

Caring

Headlines

July 9, 2009

THE CAL STAT RAP



*Boom Boom
Chicka Chick—
Cal Stat!*



Same Day Surgical Unit staff nurse, Pauline Albrecht, RN (left foreground), and fellow 'rappers' lend their considerable talents to the now internationally recognized, *Cal Stat Rap* (see Jeanette Ives Erickson's column on page 2).

The Cal Stat Rap

connecting the dots between quality, innovation,
and risk-taking

“Yes, risk-taking
is inherently
failure-prone.
Otherwise, it
would be called
sure-thing-taking.”
—Jim McMahon,
former NFL
quarterback

We’ve all heard the sayings: Think outside the box; A small group of people really can make a difference; Nothing ventured, nothing gained. But how many of us truly

believe that thinking outside the box, taking risks, embracing innovation really can make a difference? I do. I see it every day. I see it on patient care units, in conference rooms, in the research we’re conducting, in the ideas that come out of our collaborative governance committees. I see it in the passion and enthusiasm of employees in all settings and role groups.

Recently, I saw it in Pauline Albrecht, RN, a staff nurse in the Same Day Surgical Unit. Let me tell you how she and her co-workers took a simple idea and with a little ingenuity, turned it into a proven, effective, hand-hygiene tool—not to mention, an international video sensation.

It started when Pauline and the hand hygiene champion on her unit, Kathy Mullen, RN, were brainstorming ideas to motivate staff around the hospital-wide initiative to improve hand hygiene. They had heard about the creative strategies being used on other units and really wanted to come up with a unique idea for the Same Day Surgical Unit. Thinking about other successful advertising and marketing campaigns, it occurred to them that if they could come up with a catchy tune, it might just stick in people’s heads. What a great way to remind staff to use Cal Stat before and after contact with patients and their environment.

So, combining her love of nursing with her love of music, Pauline set about composing a song. After some



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

initial trial-and-error, that ‘catchy tune’ she had hoped for, came to her in flash of inspiration.

Boom Boom Chicka Chick—Cal Stat!

Pauline went to her computer and through the magic of digital composing, she created a recording of the *Cal Stat Rap* manipulating her own voice so it sounded like an entire chorus of singers complete with musical accompaniment.

She brought the recording to work and in no time, her co-workers were singing along with the music, just as she had hoped. And not just singing—dancing! That’s when they got the idea to make a video, to capture the spirit, enthusiasm, and talent of everyone who’d been swept up in the *Cal Stat Rap*. With the support of their nursing director, Scott Ciesielski, RN, Pauline and her colleagues began the process of producing a video that includes nurses, patient care associates, operations managers, unit service associates, anesthesiologists, a cafeteria worker, and even a patient (Pauline’s niece, who just happened to be at MGH giving birth to her son at the time of filming). The entire process took approximately three months.

continued on next page

“Innovation is the ability to see change as an opportunity, not a threat”
—Unknown

The video took off like wild fire. You may recall I showed it at my Nurse Week presentation. And since then it has been picked up (with Pauline’s permission) by the NPR affiliate, WBUR (on their website wbur.org). You can find it on YouTube and Vimeo, and the STERIS Corporation, which manufactures Cal Stat, has added it to their website, as well.

When this issue of *Caring Headlines* went to print, more than 10,000 people had accessed the *Cal Stat Rap* on-line with people tuning in from every continent. And that number is still growing.

Judith Tarselli, RN, one of the leaders of our STOP (Stop the Transmission of Pathogens) Task Force, attended an Infection Control Conference in Florida recently. Many of the attendees at the conference commented that they’d seen the video, and others were anxious to see what all the fuss was about.

In an e-mail Pauline received from the director of Corporate Communications at STERIS, he wrote, “Pauline, your video has ‘gone viral!’ You wouldn’t believe how many people have e-mailed me!”

A hospital in California notified Pauline that they’ll be adding the *Cal Stat Rap* to their

Pandemic Preparedness & Response training program. She is rightfully proud when people approach her and say, “I can’t get that song out of my head!”

“To me, that’s a great compliment,” she says. “It means the idea of using Cal Stat is on people’s minds. And if they’re thinking about it, they’re more apt to use it.”

Perhaps the best recognition of this great work is the awareness it has brought to our hand-hygiene efforts and the improvement we’ve seen in our hand-hygiene compliance scores. Judy Tarselli is right when she says the *Cal Stat Rap* and all the other creative strategies employed by our hand hygiene champions have played a major role in helping us achieve our better than 90/90 hand-hygiene compliance scores.

The *Cal Stat Rap* is a wonderful example of thinking outside the box, of a small group of people making a difference, and of what we can accomplish when we’re not afraid to take a risk. I echo the sentiment that appears



on the last frame of the *Cal Stat Rap* video, “Congratulations, MGH on exceeding Joint Commission standards for hand hygiene.” Well done!

