

# Caring

Headlines

December 15, 2011

## AccessAbility Fair

See story on page 4 and frequently asked questions on page 9



*National Employees with Disabilities Month*

# A look back at our bicentennial year; a look ahead at our goals for 2012

As I reflect on the past year and the past two centuries, I feel privileged to be part of this great institution that has played such a pivotal role in shaping our community, and indeed, the healthcare landscape as we know it.

It hardly seems possible that this year, this bicentennial year that we anticipated for so long, is drawing to a close. For the past 12 months, we have celebrated the 200th anniversary of our hospital with special events, activities, and mementos. As I reflect on the past year and the past two centuries, I feel privileged to be part of this great institution that has played such a pivotal role in shaping our community, and indeed, the healthcare landscape as we know it.

2011 saw the publication of many commemorative books chronicling our storied past. A partial list includes:

- *Something in the Ether: a Bicentennial History of Massachusetts General Hospital, 1811–2011*
- *MGH Nursing at Two Hundred*
- *Evolution of Radiation Oncology at Massachusetts General Hospital*
- *A History of Urology at the Massachusetts General Hospital 1821–2011*
- *Innovations in Pediatrics at Massachusetts General Hospital, 1910–2010*
- *The Best Kept Secrets in Boston: Obstetrics and Gynecology at Massachusetts General Hospital, a Bicentennial History*

MGH erected a donor wall in the White Lobby to honor the many benefactors who have helped transform the hospital over the last 200 years. The wall includes the names of individuals and organizations whose generosity has contributed to the success of MGH since its founding in 1811.



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

Earlier in the year, leadership of MGH and McLean Hospital had an opportunity to join state and city officials at the Massachusetts State House for a ceremonial renewal of our original charter.

At a special event in June, MGH introduced 26 bicentennial scholars selected from local high schools. The MGH Bicentennial Scholars Program was the hospital's gift to the community, assisting students from Boston, Chelsea, and Revere to gain admission to, succeed in, and graduate from college.

We saw the opening of the Lunder Building (formerly, the Building of the Third Century), a 530,000-square-foot, 14-floor facility featuring state-of-the-art medical and architectural innovations. Inpatient units occupy the top five floors; the lower five house the Emergency Department, Radiation Oncology, operating rooms, the receiving dock, and Sterile Processing. The building was designed to support optimal patient care and environmental sustainability with attention to water and energy conservation, renewable resources, and emission control.

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If history has taught us anything, it is that change is not unique to any decade or century. Our desire to improve, excel, and advance patient care has driven our success for two centuries. We anticipate change. We embrace it. We depend on it.

Our year-long celebration culminated with the September 16th Bicentennial Gala attended by more than 1,000 MGH staff, friends, and guests. We were honored to receive a video message from President Obama congratulating MGH for being a true center of academic excellence. Keynote speaker, former Secretary of State, Henry Kissinger, reflected on his experiences as an MGH patient over the past several decades. And our own Bob Kacmarek, RRT, director of Respiratory Care joined with Alasdair Conn, MD, chief of Emergency Medicine, to share recitations from the founding fathers of MGH. It was a joyous and uplifting event.

At this time of year, we look forward to the annual admission of our most famous patient and erstwhile jolly old soul. The tradition of admitting Santa Claus each December began in the 1950s when an industrious medical resident took it upon himself to liven up a slow ER shift with the admission of a recognizable albeit fictitious holiday icon. Over the years, thousands of humorous notes have been added to Santa's medical record as staff of all religions and disciplines shared the care of this prestigious patient. But Santa's visits haven't all been fun and (reindeer) games; in 1965, Santa's symptoms were instrumental in solving the mystery behind an epidemic of *Salmonella cubana*. So I guess we should be grateful for that 'Silent Night' in the ED back in the 1950s.

Our bicentennial year was marked by numerous events, accomplishments, and opportunities. We worked with one another and our colleagues throughout the Partners network to re-design care — make it more affordable, effective, and efficient. We have begun the journey to create common clinical systems so that patient data can be easily shared across clinical settings

within MGH and across Partners affiliates. Our work on acute care documentation (ACD) is laying a vital foundation that will facilitate our transition to common clinical systems in the near future.

If history has taught us anything, it is that change is not unique to any decade or century. Our desire to improve, excel, and advance patient care has driven our success for two centuries. We anticipate change. We embrace it. We depend on it.

