

# Caring

Headlines

March 3, 2011



(Photo provided by the MGH Nurses' Alumnae Association)

## 2011

*Our  
bicentennial  
year; a time  
to look back at  
our long and  
storied past*

See Jeanette Ives Erickson's column on page 2 and MGH Nursing Alumnae Association article on page 4

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More than 8,000 operations were performed in the Ether Dome between 1821 and 1868. In the early days of nursing, the Ether Dome also served as a classroom for the MGH School of Nursing.

# A brief history of Patient Care Services

## *Commitment, service and leadership*

**O**n Friday, February 25, 2011, along with many of our colleagues, I had the privilege of attending the MGH and McLean Hospital charter renewal ceremony at the Massachusetts State House in honor of the two-hundredth anniversary of the signing of legislation that founded our two hospitals. It was an inspiring occasion. I was proud to be in attendance as we re-affirmed our commitment, “to tend to the health needs of Boston’s poorest, sickest and most vulnerable.”

We’re almost three months into our bicentennial year, and I think we all feel that sense of history as we walk the halls of this great institution. We are the most recent stewards of one of the oldest and most revered academic medical centers in the country. We have every right to be proud of our contributions and the contributions of those who came before us—those who set the bar high and who still challenge us to be the best we can be. The histories of the professions that comprise Patient Care Services tell a powerful story of commitment, service, and leadership.

The first Social Services department in the country was founded right here at MGH in 1905 by Richard Cabot, MD, and Ida Cannon. Cabot introduced the first social workers into the outpatient setting, and Cannon joined the department after graduating from the newly formed School of Social Work (now Simmons College). Cannon officially became director in 1908 and held the position until she retired in 1945. Together, Cabot and Cannon slowly integrated social work into the inpatient setting.



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

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Cannon’s work was based on three fundamental principles: providing patient-centered care; identifying and interpreting the psychosocial aspects of illness and placing the patient within the context of his family and life; and teamwork, all disciplines working together to maximize good patient care. The concepts developed by Cabot and Cannon remain the guiding principles of social work practice at MGH today (Look for more on the history of Social Work in the March 17th issue of *Caring Headlines*).

In 1905, Occupational Therapy (OT) was the first paramedical service offered within the broad scope of rehabilitation services at MGH. At that time, the focus of OT was more recreational than remedial and not under any medical supervision. In the early days, a clay-modeling class was offered, and later a cement shop to help occupy handicapped men.

During World War I, OT was used to rehabilitate soldiers, and that’s when the profession began to focus on physical disabilities. During World War II, in the period known as the Rehabilitation Movement, OT and PT were unified into a single unit at MGH under

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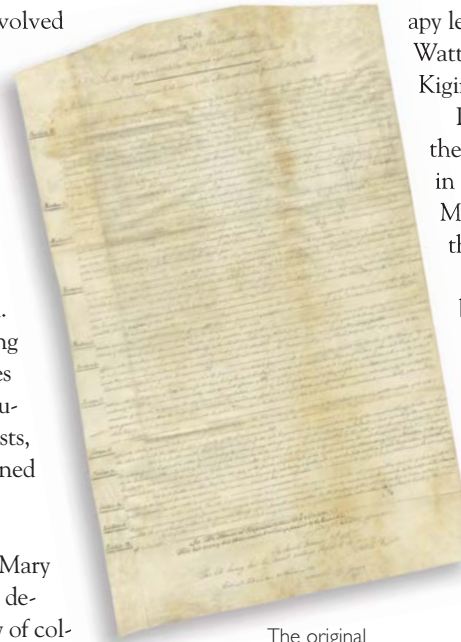
the direction of a physician. This was an active time for OT as it was used to help soldiers returning from war to be able to work again.

MGH opened the Baystate Rehabilitation Clinic in 1951, where the focus of OT was functional training, which later evolved into ‘work therapy.’

In 1960, occupational therapists began treating pediatric and developmentally disabled patients, initiating a move to two distinct areas of specialization—physical disabilities and psychosocial dysfunction.

In 1972, a team specializing in hand and upper-extremities was created comprised of occupational and physical therapists, and in 2009, a clinic was opened in the Yawkey Building.