In this Issue

The Cal Stat Rap.....	1
Jeanette Ives Erickson.....	2
• The Cal Stat Rap	
Imam Talal Eid Making a Difference.....	4
The Jean M. Nardini, RN, Nurse of Distinction Award.....	5
Making a Difference.....	6
• Post-Mortem Care: a Gift to Grieving Family	
Acute Care Documentation Project.....	7

Clinical Narrative.....	8
• Elissa Huber-Anderson, PT	
The MGH Institute of Health Professions.....	10
Fielding the Issues.....	11
• Checking in on Diversity	
The Gil Minor Nursing and Health Professions Scholarship.....	12
Professional Achievements.....	13
Educational Offerings.....	15
Elder Care.....	16

Imam Talal Eid lends wisdom and diplomacy to the international debate on religious freedom

—by Michael McElhinny, MDiv, director of the MGH Chaplaincy

In 2007, Imam Talal Eid, the Muslim chaplain at MGH, was selected to be a member of the United States Commission on International Religious Freedom (USCIRF). The USCIRF is an independent, bipartisan federal government commission whose commissioners are appointed by the President and leadership of both parties in the Senate and House of Representatives. Their principal responsibilities are to review the facts and circumstances of violations of religious freedom, internationally, and make policy recommendations to the President, Secretary of State, and Congress.

Imam Talal was chosen for his moderate views, his ability to speak and listen with common sense, and his skill and experience in bringing divergent groups to

consensus. He has visited many religious hot spots around the world providing a voice of reason and peace. Imam Talal was asked to be a responder to President Obama's recent speech to the Islamic world. On June 8, 2009, he was in attendance as the USCIRF presented Secretary of State Hillary Clinton with its 2009 Annual Report in a private meeting at the State Department.

Says Michael McElhinny, MDiv, director of the MGH Chaplaincy, "The Imam's voice speaks loudly for freedom of thought, conscience, and religion. We are blessed to have Imam Talal Eid with us at MGH to minister to Muslim patients, families, and staff and to be a key member of our interfaith Chaplaincy team. He often and willingly pays a price for his moderate views in order to work for the greater good of all."

In addition to presenting Secretary of State Clinton with their annual report, the group discussed:

- the need to defend freedom of religious rights and oppose the Defamation of Religions resolution before the United Nations
- the USCIRF recommendation that the government take action when a country is designated as a "Country of Particular Concern," rather than rely on pre-existing sanctions
- a hope that the President would appoint a new Ambassador-at-Large for International Religious Freedom
- a recommendation that the State Department publicly address religious freedom cases

The MGH community is grateful to Imam Talal for his invaluable contributions to our hospital and for his service to our country.

Imam Talal Eid (second from left) and members of the United States Commission on International Religious Freedom present Secretary of State Hillary Clinton with their 2009 report.

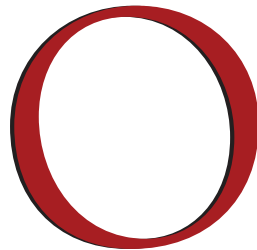


(Photo provided by staff)

Cruise receives Jean M. Nardini, RN, Nurse of Distinction Award

—by Julie Goldman, RN, professional development manager

Nardini Award recipient, Kelly Cruise, RN (center), with senior vice president for Patient Care, Jeanette Ives Erickson, RN (left); nursing director, Ann Kennedy, RN (second from right); Nina Rubin, MD (right); with friends and members of the Nardini family.



On June 11, 2009, members of the MGH community came together to present the 2009 Jean M. Nardini, RN, Nurse of Distinction Award to Ellison 12 neuroscience staff nurse, Kelly Cruise, RN. Said senior vice president for Patient Care, Jeanette Ives Erickson, RN, “Jean was a strong and caring nurse leader, a committed patient advocate, a compassionate caregiver, and a beloved teacher, and role model. And she was a valued member of the MGH community for more than thirty years.”

The Jean M. Nardini, RN, Nurse of Distinction Award recognizes a clinical staff nurse who consistently demonstrates leadership and excellence in clinical practice. Cruise, a nurse for more than 20 years, fits the bill. She was nominated by clinical nurse specialist Ellen Robinson, RN, who wrote of Cruise, “I have known Kelly for four years through her interactions around ethically challenging cases on Ellison 12. She has strong clinical knowledge and a commitment to advocating for patients and their families.”