Each year, the leadership of Patient Care Services engages in a comprehensive process of strategic planning to ensure we're poised to meet the challenges of the future. This year, our deliberations generated the following goals:

2012 PCS Strategic Goals

- Goal #1: Develop an efficient and effective patient- and family-centered care delivery model to advance our philosophy of relationship-based care
- Goal #2: Design and implement new programs to improve patient and family satisfaction
- Goal #3: Lead patient-affordability direct-care initiatives
- Goal #4: Support and participate in care re-design efforts
- Goal #5: Advance the culture of Excellence Every Day
- Goal #6: Design and implement clinical and business information systems that support patient care, education, and research

As this milestone year comes to an end, I am energized by the lessons we've learned, by the pride I have in all of you and this great hospital, and by the important work we still have ahead of us. I look forward to working with you in the new year and the next century of MGH. I wish you all a safe and happy holiday.

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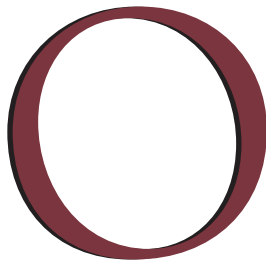
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# AccessAbility Fair

## *highlight of National Employees with Disabilities Month*

—by Zary Amirhosseini, disability program manager

Social worker, Shellie Legere, LICSW (left), moderates panel discussion with parents of children with complex medical needs (l-r): Brenna Nichol, and Paul and Karen Livernois.



Ability Fair under the Bulfinch tent. The event brought

On October 19, 2011, in honor of National Employees with Disabilities Month, the Disabilities Initiative under the auspices of the Office of Patient Advocacy, presented the first annual MGH Access-

Partners organizations together with businesses and groups from throughout the Greater Boston community to share ideas and resources and educate those interested in issues related to individuals with disabilities. The Bulfinch terrace was lined with booths and demonstrators representing more than 30 organizations and focusing on: Adaptive Equipment and Technology; Know Your Body, Know Yourself; and Hospital and

Community Resources. The fair was an opportunity to showcase programs, products, and innovations of interest to staff, patients, and visitors.

Jeff Davis, senior vice president for Human Resources, introduced keynote speaker, Charles Carr, commissioner of the Massachusetts Rehabilitation Commission, which operates within the Massachusetts Department of Health and Human Services. Carr spoke about the many challenges facing individuals with disabilities and encouraged

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## Disability Awareness (continued)

leadership of MGH and all local businesses to hire qualified individuals with disabilities.

At MGH, National Employees with Disabilities Month also featured presentations at the Blum Patient & Family Learning Center. Topics included Autism, ALS, and Mental Illness. A panel comprised of parents of children with complex medical issues spoke about the challenges they face in obtaining crucial services for their special-needs children. Panelists shared personal stories of how they navigated the complex web of

Scenes from the MGH AccessAbility Fair, and bottom right, Darlene Sawicki, RN (left), and Amy Swartz, PT, talk about the challenges of ALS in the Blum Patient & Family Learning Center.

federal, state, and community programs designed to assist families who provide round-the-clock care for their children at home.

The AccessAbility Fair was capped off by a raffle of prizes donated by local contributors. Nearly 200 people attended the fair. Feedback was very positive and will be helpful as we plan more awareness-raising events in the months ahead.

For more information on the AccessAbility Fair or issues related to disabilities or access to MGH, contact Zary Amirhosseini, disability program manager, at 3-7148.



# Never lose faith that goodness and beauty will prevail

I suspect  
many of us  
carry burdens  
of sorrow every  
day. There was  
a time in my  
career when  
I had to leave  
oncology nursing  
because that  
burden was  
too great.

**M**y name is Helen Brandt, and as an oncology nurse, I have the opportunity to hear the stories of patients with serious illnesses all the time. ‘Mary’ was 49 when she was diagnosed with incurable lung cancer. She was married with two teen-aged children. When I met her to administer her first chemotherapy treatment, I was the mother of my own 16-year-old son. It was easy to imagine the fear and anger she might have brought to treatment that day. But she was pleasant and outgoing, with no anger, no ‘why me’ attitude. Over the next three years as one treatment after another failed, Mary was never fearful or anxious. She always smiled, full of life, excited about her latest adventures, and there were many. One day, when we had known each other for some time, I asked her how she lived so fully in the face of such a dire diagnosis. She said:

“When I was first diagnosed, I panicked—totally panicked. My whole world came crashing down. But after a few days, this calm came over me. My focus changed. I had lung cancer, yes. But I wasn’t dead yet. I was still here, and I still loved life. And with this calm, everything looked different. I had a new start. I hadn’t been a happy person before being diagnosed. I was un-



Helen Brandt, RN, oncology staff nurse

happy in my work and in my marriage. But when my focus changed, I was suddenly so happy to be alive. I had never liked winter before. Now I love being out in the snow, cross-country skiing, being close to nature. The good days and the bad days are all precious. Cancer gave me the gift of life.”