Since its inception in the 1940s under the direction of Mary Nesbit, the Physical Therapy department has shared a history of collaboration with physicians and others to bring essential services to patients and families. Most notably during the polio epidemics of the mid-twentieth century when Arthur Watkins, MD, was chief of Physical Medicine, and physical therapists played a pivotal role in caring for patients with polio.



The original MGH charter

In 1971, physical therapy became a key component of care in intensive and critical care units.

In 1980, the MGH Institute of Health Professions admitted its first class to the Master of Science in Physical Therapy Program with the help of many therapy leaders from MGH, including Nancy Watts, BA Harris, Polly Cerasoli, and Colleen Kigin.

Physical Therapy expanded its presence to the Chelsea and Charlestown health centers in 1982 in collaboration with Roger Sweet, MD, a staunch advocate for health care in these then under-served communities.

The department welcomed its first board-certified clinical specialists in 1985, and today boasts more than 40 board-certified specialist in all areas of PT (Pediatrics, Geriatrics, Sports, Orthopaedics, Cardiovascular & Pulmonary, Neurology, and Women’s Health).

In 1993, the Vestibular Rehabilitation Program was created under the direction of Kathleen Gill-Body, PT, in collaboration with Stephen Parker, MD, and others.

And over the past ten years, Physical Therapy has expanded its presence with practices at MGH West, the Revere HealthCare Center, the Sports Medicine Service (in 2006), and the BWH-MGH HealthCare Center at Foxborough (in 2009).

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# Looking back at the MGH School of Nursing 100 years after *The Quarterly Record* was first published

—by Linda Lass Orrell, RN, and Susan Fisher, RN, MGH Nurses' Alumnae Association historians

Reviewing old photographs and documents was quite literally a 'walk down memory lane' for Alumnae Association historians, Linda Lass Orrell, RN, and Susan Fisher, RN.

Photo shows the pin of the MGH Training School and School of Nursing

This year, coinciding with the MGH bicentennial celebration, the newsletter for the MGH Nurses' Alumnae Association, *The Quarterly Record* (now simply called, *The Record*), celebrates its 100th anniversary. Members of the Alumnae Association have worked with the department of Nursing over the past year to help create a written and pictorial history of MGH nursing, which will be released later this year. Reviewing old photographs and documents was quite literally a 'walk down memory lane' for Alumnae Association historians, Linda Lass Orrell, RN, and Susan Fisher, RN.

Some of the nuggets they unearthed include:

- In 1872, a group of concerned Boston citizens led by Sarah Cabot came together to discuss a need for trained nurses. Until that time, nurses had little to no formal training. The group included Cabot, Cora Shaw, Martin Brimmer, and Mary E. Parkman. Parkman later met with Florence Nightingale to seek advice on starting a training school in Boston.
- In 1873, based on the Nightingale model, the Boston Training School for Nurses opened at MGH. The Bellevue Hospital School of Nursing in New York and the Connecticut Training School for Nurses in New Haven had started similar programs months before, but though it was the third school of its kind to open, it was the last to close.



- In 1895, graduates of the Boston Training School met in response to a call by Sophia Palmer and Mary E.P. Davis to organize an alumnae association. They felt "that the Boston Training School, being one of the first to be established in the country, its graduates known and appreciated, not only for their excellent training, but for their executive ability and professional acumen as well, thought this the psychological moment, as it proved to be, to form such a society, and thus enable its members to take part in all initiative movements that made for progress or improvement. Eighty-one graduates responded to the call..." (From the History of the Alumnae Association Boston and Massachusetts General Hospital Training School for Nurses)
- In 1896, after nearly a quarter century of independent existence, the school came under the management of the hospital, and the school officially became the Massachusetts General Hospital Training School for Nurses.
- In 1911, 11 years after the Alumnae Association was formed, more than 600 graduates practiced throughout North America, Europe, Africa, and the Philippines. In order to maintain contact with graduates and share information about MGH, *The Quarterly Record* was created and sent to graduates four times a year. Over the years, the name and frequency of the publication have changed (currently called, *The Record*). It has been published without interruption for 100 years by volunteer editors and funds from the Alumnae Association.