In her letter of support, nursing director, Ann Kennedy, RN, wrote, “Kelly is passionate about the care she provides. She is receptive and poised as she listens to the concerns of her patients. Often Kelly’s patients are at the end of life or facing a terminal diagnosis. She works with her Chaplaincy and Social Services colleagues to support patients and families through turbulent times. She welcomes the opportunity to precept new nurses and promote an environment that includes constant questioning, dialogue and learning.”

Cruise traces her decision to become a nurse back to her early childhood when she accompanied her brother on weekly trips to the hospital. Witnessing the care and compassion her brother received precipitated her desire to pursue a career in nursing.

Nardini’s husband, Alfred, and sons, Trevor and Bret, who have never missed an award ceremony, were also in attendance. Al shared fond memories and anecdotes and congratulated Cruise on being recognized for her commitment and advocacy.

For more information about the Jean M. Nardini, RN, Nurse of Distinction Award, contact Julie Goldman, RN, professional development manager, at 4-2295.



Sensitive post-mortem care: a gift to grieving family

—by Patricia Owens, RN, clinical nursing supervisor

It was a beautiful spring night when Michelle Anastasi, RN, Lesley Secrest, RN, and I received report on a mother and two children who had been injured in a hit-and-run accident. A third child had died shortly after being taken to the operating room. Sometimes, being a nursing supervisor involves accompanying family members to the morgue to identify their loved one. It is an extremely difficult task, and you're never fully prepared. When Mrs. M was told about the death of her son, she asked to see his body. Because of her injuries, she was unable to go to the morgue, so we arranged to bring her son's body to the Emergency Department.

You step into another place when you enter the silence of the morgue. Michelle and I were met by Security and a routine part of our nursing role took on a new dimension. We said a prayer and knew we were taking part in a sacred

moment as we prepared this 3-year-old child to be taken to his mother. We knew the image would be a lasting one, and we wanted it to be just right.

ED nurse, Nancy Hassan, RN, arrived with a stretcher and a beautiful baby blanket to cover the child's head. We cried as we spoke to him and prepared him to be taken to his mother. The cold was less cold and the darkness less dark amid our whispers and tears. We covered the child with the blanket and brought him to the ED.

Dianne Johnson, RN, Mrs. M's primary nurse, and Suzanne O'Connor, RN, the ED psychiatric clinical nurse specialist, waited for us in Mrs. M's room. We had long since stopped trying to control our emotions. Together, we gently lifted Mrs. M's son from the stretcher and delivered him to her. She told us how he had wanted a new bike and a chocolate Easter bunny. She touched his hair and stroked his fingers. Time seemed to stop as we listened to her stories and smiled through our tears.

Soon, it was time to take him away. We put a clipping of his hair and copies of his hand- and footprints into a small box for Mrs. M. My heart broke as we gently put him back on the stretcher and let Mrs. M say her final good-bye.

Much of the rest of night was spent consoling the family as they gathered to share their grief. Lesley and I escorted visitors to see the surviving children on Ellison 17 who were unaware of their brother's death. The nursing staff on Ellison 17 and White 6 went to great lengths to accommodate the influx of family

members while ensuring privacy and vigilant care for their patients.

Even as I write this, I still feel the sadness. You can't go away untouched after the death of one so young. I have always felt blessed to be a nurse. There are times when it is a difficult profession. We share in the most private, delicate moments of patients' lives. They trust us to treat them with kindness and respect. I feel great joy and pride at being part of a nursing team that comes together from all areas of the hospital to work as one for our patients and families.



Nurses who cared for Mrs. M and her family (l-r): Tracey Carroll, RN; Amanda Grabowski, RN; Dianne Johnson, RN; Nancy Hassan, RN; Suzanne O'Connor, RN; Michelle Anastasi, RN; Elissa Iverson, RN, and Patricia Owens, RN. (Not pictured: Lesley Secrest, RN.)

MGH and BWH partner for Acute Care Documentation project

—by Michele Cullen, project specialist, Partners Information Systems

In one of the largest and most ambitious joint collaborations between MGH and BWH in recent years, key clinical and administrative representatives from the two hospitals and Partners Information Systems came together, June 8–10, 2009, to share their insight and perspectives in preparation for the launching of the new Acute Care Documentation (ACD) system.

Set to launch in November, 2010, the new ACD system will replace current flow sheets and assessment notes (admission, progress, consult and procedure notes) with electronic documentation, eliminating the

need for green and gray books. With the ACD system, clinicians from both hospitals will be able to share patient information and develop integrated plans to improve patient care. And researchers will have access to an expanded clinical database.

Says Sally Millar, RN, director, Patient Care Services Informatics, “We gathered an impressive group of MGH and BWH clinicians who are deeply committed to improving patient care. This project establishes a foundation that will catapult us into the future of electronic health information.”