Mary showed me that it’s possible to see beauty in every day, even while living with terminal illness.

‘David’ was in his early 50s when he was diagnosed with an aggressive lung cancer. He was happily married to his high-school sweetheart and had two young-adult sons of whom he was very proud.

Every time David came for chemo, he was accompanied by his wife and son, Eric. Chemo lasted about two hours and Eric, the son, would settle in and take out his water colors. He spoke little, just slipped into his world of painting. I remember one of Eric’s water-colors in great detail. It was painted the day his father

*continued on next page*

Part of what  
makes me look  
forward to  
going to work  
are the endless  
gifts of beauty I  
see every day:  
music, nature,  
family, intense  
connection with  
my patients,  
and the faith  
that where  
there is sorrow,  
goodness can  
also be found.  
My patients  
show me that  
every day.

suffered a setback. Doctors were conflicted about ordering chemo because David was so ill. After talking with David and his family, everyone agreed that they wanted to give chemo one more chance. As David lay in a bed, barely able to speak, Eric took out his watercolors. When he was done he taped his painting on the wall—a solitary fisherman casting his line out over the blue/green sea, toward a setting sun. In the bottom corner were the simple words, “Gone Fishin’.” Eric had reached down into sadness to find the beauty of his father’s life.

I don’t mean to minimize human suffering. Nobody aspires to these situations. These are times of fear, dread, and pain. Mary and Eric weren’t given the options they would have chosen, yet each found a way to mine beauty out of deep sorrow.

Fannie Flagg makes this observation about the human condition: “Poor little old human beings—they’re jerked into this world without having any idea where they came from or what it is they are supposed to do, or how long they have to do it in. Or where they are gonna wind up after that. But bless their hearts, most of them wake up every morning and keep on trying to make some sense out of it. Why, you can’t help but love them, can you? I just wonder why more of them aren’t as crazy as betsy bugs.”

And why aren’t we as crazy as betsy bugs? What sustains us in times of unspeakable sorrow?

I have been instructed by my cancer patients. Yes, there is tragedy and suffering in the world, but there’s also joy and beauty, and I truly believe it’s all mixed up together. I don’t expect someone suffering to be able to see the good that I as a privileged onlooker see. But observing these lives gives me a repository of hope that is there when I need it.

Recently, I cared for Mr. R, who was the patient of a fellow nurse who was off one day. Mr. R was a 76-year-old gentleman with aggressive, life-threatening thyroid cancer. He had come for his first treatment with a strong chemotherapy drug. It was a turning point in his treatment; complications had arisen.

I was concerned that Mr. R might be nervous because I wasn’t his regular nurse. But he was very relaxed and friendly, accompanied by his equally kind and relaxed wife. It didn’t take long to see where Mr. R found his meaning. I had seen a note written by his nurse, so I asked Mr. R about his grandchildren.

Instantly, this grandfather’s eyes lit up as he started talking about his grandchildren. I can still feel the visceral reaction I had to the joy he felt. He was alive, energized, mentally and emotionally healthy. Whenever I think of him, I am lifted by the energy of that love.

When I get discouraged, and I do, I look for those pieces of goodness that lift my spirit. I think of the patients who arrive on my unit terrified and angry. I watch as they gradually relax, reassured by the care and support of a total stranger who’s now an ally in their journey. The power of this connection is indescribably nourishing and transforming.

Sometimes it’s impossible to find beauty in tragedy. The burden of grief is too great. We struggle in despair, no light, no interest, no motivation to go on. I guess that’s where faith comes in. Faith that there is goodness in the world; that life and beauty will prevail; that our inner flame cannot be extinguished by grief.

I suspect many of us carry burdens of sorrow every day. There was a time in my career when I had to leave oncology nursing because that burden was too great. I moved to obstetrical nursing—to help deliver babies. But after nine years oncology called me back, and I’ve been practicing in that setting for the last ten years. Part of what makes me look forward to going to work are the endless gifts of beauty I see every day: music, nature, family, intense connection with my patients, and the faith that where there is sorrow, goodness can also be found. My patients show me that every day.