## MGH Nurses' Alumnae Association (continued)

- In 1940, as the academic level of education elevated the curriculum to more than a training program, the school became known as the Massachusetts General Hospital School of Nursing. And the Alumnae Association incorporated to become the Massachusetts General Hospital Nurses' Alumnae Association, Inc. (MGHNAA).
- In 1965–1970, the advent of Medicare highlighted the importance of nursing education and staffing. In 1960, MGH had 958 beds and only 278 nurses. Units were staffed primarily by student nurses, but Medicare didn't cover students. By 1970, the hospital had grown to 1,085 beds and 650 nurses. At the same time, the American Nurses Association pushed for nursing education to take place in academic settings, putting hospital-based nursing programs at risk.
- In 1973, retired nursing director, Ruth Sleeper, urged MGH general director, John Knowles, MD, to seek degree-granting status for the hospital.
- In 1977, the Massachusetts Board of Higher Education conferred degree-granting authority to the MGH Educational Divisions, making it the first hospital to receive such authority. This paved the way for the creation of the multi-disciplinary MGH Institute of Health Professions.
- In 1981, after 108 years, the MGH School of Nursing graduated its last class.
- In 1982, nursing education at MGH resumed when the first class of nursing students entered the MGH Institute of Health Professions Graduate Program in Nursing.
- In 2004, The MGHNAA commissioned a sundial sculpture to be created in honor of nursing and presented it to MGH nurses during Nurse Week. Soon after, the sculpture was installed where it stands today on the lawn outside Treadwell Library.
- In 2009, The MGHNAA Board funded two new endowments, the first to the MGH Institute School of Nursing to be used for scholarships and the second to the department of Nursing to be used for nursing research and education.
- In 2011, the centennial issue of *The Record* was published in March.

In 1923, at a 50th anniversary celebration, nurses re-enact the founding of the School of Nursing with costumes depicting original committee members: Sarah Cabot, Cora Shaw, Martin Brimmer, and Mary E. Parkman. The identity of the fourth woman is not known.



(Images provided by the MGH Nurses' Alumnae Association)

# One small safety report; one giant step for patient-safety

—by Chris Callahan, RN, patient safety staff specialist, Center for Quality & Safety

Staff nurse, Courtney Gray, RN (holding certificate), and clinical nurse specialist, Susan Stengrevics, RN (center back), are recognized for their part in rectifying a patient-safety issue by filing a safety report.

They are pictured below with colleagues on Ellison 9 and representatives from the MGH Center for Quality & Safety and the PCS Office of Quality & Safety.

**N**ever underestimate the importance of filing a safety report. In August, 2010, staff nurse, Courtney Gray, RN, of the Ellison 9 Cardiac ICU, submitted a safety report to the Edward P. Lawrence Center for Quality & Safety (CQS) related to a malfunctioning piece of equipment. While preparing to transport a patient to the Cardiac Cath Lab for a pulmonary-artery-line placement, Gray noticed the patient's blood pressure drop significantly.

While medically managing the drop in pressure, she noted that the bag on the transducer was flat, not holding pressure, and the machine was giving false readings. She changed the bag several times with the same result. Gray was able to obtain a properly working machine from the Cath Lab then filed a safety report describing her experience.

The report was triaged by staff of the Center for Quality & Safety to the departments of Medicine, Nursing, and Materials Management. During the investigation on the unit, clinical nurse specialist, Susan Stengrevics, RN, reported that two of the bags had been from the same lot. She recommended pulling the lot from inventory to ensure patient safety. Materials Management pulled the lot and sent it back to the manufacturer with a full account of what had happened.

Chris Callahan, RN, CQS patient safety staff specialist, reported the event to MedSun, the medical product-safety branch of the Food and Drug Administration that helps healthcare facilities, clinicians, and manufacturers rectify issues with medical devices to protect patient safety.

On January 31, 2011, MedSun notified MGH that it was being recognized for Outstanding Contribution in Promoting Patient Safety because, based on feedback triggered by Gray's safety report, the vendor identified ways to improve the manufacturing process. Certificates of appreciation were presented to Gray and Stengrevics in recognition of the important role they played in correcting this safety issue.

Never underestimate the importance of filing a safety report. Improvement depends on staff recognizing safety issues and bringing them to the attention of the Center for Quality & Safety so they can be investigated. For more information, call 6-9282.