According to Deborah Adair, director of MGH Health Information Services, and James McFarland, MD, physician from the MGH Heart Center, the retreat helped gather vital information that will help us standardize content in preparation for the transition to electronic documentation. Ultimately, the success of ACD will rely on the participation of departments throughout both institutions. These collaborative meetings conveyed important feedback from the individuals who will actually be using the system, and we greatly appreciate their input.

Both MGH and BWH will conduct user-acceptance pilots of the new system in November, 2010. At MGH, the pilot units will be the Ellison 4 Surgical Intensive Care Unit; the Ellison 9 Cardiac Care Unit; and the White 9 General Medical Unit.

For more information about the ACD project, contact Sally Millar, RN, at 6-3104, or Michele Cullen, RN, at 6-6874.

Attendees of the Acute Care Documentation retreat exchange ideas and suggestions in preparation for the roll-out of electronic documentation in November of 2010.



(Photos provided by staff)

Caring for terminally ill patient provides life lessons for new therapist

My name is Elissa Huber-Anderson, and I am a new physical therapist working in the inpatient department. I would like to share my experience working with 'Jane,' a 21-year-old

woman with cystic fibrosis. Cystic fibrosis is a life-threatening illness that causes excess mucus to build up in the lungs resulting in difficulty breathing. There is no cure for cystic fibrosis, however with aggressive treatment, a person's life can be extended and quality of life improved. When patients with cystic fibrosis are admitted to the hospital, Physical Therapy is consulted to help clear their airways so their lungs can more easily deliver oxygen to their bodies and reduce their difficulty breathing.

Jane came to MGH after experiencing increased difficulty breathing while at rest and with physical activity. About mid-way through her hospitalization, I became her physical therapist. Jane was one of my first patients with cystic fibrosis; I had only worked at MGH for about three months. She was transferred from an intensive care unit to one of the units I cover after receiving a treatment to help stop her lungs from bleeding. One of the things that struck me when I first met Jane was how difficult breathing was for her. Even



Elissa Huber-Anderson, PT
physical therapist

while resting in bed, she needed to take frequent breaths and typically seemed exhausted. Jane took frequent naps throughout the day. I'm not much older than Jane, and it was shocking to see someone so young struggle so much with something most of us take for granted.

I tried to meet with Jane twice a day to help clear her airway, make her breathing less labored, and give her exercises to help maintain her strength and endurance. Because of the amount of energy Jane used just to sit upright and breathe, it was difficult for her to participate in physical therapy—some days more than others. Often, she wouldn't feel well enough to have physical therapy.

About a week and a half after I started seeing her, Jane started to need more supplemental oxygen while resting and even more with physical activity. I realized

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I'm not much older than Jane, and it was shocking to see someone so young struggle so much with something most of us take for granted.

I think it's important for clinicians to be reminded that the patients we care for are people first and patients second. Physical therapy is important, and we bring a valuable service to our patients. But we must recognize the balance between treatment and quality of life, and sometimes treatment may not be the priority.

Jane wasn't improving. I became concerned that the treatment I was providing wasn't enough. I spoke with the clinical specialist on my team who had a lot of experience treating patients with cystic fibrosis. The clinical specialist came to see Jane with me one day, and we began to talk about my sessions with Jane on a regular basis. With the guidance of my clinical specialist, I started focusing my treatments on therapies that didn't require Jane to use so much energy.

On Christmas morning, Jane was transferred to intensive care because her lungs were progressively failing. I was nervous about going to see her in intensive care, as I had no clinical experience treating patients in such critical condition, and I didn't want to make things worse. With the guidance of an experienced staff member who joined me for the treatment session, I made the scary journey to the ICU.

I completed the treatment session to the best of my ability and adjusted her treatment plan with the help of my fellow therapists. When my work day ended, I left the hospital feeling uneasy about Jane's condition but appreciative for what she had taught me that day—both as a clinician and as a person. As a clinician I realized the ICU was not a place to be feared, especially with so many experienced clinicians committed to the professional development of their colleagues. And personally, Jane's situation made me all the more grateful for the time I was able to spend with the people I love during the holidays.

Unfortunately, Jane passed away shortly after Christmas. As healthcare professionals, we know the prognosis for people who suffer from cystic fibrosis, but it didn't seem real until I met Jane and went through this experience with her. I've had patients who passed away before, but with Jane, it felt different. She seemed too young to die, and as part of the healthcare team treating her, I had felt a strong responsibility to try to help her walk out of the hospital one day.

During my initial reflection on our sessions together, I was fearful that in trying to help Jane, I may have somehow contributed to her death. I realize now that is not the case. I know I treated her appropriately because I knew to ask for help from my clinical specialist and others. Her disease was just too advanced.

Jane wasn't just a 'patient.' She was a young woman who loved her family and the time they spent together, who liked to have fun and make jokes, and who taught a physical therapist many valuable lessons.