In her book, *Eat, Pray, Love*, Elizabeth Gilbert tells the story of her journey out of depression after a difficult divorce. She writes, “My life had gone to bits, and I was so unrecognizable to myself that I probably couldn’t have picked me out of a police line-up. But I felt a glimmer of happiness when I started studying Italian, and when you sense a faint potentiality for happiness after such dark times, you must grab onto the ankles of that happiness and not let go until it drags you face-first out of the dirt—this is not selfishness, but obligation. You were given life; it is your duty (and also your entitlement as a human being) to find something beautiful within life, no matter how slight.”

May each of us find that beauty that sustains and nourishes us and gives us at least that glimmer of happiness.

# Comfort and Support after Loss Memorial Service

—by Leslie Kerzner, MD, MassGeneral Hospital for Children

“The tragedy of losing a child is like no other,” said one parent. “It is an inexplicable, inconceivable event,” said a high-risk obstetrician. “We remember your child’s strength; it inspires us even on our worst day,” said a pediatric ICU doctor.

These were some of the comments heard at the 20th annual MassGeneral Hospital for Children Pediatric, Neonatal, and Obstetric Memorial Service, November 6, 2011. The annual service is dedicated to MGH families who’ve experienced the death of a child, including miscarriage or still-birth. Families and staff return year after year to participate in this meaningful event.

Fredda Zuckerman, LICSW, chairperson of the Comfort and Support After Loss Committee, moderated the service that included remarks by Phoebe Yager, MD, pediatric intensivist; Susan Caffrey, RN, nursing director; and Anjali Kaimal, MD, maternal-fetal medicine specialist. Medical interpreter, Herve Dorsinville, welcomed Spanish-speaking attendees, and pediatric chaplain, Ann Haywood-Baxter, MDiv, offered words of prayer. Some parents shared stories and poems in remembrance of their children, others offered healing words for those whose losses were more recent.

Music therapist, Lorrie Kubicek, and Kimberly Khare provided background music and vocals throughout the service. One of their original songs, *Stay True*, was especially appropriate for the occasion.

Parents, families, and loved ones were invited to participate in the naming ceremony, a practice that has become a poignant tradition at these services. Each family was given a pewter heart and daffodil bulbs in memory of their loved one, and many families displayed personalized fabric memorials, which will be placed in a memorial scrapbook. The service culminated with the symbolic candle-lighting followed by a moment of silence and a slide show depicting years of precious memories. Heidi Jupp, RN, and other volunteers provided fun activities for younger family members at the MGH Back-up Child Care Center.

Following the service, a reception was held in the East Garden Room where families had a chance to re-connect with caregivers and meet other families experiencing grief. Quilts and scrapbooks from previous years were on display.

For more information about the annual Pediatric, Neonatal, and Obstetric Memorial Service, call Kathryn Beauchamp, RN, at 4-3888.

Back row (l-r): Ann Haywood-Baxter, MDiv; Kathryn Beauchamp, RN; Clorinda Cottrell, LICSW; Brenda Miller, RN; Catherine Harris, RN, and April Kim, RN.  
Front row: Melissa Anne Whitty, CCLS; Nancy Leventhal, LICSW; Fredda Zuckerman, LICSW, chairperson; Kate Stakes, RN; Leslie Kerzner, MD; and Jamie Lee Rossi, CCLS.  
(Members of the Comfort and Support after Loss Committee not pictured: Heidi Jupp, RN, and Eileen White.)



(Photo provided by staff)



# Creating a welcoming environment for patients with disabilities

When we talk about a disability, we're talking about any kind of restriction or condition (physical, cognitive, mental, sensory, emotional, or developmental) that could limit a person's ability to perform activities as easily as most people perform them.

*Question:* I'm happy to see that MGH is making such great strides in accommodating patients with disabilities. Is there anything we can do to help make their visits more welcoming?