# A virtual tour of the Lunder Building

*Question:* I know the Lunder Building is nearing completion. When will units move into the new space?

*Jeanette:* The move will happen in phases. Materials Management is scheduled to move in July, and that's also when the new Emergency Department ramp will open. Procedure areas will move in August and September, and inpatient beds and Radiation Oncology will move in September.

*Question:* Which units will be moving to the Lunder Building?

*Jeanette:* The Emergency Department, Perioperative Services, Radiation Oncology, and five inpatient units will move to the Lunder building; the Sterile Processing Department and Materials Management will shift operations to Lunder, as well.

Radiation Oncology will re-locate to lower levels two and three, which will house six linear accelerators (linacs). Some Radiation Oncology services will remain in the Cox basement).

Patients coming to the new ED will arrive in a sheltered courtyard area.

The new Sterile Processing Department will feature state-of-the-art equipment and support the sterile-processing needs of the entire campus.

Perioperative services will occupy the second, third, and fourth floors. A new blood bank and pharmacy will support 28 state-of-the-art operating rooms and 34 perioperative bays serving orthopedic, neuroscience, vascular, Churchill, and general-surgical patient populations.

Floors six through ten of the Lunder Building will be dedicated to adult inpatient units with a total of 150 beds:

- The Blake 12 Neuro ICU will move to Lunder 6
- White 12 will move to Lunder 7
- Ellison 12 will move to Lunder 8
- The ninth and tenth floors will be medical oncology units with the tenth floor equipped for bone-marrow transplant patients
- Phillips 21 will move to Lunder 9
- Ellison 14 will move to Lunder 10

All patient rooms will be private. Units in the Lunder Building will be approximately twice the size of a typical 36-bed unit in the Ellison Building.

*Question:* Will we have to go outside to get from the main campus to the Lunder Building?

*Jeanette:* There will be access to the Lunder Building from the first three floors of the Ellison Building. The new Bander Bridge (already in place over Fruit Street) will connect the Yawkey Building to the main campus via the second floor of the Lunder Building. Once construction is completed, you'll be able to go from Cambridge Street, through the Yawkey Building, across the Bander Bridge, and through the Lunder Building to the main campus, without going outside.

*Question:* Will the Lunder Building be 'green'?

*Jeanette:* Yes. The Lunder Building will have many green characteristics, including its Healing Through Nature design. An 1,800-square foot atrium will provide a peaceful and healing atmosphere throughout much of the building, and green roofs will bring the green space to nearly half the building's total footprint. More than 60% of the building's power supply will come from renewable power sources, and the facility is on track to receive LEED® (Leadership in Energy and Environmental Design, an internationally recognized green building certification system) gold certification from the US Green Building Council.

*Question:* Is it possible to tour the new building before it opens?

*Jeanette:* Yes. We're in the process of planning employee tours for the Lunder Building during its dedication week in June. For more information about the Lunder Building, go to: <http://www2.massgeneral.org/lunderbuilding/>; send e-mails to [LunderBuilding@partners.org](mailto:LunderBuilding@partners.org) to pose questions to the Lunder Project Team; and look for updates in MGH publications and All-User E-Mails.

# New nurse experiences 'growing point' caring for complex medical patient

**M**y name is Sarah Zumsande, and I am a staff nurse on the Bigelow 11 Medical Unit. I'd like to tell you about Mr. B, a 79-year-old male patient I cared for this past year. Mr. B had a medical history significant for dementia, benign prostatic hyperplasia, recurrent urinary tract infection with chronic indwelling catheter, and he'd had a cerebrovascular accident (or stroke) that left him with residual weakness on his left side. Mr. B was brought to MGH by his family from a rehabilitation facility. He had recently been discharged from another hospital, but the family became concerned when he developed a temperature and was increasingly confused and agitated at night. Mr. B's daughter and grand-daughter feared for his safety. He had been an inpatient many times before, and they knew the risks associated with confusion. When Mr. B had had urinary tract infections in the past, he had become delirious (over and above the dementia he was experiencing) and more agitated, which caused him to try to get out of bed at night.

I first cared for Mr. B during a day shift. His urine culture had come back positive, and it was thought that the change in his mental status and onset of fever were likely due to another urinary tract infection.