Despite having to spend the last two months of her life in the hospital, Jane was able to spend quality time with her family and friends. Her parents, siblings, cousins, and fiancé were involved in her care. Whenever they were present during our sessions, they would cheer her on and encourage her to do her therapy even if she may not have been feeling well. During the holiday season they decorated her room with a Christmas tree, which she loved. And on Christmas Eve they opened gifts together.

Although I'm sad Jane passed away, I'm glad this experience upset me. It allowed me to realize that I truly care about my patients and try to care for them as if they were part of my own family. I think it's important for clinicians to be reminded that the patients we care for are people first and patients second. Physical therapy is important, and we bring a valuable service to our patients. But we must recognize the balance between treatment and quality of life, and sometimes treatment may not be the priority.

With every new patient, I improve my clinical and interpersonal skills. I'm grateful for the privilege of working with people during difficult times—often the most difficult times of their lives. My childhood dream was to have a career in health care where I could help people better their lives. What I didn't realize was that the people I would meet on this path would, in turn, better *my* life.

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

There's no question that knowledge, skill, and experience are key qualities in a caregiver. But never underestimate the importance of compassion. Elissa overcame her own fear and doubts to do what was best for her patient, for Jane. And in so doing, she learned a valuable lesson—a lesson that will guide her practice throughout her career—patients are people first. This is a wonderful example of the dual learning that always occurs between patients and caregivers.

Thank-you, Elissa.

What's happening at the MGH Institute of Health Professions

—by John Shaw, marketing and communications manager, MGH Institute of Health Professions

Recently, the MGH Institute of Health Professions re-organized its graduate programs in Nursing to become the MGH Institute of Health Professions School of Nursing. The Institute, founded by MGH in 1977, was the successor to the former MGH School of Nursing, which closed in 1981 after operating for more than 100 years. The name change was based

The Institute prepares advanced practice professionals in the fields of Nursing, Physical Therapy, Speech-Language Pathology, Medical Imaging, and Clinical Investigation through a combination of academic study, clinical practice, and research.

on the continued expansion of nursing degree programs and sustained enrollment growth, which now constitutes 40% of the graduate school's total student body. More than 300 direct-entry and post-professional nursing students are enrolled in a variety of degree and certificate programs.

The Institute's two newest nursing programs were recently accredited by the Commission on Collegiate Nursing Education. They are: the Accelerated Bachelor of Science in Nursing program and the Doctor of Nursing Practice program. They join the Master's of Science in Nursing program in that designation. The 14-month BSN program held a traditional pinning ceremony under the Bulfinch tent last month in recognition of the 45 students in its inaugural class who officially graduate in September. The second class of the DNP program—one of the first four programs in the country accredited by the nursing organization—will also graduate in September.

Jeanette Ives Erickson, RN, senior vice president for Patient Care, has been named a member of the Institute's Board of Trustees. She is one of five new members appointed to the governing board.

The Charlestown Navy Yard-based school prepares advanced practice professionals in the fields of Nursing, Physical Therapy, Speech-Language Pathology, Medical Imaging, and Clinical Investigation through a combination of academic study, clinical practice, and research. More than 850 students are currently enrolled in graduate-level and certificate programs.

For more information on the programs and degrees offered by the MGH Institute of Health Professions, visit their website at: www.mghihp.edu.

Checking in on our diversity curriculum, Cultural Rounds, and CLAS Standards

Cultural Rounds are unit based visits in which staff are able to ask questions about cultural issues, discuss culturally competent care, learn about team-building in a diverse environment, and raise awareness about the importance of the CLAS Standards.

Question: I heard my nursing director talking about a new diversity curriculum. Is this a new offering for staff in Patient Care Services?

Jeanette: Under the guidance of Deb Washington, RN, our PCS director of Diversity, we're launching a new diversity curriculum for managers. A pilot group of directors and supervisors has almost completed a five-month educational program to trial the training modules. The curriculum is intended to further develop the skills necessary to lead a multi-cultural workforce. For non-managers, we continue to offer other programs through The Knight Nursing Center for Clinical & Professional Development (see Educational Offerings on page 15).

In addition, Cultural Rounds will resume in September for staff interested in participating. Anyone who would like to arrange Cultural Rounds on their unit should contact Deb at 4-7469.

Question: What are Cultural Rounds?

Jeanette: Cultural Rounds are unit based visits in which staff are able to ask questions about cultural issues, discuss culturally competent care, learn about team-building in a diverse environment, and raise awareness about the importance of the CLAS (Culturally and Linguistically Appropriate Services) Standards. Cultural Rounds have been a valuable source of information and a venue for sharing best practices related to culturally sensitive care. They've helped identify gaps in knowledge about resources available to assist staff in providing culturally appropriate care.