*Jeanette:* When we talk about a disability, we're talking about any kind of restriction or condition (physical, cognitive, mental, sensory, emotional, or developmental) that could limit a person's ability to perform activities as easily as most people perform them. As healthcare providers and good citizens, we want to make access to MGH as welcoming and inclusive as possible. As a general rule:

- avoid using the terms, 'handicapped,' or 'mentally retarded'
- don't make assumptions about what a person can or can't do
- always ask to clarify what, if any, assistance is desired
- never move a person's crutches, walker, wheelchair, or cane without asking
- don't pet or interact with service animals without permission from the owner
- use person-first language, as in, 'person with a disability,' versus 'the disabled'

*Question:* When I'm speaking to a person in a wheelchair, I never know where to stand. I don't want to be rude, but there doesn't seem to be an obvious place to stand.

*Jeanette:* Individuals who use wheelchairs, walkers, or canes consider these devices to be an extension of themselves. You should not treat them as your own stepstools, seats, or property. They are an important

part of each person with a disability and should be treated with respect. As a general rule:

- position yourself at the same eye level as the person in the wheelchair
- talk face-to-face
- when entering an elevator, back the wheelchair into the chamber so the person is not staring at the back wall
- remember, you're there to assist not take over

*Question:* What resources are available at MGH to help us better serve our patients with disabilities?

*Jeanette:* The Council on Disabilities Awareness was formed in 2003 to help the hospital address the diverse needs of MGH staff, patients, families, and visitors with disabilities. Its mission is to advise, challenge, and engage the MGH community in moving beyond the mandates of compliance to create a welcoming and accessible environment for all.

The MGH Disability Program, under the auspices of the Office of Patient Advocacy, partners with staff and clinicians to provide support and services to individuals with disabilities. This resource is available to help determine appropriate accommodations for patients, families, and staff; provide training and education; coordinate services; recommend changes to the physical space to make MGH more accessible; and respond to issues or concerns related to access.

For more information about the Disability Program or any issues related to access or services for individuals with disabilities, contact disability program manager, Zary Amirhosseini, at 6-3370.

# Professional Achievements

## Callahan honored

Janet Callahan, PT, physical therapist, received the Outstanding Achievement in Clinical Practice Award from the American Physical Therapy Association of Massachusetts, November 5, 2011.

## Donahue honored

Vivian Donahue, RN, nursing director, Cardiac ICU, received the Medivance Arctic Circle Excellence Award November 17, 2011.

## Ferrari receives fellowship

Angela Ferrari, RN, nurse midwife, Obstetrics and Gynecology Service, received the Durant Fellowship, in September, 2011.

## Guanci honored

Mary Guanci, RN, clinical nurse specialist, Neuroscience, received the Medivance Arctic Circle Excellence Award in November, 2011.

## Dunlea certified

Kristina Dunlea, PT, physical therapist, became certified as a credentialed clinical instructor by the American Physical Therapy Association, in Alexandria, Virginia, in October, 2011.

## Roche certified

Katelyn Roche, RN, clinical nurse specialist, Othopaedics, became certified as a wound specialist by the American Academy of Wound Management, in November, 2011.

## Arnstein presents

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, presented, "Challenging Pain Throughout Life and at the End of Life," at the fall conference of the Massachusetts Association of Registered Nurses, November 4, 2011.

## Nurses publish

Richard Ahern, RN; Inge Corless, RN; Sheila Davis, RN; and Jeffrey Kwong, RN, published their article, "Infusing Swanson's Theory of Caring into an Advanced Practice Nursing Model for an Infectious Diseases Anal Dysplasia Clinic," in the November/December 2011 issue of the *Journal of the Association of Nurses in AIDS Care*.

## Brown presents

Carol Brown, RN, nurse practitioner, Cardiac Unit, presented, "12-Lead ECG Interpretation and Cardiac Arrhythmias," at UMass, Boston, November 1, 2011.

## Doherty presents

Regina Doherty, OTR/L, occupational therapist, presented, "Ethics and Occupational Therapy: a Survey of Practitioners," at the 2011 conference of the Massachusetts Association for Occupational Therapy, October 28, 2011.

## Inter-disciplinary team presents

William Evans, SLP; Gloria Waters; and David Caplan, MD, presented, "Obligatory Deep Processing? Task Effects in Sentence Reading During Eye Tracking," at the 2011 conference of the American Speech-Language-Hearing Association, in San Diego, November 18, 2011.

## Griffith presents

Catherine Griffith, RN, staff nurse, Clinical Research Center, presented, "Advancing Professional Practice: Research Nurse Roundtable," at the 3rd annual conference of the International Association of Clinical Research Nurses, National Institutes of Health, in Bethesda, Maryland, November 17, 2011.

