question: Are there other benefits to regular patient rounding?

Jeanette: In addition to reducing falls, assisting patients to change position frequently can help prevent pressure ulcers.

Making sure patients have what they need within easy reach (call light, telephone, water, tissues, personal belongings) ensures their comfort and peace of mind. And regular patient rounding allows us to assess and treat pain on a regular, frequent basis.

Question: Is there any proof that regular patient rounding increases patient satisfaction?

Jeanette: Yes, new research confirms that regular rounding increases patient satisfaction.

In addition to helping patients get to the bathroom, assessing their pain, re-positioning them, and ensuring personal items are within easy reach, patient satisfaction is enhanced by having more interaction with caregivers, getting to know them by name, and trusting that they'll return on a regular basis with an offer to assist them.

Question: Will more units be adopting the practice of regular rounding?

Jeanette: Preventing patient falls and pressure ulcers and increasing patient satisfaction are a major focus of our strategic plan. We will continue to explore the benefits of regular rounding as part of our commitment to Excellence Every Day.

For more information about regular patient rounding, call the PCS Office of Quality & Safety at 3-0140.

Announcements

Brian M. McEachern Extraordinary Care Award

Call for nominations

The Brian M. McEachern Extraordinary Care Award recognizes staff within Patient Care Services whose passion and tenacity exceed the expectations of patients, families, and colleagues by demonstrating extraordinary acts of compassionate care and service.

Nominations are due by
February 5, 2009
Recipient will receive \$1,000.

For more information,
call 4-2295.

Norman Knight Visiting Scholar Program

Judy Murphy, RN, vice president, Information Services for Aurora Health Care in Milwaukee, will visit MGH as the 2009 Norman Knight visiting scholar. A nationally recognized expert on system methodologies, automated clinical documentation, and technology supporting evidence-based practice, Murphy will meet with staff and present at grand rounds:

"The Copernican Shift: the Patient as the Center of the Universe"

Tuesday March 31, 2009,
2:00–3:00pm
O'Keefe Auditorium
Reception to follow

For more information,
contact Mary Ellin Smith, RN,
at 4-5801.

Call for Abstracts

Nursing Research
Expo 2009

Submit your abstract to display a poster during Nursing Research Expo 2009

Categories:

- Original research
- Research utilization
- Performance-improvement

For more information,
contact Laura Naismith, RN;
Teresa Vanderboom, RN; or your
clinical nurse specialist.

To submit an abstract, visit the
Nursing Research Committee
website at:
www.mghnursingresearchcommittee.org

The deadline for
abstracts has been extended
to February 5, 2009.

Challenging the Social Construct of Masculinity

MGH Men Against Abuse and
the Domestic Violence Working
Group present:

"The role of gender violence in
society and sports"

with speaker, Peter Roby,
director of Athletics & Recreation
at Northeastern University. Roby
will share personal experiences,
explain the importance of critical
thinking in breaking down gender
stereotypes, and challenge men in
their role as by-stander.

Attendees will be eligible for
a raffle featuring tickets to
Northeastern Huskies basketball
and hockey games as well as
Boston Celtics tickets.

Wednesday, February 11, 2009
Thier Conference Room
12:00-1:00pm

For more information,
call Employee Assistance
at 6-6977.

Elder care discussion group

Elder care monthly discussion
groups are sponsored by the
Employee Assistance Program.

Next session:
March 10, 2009
12:00–1:00pm
Yawkey 7-980

All are welcome. Bring a lunch.
For more information,
call 6-6976.

Hand hygiene video available

A patient-friendly video
has been produced to help
educate patients, families, and
visitors about the MGH Hand
Hygiene Program. Produced by
the STOP (Stop Transmission of
Pathogens) Task Force, the video is
available on Channel 31 in English
and Spanish. Over the next few
months, posters will be placed in
patients' rooms with instructions
on how to access the video.

For more information,
contact Judy Tarselli, RN,
at 6-6330.

MGH Photography returns to Bulfinch basement

On Monday, February 2, 2009,
the MGH Photography
Department returned to its
original location in the Bulfinch
basement, Room 045. The
temporary locations will be
closed. The newly renovated
location will enhance and
expand the many services the
Photography Department
offers to the MGH/Partners
community.