Question: What are CLAS Standards?

Jeanette: CLAS Standards are national standards formulated by the US Department of Health and Human Services' Office of Minority Health. They were highlighted by the Joint Commission in its report: *Hospitals, Language, and Culture: a Snapshot of the Nation*.

CLAS Standards include such mandates as:

- Healthcare organizations should ensure that patients receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs, practices, and preferred language
- Healthcare organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area
- Healthcare organizations should make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area
- Healthcare organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery

For more information about the CLAS Standards, visit the Office of Minority Health website at: <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15>.

New scholarship to advance workforce diversity

—by Gaurdia Banister, RN, executive director, The Institute for Patient Care

The Gil Minor Nursing and Health Professions Scholarship is part of an expanding effort to increase the number of MGH employees who reflect the diverse communities we serve.

In our on-going efforts to ensure a fair, equitable, and culturally diverse workforce, we are fortunate to be able to offer the Gil Minor Nursing and Health Professions Scholarship. Thanks to the generosity of Gil Minor, chairman of the Board and former CEO of Owens & Minor, one of the nation's leading distributors of medical-surgical supplies, the scholarship will provide as many as five \$4,000 scholarships each year to help increase the pipeline of diverse healthcare professionals at MGH.

The Institute of Medicine's 2004 report, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*, noted, "Increasing racial and ethnic diversity among healthcare professionals is important because evidence indicates that diversity is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better educational experiences for health profession students, among many other benefits." In Boston, the Mayor's Task Force to Eliminate Health Disparities calls for increased resources to train, recruit, and retain persons of color and persons from under-represented groups in the healthcare professions.

The national nursing shortage has been well documented. But equally troubling and far less publicized is the national shortage of health professionals in other disciplines, including social workers, physical and occupational therapists, pharmacists, and others.

The leadership of MGH understands that the challenges of balancing the demands of work, home, and school can be daunting. Working while going to school can result in financial hardships that make pursuing

higher education overwhelming. The Gil Minor Scholarship program was established to help address these challenges and to open new opportunities for MGH employees interested in pursuing a degree in one of the health professions.

To be eligible for the scholarship, applicants must have been employed at MGH for at least one year and work a minimum of 20 hours per week. Scholarships will be awarded to diverse applicants who are pursuing a career in Nursing, Occupational Therapy, Social Work, or Speech-Language Pathology in an accredited bachelor's degree (or higher) program. Recipients are asked to commit to work at the hospital for one year following completion of their studies.

The Gil Minor Nursing and Health Professions Scholarship is part of an expanding effort to increase the number of MGH employees who reflect the diverse communities we serve. A multi-cultural workforce is key in providing the highest quality care to our patient population.

Minor believes, "The diversity of our team is one of our greatest strengths. An inclusive environment enhances our efforts as we work to find solutions for our customers and supply-chain partners. Each of our customers, suppliers, teammates, and the communities we serve has differing views. They trust that we take these views into account as we plan our business. In order for us to be the best we can be, we must clearly understand the needs and perspective of each one."

For more information about the Gil Minor Nursing and Health Professions Scholarship, contact Julie Goldman, RN, professional development manager, at 4-2295.

Professional Achievements

Lyons honored

Hannah Lyons, RN, clinical nurse specialist, Phillips 21, received the MGH Cancer Center One Hundred Award, June 3, 2009.

Connors certified

Christina Connors, RN, staff nurse, Bigelow 11, became certified as a gerontological nurse by the American Nurses Credentialing Center in May, 2009.

Manley presents

Bessie Manley, RN, nursing director, Phillips 22, presented her poster, "Nursing Director Rounds: a Model for Patient and Staff Satisfaction," at the 42nd annual meeting of the American Organization of Nurse Executives, in San Antonio, April 15–19, 2009.

Matthews presents

Cristina Matthews, RN, staff nurse, Neuroscience ICU, presented her poster, "Cerebral Perfusion Pressure and the Blood-Brain Barrier: a Dangerously Delirious High," at the annual conference of the American Association of Neuroscience Nurses, in Las Vegas, March 28–April 1, 2009.

McAdams presents

Mary McAdams, RN, clinical educator, presented her poster, "Advanced Practice Clinician Learning Needs Assessment," at the Northeast Organization of Nurse Educators meeting in Burlington, April 3, 2009.

Blanchard appointed

Howard Blanchard, RN, Emergency Department clinical nurse specialist, was appointed chair of the Membership Committee, of the National Association of Clinical Nurse Specialists, in Harrisburg, Pennsylvania in May, 2009.