Mr. B's daughter and granddaughter feared for his safety. He had been an inpatient many times before, and they knew the risks associated with confusion.



Sarah Zumsande, RN, staff nurse,  
Bigelow 11 Medical Unit

Mr. B was started on IV antibiotics. Due to his increasing confusion and history of stroke, Mr. B required a lot of assistance with activities of daily living (including bathing, toileting, feeding, etc.) and several safety precautions such as a bed alarm and a 1:1 observer. Mr. B could no longer walk due to the effects of his stroke and needed frequent turning and re-positioning to prevent skin breakdown. His speech was garbled, and he was on a dysphagia diet and aspiration precautions due to swallowing issues. In essence, Mr. B was a 'total care' patient. Total care is a term used in nursing to refer to patients who require assistance with all activities of daily living as they're unable to do anything independently.

During his admission, I was one of Mr. B's primary nurses. Mr. B's grand-daughter would come in for at least a few hours every day. She helped the nurses

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Being able to approach Mr. B's care with a multi-disciplinary team helped him and his family get through an incredibly difficult time. The role of nurse has so many facets—not just the technical and physical care (the science of nursing)—but the emotional support of the patient and family.

bathe him, turn him, and feed him. It was obvious they had a very close and special relationship. She knew what foods he liked, what TV channels he liked to watch, and that he enjoyed being pushed in the wheelchair for part of the day. During Mr. B's hospitalization, I got to know his family and grew to understand a lot about his home life. Mr. B's wife was still living at home and also suffered from a (milder) form of dementia. A family member needed to be with her at all times to help her with activities of daily living. The granddaughter had two children of her own, one of who had learning disabilities, the other a feeding tube due to malformations of her esophagus. Her husband worked full-time to support the family, so her sister was helping care for the children while she and her mother were with Mr. B at the hospital.

It all seemed mind-boggling to me. I couldn't help think how hard it must be for her. This situation hit me hard. It was one of the first times I had really stopped to think about the patient and his family outside the hospital, beyond the inpatient setting.

The grand-daughter became teary as she told me about the high level of stress and the guilt she felt about being overwhelmed by this incredible responsibility. I sat with her and told her how I admired her for being able to take this on. I told her about some of the resources available at MGH, including the social worker on our unit.

The day came when Mr. B's symptoms had resolved and his mental status had improved to baseline. He was medically cleared for discharge; he would complete his course of antibiotics either at home or at a rehab facility. When the family was presented with the option of rehab, they politely declined saying they felt it was safer to have him at home.

I knew this family didn't have the resources they needed (a low bed, a lift, etc.) to properly care for Mr. B. We called a family meeting including the social worker and case manager to try to come up with a plan. We found that Mr. B's insurance would cover the cost of these resources at home, including a visiting nurse to check on them regularly. I saw the relief in the grand-daughter's eyes. She thanked us profusely for

making it possible to take her grandfather home safely. She marveled at how we were able to work together to help them, not just in the hospital but at home, as well.

Sometimes, as a nurse, I think it's hard to think outside of the immediate situation. It's easy to get caught up in the 'tasky' things and not take the time to fully understand the home situation. Sometimes we don't see the family members who are just as involved in care-giving as we are. I think this was a growing point for me. I realized how stressful it can be to have a loved one in the hospital, especially when there are other loved ones at home who need you just as much.

Being able to approach Mr. B's care with a multi-disciplinary team helped him and his family get through an incredibly difficult time. The role of nurse has so many facets—not just the technical and physical care (the science of nursing)—but the emotional support of the patient and family.

This situation helped me develop my communication skills by being an active listener and advocate for Mr. B. After two years on this unit, I have learned not to be afraid to ask for help. I've seen how important it is to use my resources (my colleagues in other disciplines). The essence of nursing on Bigelow 11 is teamwork, and as a team, we are devoted to providing the best possible care to our patients and families.

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

What a wonderful story of a new nurse recognizing the 'lived experience' of illness for Mr. B and his family and advocating for their relief. As Mr. B's primary nurse, Sarah was able to build a trusting relationship with him and his grand-daughter. Because of that trust, Mr. B's grand-daughter was able to share their story and reveal the great stress they were under.