We look forward to meeting
your photographic, digital-imaging,
poster-printing, framing, and
publishing needs. Please stop by
or contact us at:
6-2237 (voice mail)
6-7770 (fax)
mghphoto@partners.org

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Submissions

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

Next Publication

February 19, 2009

Educational Offerings – 2009

February

11

Simulated Bedside Emergencies
for New Nurses

POB 419
7:00am–2:30pm
Contact hours:TBA

February

11

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

February

11

OA/PCA/USA Connections
Bigelow 4 Amphitheater
1:30–2:30pm
No contact hours

February

18

Pediatric Simulation Program
Founders 335
12:30–2:30pm
Contact hours:TBA

February

23&24

Oncology Nursing Society
Chemotherapy Biotherapy
Course
Day 1:Yawkey 2-220
Day 2:Yawkey 4-820
8:00am–4:30pm
Contact hours:TBA

February

24

PCA Educational Series
Founders 325
1:30–2:30pm
No contact hours

February

25

Code Blue: Simulated Cardiac
Arrest for the Experienced Nurse
POB 448
7:00–11:00am
Contact hours:TBA

February

26

Psychological Type & Personal
Style: Maximizing your
Effectiveness
Charles River Plaza
8:00am–4:30pm
Contact hours:TBA

February

26

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

February

27

Intermediate Arrhythmia
Simches Conference Room 3120
8:00–11:30am
Contact hours: 3.5

February

27

Pacing Concepts
Simches Conference Room 3120
12:15–4:30pm
Contact hours: 3.75

March

2

BLS/CPR Re-Certification
Founders 325
7:30–10:30am and 12:00–3:00pm
No contact hours

March

2 & 16

ACLS Provider Course
Day 1: 8:00am–4:30pm
O'Keefe Auditorium
Day 2: 8:00am–3:00pm
Thier Conference Room
No contact hours

March

**2, 4, 9, 16,
18 & 24**

Greater Boston ICU Consortium
Core Program
BMC (and MAH)
7:30am–4:30pm
Contact hours:TBA

March

3

Pediatric Simulation Program
Founders 335
12:30–2:30pm
Contact hours:TBA

March

5 & 12

Phase II Advanced Wound-Care
Education Program
Simches Conference Room 3-120
8:00am–4:30pm
Contact hours:
6.6 for each day

March

5

CVVH Review and
Troubleshooting for the
Experienced CVVH Provider
Founders 311
8:00am–2:00pm
No contact hours

March

10

BLS/CPR Certification for
Healthcare Providers
Founders 325
8:00am–12:30pm
No contact hours

March

10

Code Blue: Simulated Cardiac
Arrest for the Experienced Nurse
POB 448
11:00am–3:00pm
Contact hours:TBA

March

10

Chaplaincy Grand Rounds:
"On Spiritual Growth"
Yawkey 2-220
11:00am–12:00pm
No contact hours

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

Davis named Carl Wilkens fellow

—by John Shaw, MGH Institute of Health Professions

Says Davis, “Nurses have a professional responsibility to become engaged in the anti-genocide movement. I’m excited to be the voice of the country’s 12 million nurses, and I plan to work hard to bring this issue to a wider audience.”

For some, representing 12 million professionals would be daunting. But not Sheila Davis, RN, nurse practitioner in the Infectious Disease Unit and clinical assistant professor of Nursing at the MGH Institute of Health Professions. Davis has been tapped by the Genocide Intervention Network to be part of the initial class of Carl Wilkens fellows, one of only 20 individuals to do so and the only nurse.

The fellowship helps train emerging leaders to build lasting networks of citizens who believe that protecting men, women, and children from genocide is a societal responsibility.

Says Davis, “Nurses have a professional responsibility to become engaged in the anti-genocide movement. I’m excited to be the voice of the country’s 12 million nurses, and I plan to work hard to bring this issue to a wider audience.”

Davis has been involved in human-rights, social-justice, and global issues for more than 20 years. She is the co-founder and a current board member of Sibusiso, a Boston-based, non-profit organization dedicated to improving the quality of life for people affected by HIV/AIDS in resource-poor settings.



Sheila Davis, RN, nurse practitioner;
Infectious Disease Unit

Says senior vice president for Patient Care, Jeanette Ives, Erickson, RN, “Sheila has long been an advocate for the humane care and treatment of people all over the world. I’m thrilled she has this opportunity to continue this important work through the Wilkens Fellowship.”

Says MGH Institute president, Janis Bellack, RN, “This prestigious fellowship recognizes Sheila’s strong commitment to and advocacy for human rights. Her participation in the program will benefit her students and colleagues, and we look forward to supporting her participation in the fellowship.”

Caring
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