## Hoar presents

Marti Hoar, RN, transplant coordinator, presented, "Epitheliod Hamangi endothelioma: Transplant—a Treatment Option in an Adult with a Pediatric Diagnosis," at the 20th annual symposium of the International Transplant Nurses Society, in Goeburg, Sweden, September 15–17, 2011.

## Callahan presents

Janet Callahan, PT, physical therapist, presented, "Physical Therapy for Parkinson's and Alzheimer's Diseases for the Boston Asian Community," at the South Cove Community Health Center, October 11, 2011. Callahan also presented, "Concussion: Physical Therapy Assessment and Management," at the annual conference and exposition of the American Physical Therapy Association November 5, 2011.

## Furlong featured

Donna Furlong, RN, staff nurse, Cardiac ICU, was profiled in a chapter on Postoperative Cardiac Nursing, in the *Top 101 Experts of Cambridge Who's Who Publishing*.

## Hollywood presents

Joanna Hollywood, OTR/L, occupational therapist, presented, "Splinting the Hand and Upper Extremity," at Tufts University, November 21 and 28, 2011.

## Nippins presents

Matthew Nippins, PT, physical therapist, presented, "The Nuts and Bolts of Cystic Fibrosis: Basics for New Healthcare Providers," and "Exercise Studies in Cystic Fibrosis," at the North American Cystic Fibrosis Conference, in Anaheim, California, November 2–4, 2011.

## Nolan presents

David Nolan, PT, physical therapist, presented, "Current Concepts in Managing Knee Dysfunction: Non-Operative and Post-Operative Care," at the annual conference and exposition of the American Physical Therapy Association, November 5, 2011.

## Novikoff and Port present

Amy Novikoff, CCC-SLP, speech-language pathologist, and Leandro Port presented, "SLPs & Interpreters," at the MGH Institute of Health Professions, August 1, 2011.

## Noyes presents

Daphne Noyes, staff chaplain, presented, "The Art of Healing Presence: the Essence of Nursing Practice," at the third annual Spirituality and Nursing Conference, November 19, 2011.

## Washington appointed

In November, 2011, Deborah Washington, RN, director of PCS Diversity, was appointed, co-chair of the Diversity Workgroup for the Future of Nursing Campaign for the Action Initiative of the Institute of Medicine. The Future of Nursing report addresses recommendations for nursing practice, education, leadership, and workforce.

## Nurses publish

Deborah D'Avolio, RN; Mary Ellen Heike, RN; Debra Burke, RN; and Theresa Gallivan, RN, authored the article, "The Plus of 65 Plus," in *Nursing Management*, November, 2011.

## O'Toole presents

Jean O'Toole, PT, physical therapist, presented, "The Natural History of Cording Following Treatment for Breast Cancer," at the annual meeting of the American Society of Shoulder and Elbow Therapists, in White Sulpher Springs, West Virginia, October 13, 2011.

## Roberge presents

Barbara Roberge, RN, nurse scientist and nurse practitioner, MGH Senior Health, presented, "Characterizing Emergency Department Utilization Patterns from a Geriatric Primary Care Practice," at the annual meeting of the Gerontological Society of America, November 21, 2011.

## Townsend presents

Elise Townsend, PT, physical therapist, presented, "Managing the Physical Therapy Needs of Boys with Muscular Dystrophy: a Team Approach," at the American Physical Therapy Association, in Providence, Rhode Island, October 25, 2011.

## Lucas presents

Michele Lucas, LICSW, social worker, presented her poster, "Hyperarousal/Hypervigilance in Brain Cancer Patients Creates a Cycle of Sleep Disturbance and Daytime Sleepiness," at the 16th annual scientific meeting and education day of the Society of Neuro-Oncology, in Garden Grove, California, November 18, 2011.

## Nunn presents

Danny Nunn, CCC-SLP, speech-language pathologist, presented, "Swallowing Disorders on Neuromuscular Disease," "Speech and Language Services Provided at Massachusetts General Hospital," "Guidelines and Protocols for Speech, Language and Swallowing Evaluation and Treatment," "Updates on SLP Therapy," and, "Speech-Language Pathologist in the Hospital Setting," at the first international Rehabilitation Symposium, in Sao Paulo, Brazil, October 8, 2011.

# Announcements

## Annual Chaplaincy Holiday Songfest

Thursday, December 15, 2011  
12:00–1:00pm  
Main Corridor

Come and join in the festivities. Holiday attire is encouraged. Award will be given for "Best Dressed!"