Sarah and her team came together. They listened. They were able to arrange for resources that would allow this family to take Mr. B home where he could recover in the company of his wife and loved ones. Not only did Sarah help Mr. B and his family, she added a new layer to her own skill as a nurse and advocate.

Thank-you, Sarah.

# Dedicated Education Units welcome students from UMass, Boston

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

A Dedicated Education Unit (DEU) is an innovative model of clinical nursing education designed to provide practice-based learning and teaching. In the three years since their inception, the DEUs on White and Ellison 7 have been home to approximately 135 nursing students in a collaborative effort involving MGH, BWH, and UMass, Boston.

The objective of a DEU is to use a team approach to transform a patient-care unit into an optimal teaching-learning environment. At MGH, the model includes nurses, nurse leaders, faculty, students, and patient care associates, allowing all members of the nursing team to cultivate strong working relationships and contribute to a culture of professional development.

Staff nurses play a key role in the DEU, serving as instructors with support from faculty from UMass, Boston, MGH clinical nurse specialists, and nursing director, Theresa Capodilupo, RN.

Says Ellison 7 staff nurse, Vilma Pacheco, RN, “The students teach me a lot and make me strive to be a better nurse. I’ve become much more aware of my own practice as I try to be a good role model for them. It really has been a great experience.”

UMass, Boston, course coordinator for Adult Health, Katie Kafel, RN, observes, “This positive working relationship challenges and invigorates nurses’ practice skills. And course requirements are influenced by input from expert clinicians at MGH.”

The collaboration between UMass, Boston, and MGH is designed to capitalize on the strengths of both organizations with a continuous exchange of knowledge and experience that allows nursing practice to inform nursing education and nursing education to influence nursing practice. The gap between what’s taught in the classroom and what’s learned in clinical practice is reduced.

Most organizations fortunate enough to have a DEU describe it as a win-win situation that enhances nursing education and fosters a culture of learning. An evaluation of the MGH-UMass, Boston, DEU initiative is currently underway with funding from the Robert Wood Johnson Foundation, and plans to share our experience with the larger nursing community are in process.

Recently, the DEUs welcomed 36 junior and senior UMass, Boston, students for their spring clinical rotations or one-on-one preceptorships in this exciting and innovative learning environment. For more information, call 4-4720.

UMass Boston students (l-r): Emma Chong, Kimberly Mysiuk, Jessica Loria, and Siennaleigh Miller, present on Communication and Delegation Practices among Various Role Groups in Acute Care Settings.



(Photo provided by staff)

# Nurse Residency

## *Ensuring a smooth transition from student to staff nurse*

—by Gino Chisari, director, The Norman Knight Nursing Center for Clinical & Professional Development

In keeping with our 200-year tradition of leadership and innovation, the department of Nursing is launching the new Nurse Residency program. Under the executive leadership of Gaurdia Banister, RN, Debbie Burke, RN, Dawn Tenney, RN, and Theresa Gallivan, RN, and in collaboration with leadership of ICU and oncology services, the Nurse Residency is the latest program to come out of The Norman Knight Nursing Center for Clinical & Professional Development. In preparation for the opening of the Lunder Building, the Nurse Residency will support the expansion of oncology and critical-care nursing by preparing new nurses to practice in these clinical settings.

The Residency is built on the philosophy that new nurses are among our most valuable resources. The program promotes nursing practice built on knowledge, skill, compassion, and inquiry to ensure the best nursing care for patients and families. The goal is to provide a supportive, caring, engaging, and intellectually stimulating transition from student/graduate nurse to practicing staff nurse. Toward that end, the Nurse of the Future Nursing Core Competencies<sup>®</sup> of the Massachusetts Department of Higher Education Nursing Initiative have been incorporated:

- Develop nursing knowledge necessary for the safe, effective care of complex patients in a high-tech, fast-paced, dynamic environment
- Understand the uniqueness of the patient- and family-centered care model
- Embody professional behavior built on ethical principles
- Acquire leadership skills as tools for managing the patient care experience, self, and others
- Successfully master technology and informatics

- Demonstrate understanding of healthcare organizations and systems and their effect on the patient-nurse relationship
- Communicate effectively
- Function as a member of a team
- Recognize safety and quality as the hallmarks of effective patient care
- Engage in quality-improvement
- Incorporate evidence into nursing practice

The Nurse Residency Program is a faculty-guided, 26-week transition from student/graduate nurse to practicing staff nurse. New registered nurses, under the mentorship of program faculty, participate in a three-phase program, each phase designed with the unique needs of the new nurse in mind.