Carroll, Mahoney present

Diane Carroll, RN, nurse researcher, and Ellen Mahoney, RN, senior nurse scientist, presented their poster, "Recovery after a Cardiovascular Event for Older Persons and Spouses," at the 9th annual spring meeting on Cardiovascular Nursing, in Dublin, April 24–25, 2009.

Parker certified

Kelly Parker, PT, physical therapist, became certified in vestibular rehabilitation by Emory University School of Medicine, in Atlanta, April 4, 2009.

Inter-disciplinary team publishes

Barbara Blakeney, RN; Penny Ford-Carlton; Chris McCarthy; and, Edward Coakley, RN, authored the article, "Unlocking the Power of Innovation," in *The Online Journal of Issues in Nursing*, May 31, 2009.

Bonanno and Heislein publish

Andrea Bonanno, PT, and Diane Heislein, PT, physical therapists, authored the article, "Effect of Exercise on Quality of Life and Functional Performance for Patients Undergoing Treatment for Gastrointestinal Cancer," in *Rehabilitation Oncology*, May, 2009.

Harker and Robbins present

Endoscopy staff nurses, Jane Harker, RN, and Christopher Robbins, RN, presented, "I'll Take Interesting GI Cases for \$200, Alex," at the 36th meeting of the Society of Gastroenterology Nurses and Associates, in St. Louis in May, 2009.

Oertel presents

Lynn Oertel, RN, clinical nurse specialist, Anticoagulation Management Services, presented, "Debate: is Patient Self-Testing a Good Thing?" at the 10th national conference of the Anticoagulation Forum on Anticoagulation Therapy, in San Diego, May 9, 2009.

Barron and Coakley present

Ann-Marie Barron, RN, clinical nurse specialist, and Amanda Coakley, RN, staff specialist, presented, "Introduction to Therapeutic Touch," and "An Exploration of Factors that Facilitate the Integration of Therapeutic Touch into Nursing Practice on an Inpatient Oncology and Bone Marrow Unit," at the Middle East Cancer Consortium, in Larnaca, Cyprus, May 8–10, 2009.

Carroll and Dykes present

Diane Carroll, RN, and Patricia Dykes, RN, presented, "Fall Prevention in Hospitals," at the New England Nurse Informatics Consortium, in Waltham, May 8, 2009.

Growney presents

Marion Growney, RN, nurse practitioner, presented "Radiology Cliffs Notes: what to Order and When," at the 16th annual northeast regional Nurse Practitioner Conference, in Newton, May 6, 2009.

Bartush presents

Paul Bartush, co-director, Volunteers, Interpreter & Information Associates, presented, "Beyond the Basics: a Strategic Approach to Advancing Volunteer Services," at the New England Association of Directors of Healthcare Volunteer Services annual spring conference, in Plymouth, May 20, 2009.

Chisari presents

Gino Chisari, RN, director, The Norman Knight Nursing Center for Clinical & Professional Development, presented, "LPN Scope of Practice in Infusion Therapy," at the annual meeting of the Infusion Nurses Society, in Nashville, May 18, 2009.

Clair-Hayes presents

Kathy Clair-Hayes, LICSW, presented, "Advancing Your Message: Increasing Your Volunteer Program's Visibility Using Plain Language Techniques," at the New England Association of Directors of Healthcare Volunteer Services annual spring conference, in Plymouth, May 20, 2009.

Capasso presents

Virginia Capasso, RN, clinical nurse specialist, presented, "Wound Care: what Really Works," at the Harvard Medical School Vascular and Endovascular Surgery Conference, May 8, 2009. Capasso also presented, "Managing Challenging Wounds," at the Northeast Regional Nurse Practitioner Conference, in Newton, May 7, 2009, and, "Hastening Wound Healing: Evidence Based Strategies," and "Hands-on Wound Care," at the 27th annual convention of the Society for Vascular Nursing, in Denver, May 1, 2009.

Banister speaks

Gaurdia Banister, RN, executive director, The Institute for Patient Care, was the keynote speaker at the Nursing Spectrum Excellence in Nursing Awards Celebration, in Burlington, May 12, 2009.

Larkin publishes

Mary Larkin, RN, clinical research manager, Diabetes Center, wrote the editorial, "Overcoming Psychological Barriers to Insulin Use," in *US Endocrinology*.

Nurses present

Endoscopy staff nurses, Sandra Hession, RN; Janet King, RN; and Deborah Palmer, RN, presented, "Motility: the Bridge to Opportunity," at the 36th meeting of the Society of Gastroenterology Nurses and Associates, in St. Louis in May, 2009.

Mulgrew and Squadrito present

Jackie Mulgrew, PT, and Alison Squadrito, PT, physical therapists, presented, "Management of the Acute Care Patient," at Mission Hospital, in Asheville, North Carolina, May 2–3, 2009.