For information, call 6-2220.

## Chaplaincy Holiday Schedule

### Chanukah

December 20–28, 2011

The first candle of Chanukah will be lit Wednesday night, December 20th.

(Candle-lighting will take place in the MGH Chapel foyer early each evening of Chanukah.)

The Chapel Chanukah Chappening

Friday, December 16th

12:15pm

MGH Chapel

Chanukah songs and psalms, prayers for Shabbat, and inter-faith reflections on the meaning of light. Dreidel spin-off and Chanukah food in the foyer immediately following.

### Christmas

Christmas Day Christian service  
Sunday, December 25th

12:15pm

MGH Chapel

All are welcome.

Roman Catholic Masses

Christmas, holy day of obligation:  
Mass at 4:00pm, December 24th,  
and Sunday, December 25th.

The Solemnity of Mary, the  
Mother of God, holy day of  
obligation: Mass at 4:00pm  
December 31st and  
January 1, 2012.

The Chaplaincy extends greetings to those celebrating Ramadan, Diwali, Kwanzaa, and all other holiday observances.

All are welcome at services in the MGH Chapel.

For more information,  
call 6-2220.

## Clinical Recognition Program

The Clinical Recognition Review Board and Steering Committee are happy to announce a new initiative by which clinicians applying for recognition at the advanced clinician and clinical scholar levels can submit their portfolio for a preview prior to formal submission. This voluntary, anonymous process gives clinicians an opportunity to receive feedback on their portfolios from former review board members.

Reviewers will provide feedback on specific areas identified by clinicians, leadership, and review board members based on past experience.

For more information, e-mail questions or portfolios to  
MGH PCS Clin Rec  
(in the Partners directory).

## Attention clinical research nurses

The International Association of Clinical Research Nurses (IACRN) is looking for clinical research nurses interested in participating in a new local chapter.

The IACRN is an international organization dedicated to promoting the role of clinical research nurses and providing a forum for research nurses, research nurse practitioners, and others to discuss issues common to this specialized practice.

Membership in the Boston chapter is open to all interested research nurses in New England. Meetings are held three times per year. Next meeting:

March 8, 2012  
6:00pm  
location TBA

For more information, contact Mary Larkin, RN, at 4-8695, or e-mail [bostoniacrn@gmail.com](mailto:bostoniacrn@gmail.com).

## New Ostomy Support Group

New Ostomoy Support Group meets on the third Thursday of each month. Next meeting:

December 15, 2011  
4:00pm  
WACC 455

All colostomy, ileostomy and urostomy patients and families are welcome.

For more information,  
call 6-2760.

## One-stop intranet site for strategic priorities

Want to know more about the Partners-MGH patient care re-design, patient affordability, and budget review initiatives? Wondering about the time line?

To read the latest articles about this work, or if you have a cost-reduction idea or better way to deliver patient care, visit the new MGH/MGPO intranet site:

<http://priorities.massgeneral.org>.

## What you should know about human trafficking

January 11th is Human Trafficking Awareness Day

"Heightened awareness, enhanced response: a discussion on human trafficking and child sexual exploitation"

featuring speakers from the My Life, My Choice Project through The Family Justice Center, Boston Police Department, and the MGH Emergency Department.

January 11, 2012  
12:00–1:30pm

Simches Conference Room 3-130

A light lunch will be served. Social Work CEUs available.

Please RSVP by January 3rd to 6-6976, or for more information, call Elizabeth Speakman, at 6-7674.

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### Publisher

Jeanette Ives Erickson, RN  
senior vice president  
for Patient Care

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### Next Publication

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# The circle of life... in triplicate!



Staff nurses, Emily Peacock, RN (back), and Bernadette Reilly Smorawski, RN, LICSW, in the Neonatal Intensive Care Unit (NICU) with proud father, Joseph Ferrara, whose triplets, Franco, Tommaso, and Joseph, Jr., arrived nine weeks early. But what makes this story interesting is that 36 years ago, in July of 1975, Smorawski cared for Joseph Ferrara, Sr., then an infant, who was also born nine weeks early. And to add to the coincidence factor, when Smorawski cared for Ferrara back in 1975, she was four months pregnant. Peacock, strategically positioned behind the chairs, is also pregnant and set to deliver any day now. The circle of life, right here in our own MGH NICU.

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