Lowe presents

Colleen Lowe, OTR/L, occupational therapist, presented, "Case Presentation: Sensorimotor Re-education in the Treatment of Complex Regional Pain Syndrome," at Brigham and Women's Hospital, May 15, 2009. Lowe also presented, "Evaluation and Treatment of Work-Related Musculoskeletal Disorders," at Tufts University, May 20, 2009.

Inter-disciplinary team publishes

Walter Zawacki, RN; T. Gregory Walker, MD; Emily DeVasher, RN; Elkan Halpern; Arthur Waltman, MD; Stephan Wicky, MD; David Ryan, MD; and, Sanjeeva Kalva, MD, authored the article, "Wound Dehiscence or Failure to Heal Following Venous Access Port Placement in Patients Receiving Bevacizumab Therapy," in the *Journal of Vascular and Interventional Radiology*, in May, 2009.

Announcements

Clinical pastoral education fellowships for healthcare providers

The Kenneth B. Schwartz Center and the department of Nursing are offering fellowships for the 2010 MGH Clinical Pastoral Education Program for Healthcare Providers

Open to clinicians from any discipline who work directly with patients and families or staff who wish to integrate spiritual caregiving into their professional practice.

The Clinical Pastoral Education Program for Healthcare Providers is a part-time program with group sessions on Mondays from 8:30am–5:00pm. Additional hours are negotiated for the clinical component.

Deadline for application is September 1, 2009.

For more information, call Angelika Zollfrank at 4-3227.

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. 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.

New Perspectives on Mind and Body

2009 MGH Nurses Alumnae Fall Reunion Educational Program co-sponsored by the MGH Institute of Health Professions School of Nursing

Friday, September 25, 2009
Simches Auditorium
8:00am-4:30pm

\$20 before July 1, 2009
\$30 after July 1, 2009

6 nursing contact hours

Must register by
September 11, 2009

For more information,
call 6-3114.

Jeremy Knowles Nurse Preceptor Fellowship

Call for Applications

Applications are now being accepted for The Jeremy Knowles Nurse Preceptor Fellowship. The fellowship recognizes exceptional preceptors for their excellence in educating, inspiring and supporting new nurses or nursing students in their clinical and professional development.

The one-year fellowship provides financial support to pursue educational and professional opportunities.

Applications are due
by September 8, 2009.

For more information, contact your clinical nurse specialist or Mary Ellin Smith, RN, at 4-5801.

Published by

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

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Submissions

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For more information, call:
617-724-1746

Next Publication

July 30, 2009

Educational Offerings – 2009

July

**13, 14, 24,
27, 28 & 31**

Boston ICU Consortium Core Program
CSEMC
7:30am–4:30pm
Contact hours:TBA

July

14

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

July

15

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

July

20

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

July

20

Ovid/Medline: Searching for Journal Articles
Founders 334
10:00am–12:00pm
Contact hours: 2

July

21

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

July

23

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

July

27

Oncology Nursing Concepts
Yawkey 2-200
8:00am–4:00pm
Contact hours:TBA

July

28

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

July

29

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

30

Management of Patients with Complex Renal Dysfunction
Founders 311
8:00am–3:30pm
Contact hours:TBA

August

4

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

August

7

PALS Re-Certification
Simches Conference Room 3-1110
7:45am–4:00pm
No contact hours

August

7

Diabetic Odyssey
O'Keefe Auditorium
8:00am–4:30pm
Contact hours: TBA

August

11

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

August

11

New Graduate RN Development Program
Founders 311
8:00am–4:30pm
Contact hours:TBA

August

11

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

August

12

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

August

13

Building Relationships in the Diverse Hospital Community: Understanding our Patients, Ourselves, and Each Other
Founders 325
8:00am–4:30pm
Contact hours: 6.8

August

14

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

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

A Meeting of Hearts and Minds

The Eldercare Conference at MGH

On Thursday, June 25, 2009, the MGH Geriatric Medicine Unit hosted a conference for caregivers of older adults. In a packed O'Keefe Auditorium, the program featured Paula Span, author of the recently published,

When the Time Comes: Families with Aging Parents Share their Struggles and Solutions. Span described her experience writing the book, and a panel discussion followed focusing on the emotional, relationship, and decision-making challenges of caring for older loved ones.



(Photo by Paul Batista)

At Eldercare Conference, panelists (back row, l-r): Dr. Cornelia Cremens, MGH Geriatric Psychiatrist; Nancy Shapiro, executive director, Goddard House; and Andrea Cohen, CEO HouseWorks. (Front row): Peg Sprague, family member; author, Paula Span; and moderator, Barbara Moscovitz, LICSW, geriatric social worker.

Caring
Headlines
July 9, 2009

Returns only to:
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