Through close interface with faculty and other peers, nurse residents will begin to acquire the knowledge, skills, abilities, attitude and competencies required to deliver safe, effective, patient care. The program is built around the principles of Benner's Novice to Expert philosophy, focusing on a progressive mastery of competencies.

Faculty is comprised of ICU and oncology clinical nurse specialists who:

- create an environment that provides nurse residents with opportunities to learn essential elements of patient care
- offer supervised clinical experiences where nurse residents can practice newly acquired skills
- coach and mentor new nurses
- help develop of a sense of salience
- use self-reflection to evaluate performance and seek/ create additional learning opportunities

The oncology component of the Nurse Residency program begins March 7, 2011; the ICU component begins April 4th. For more information, call 3-6530.

First established as the Oxygen Therapy Department by HK Beecher, MD, in 1946, the Respiratory Care Department has seen striking changes in the past 60+ years. In the early days, oxygen tents, an iron lung, and very basic mechanical ventilators were used to support patients in respiratory distress. In 1959, 72 patients were mechanically ventilated outside the operating room (compared to nearly 5,000 patients today).

Since 1988, a team of MGH physicians and respiratory therapists have managed the care of infants, pediatric, and adult patients receiving ECMO (Extra-Corporeal Membrane Oxygenation). In recent years, a respiratory care team was formed to manage patients with tracheostomies on general care units, and respiratory therapists were instrumental in developing procedures to improve the delivery of aerosol medications to patients with artificial airways. With increasing demand for respiratory care services, respiratory therapists have become a critical part of the patient-care team within and outside of intensive care units.

The department of Speech, Language & Swallowing Disorders traces its roots to the MGH Language Clinic, established informally in the 1930s as part of

the outpatient Neurology Department under the direction of Edwin Cole, MD. In the beginning, the Language Clinic evaluated a small population of patients with language problems. But during World War II, the clinic became the primary center on the Eastern seaboard for treating patients with aphasia and training clinicians in the field.

The Language Clinic continued to grow as clinicians gained a broader understanding of the fundamental causes of speech-language disorders and more sophisticated treatment procedures became available.

During the 1970s the Language Clinic became the Speech-Language Pathology Department under the direction of Julie Atwood. Today, it is known as the Department of Speech, Language & Swallowing Disorders to better reflect the services it provides here on the main campus and in many of the MGH health centers.

The Volunteer Department dates back to the earliest years of MGH with the Men's and Ladies' Visiting Committees (formed in 1821 and 1869, respectively). In 1953 it became a dispatch service serving all departments at the hospital. With the surge of volunteerism during World War II, MGH appointed its first chief of

volunteers, Eleanor Greenwood, in 1941. The department continued to enjoy a close relationship with the Ladies' Visiting Committee, a relationship that still thrives to this day.

The MGH Medical Interpreters Department began as a volunteer program in 1976 and has flourished into a multi-language medical interpreter service offering in-person and telephone interpretation for all languages and video interpretation for Spanish-speaking patients and families.

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Standing by the original MGH iron lung during recent Respiratory Care Week celebration are respiratory therapists (l-r): Pam Brown-Early, RRT; Vincent Riggi, RRT; Christa Fournell, RRT; Le Tanya Taylor, RRT; and Deborah Chase, RRT



Originally called the MGH Brace Shop, the Orthotics and Prosthetics Department was established around 1908 with a staff of four. At first serving only MGH patients, in 1937, under the direction of Karl Bushenfelt, the department expanded to provide services outside the MGH community. During the polio epidemic, staff worked long days to keep up with the need for braces and orthotics. In 1980, under the direction of William Murphy, orthotic standards were developed, such as lumbar spine bracing. And in 1972, under the direction of John Snowden, thermo-plastics were introduced to the field. Since then, countless techniques and applications have been developed as the department has become a major resource in the field of sports medicine.

Dr. Richard Cabot, who helped bring social work to MGH, was also a supporter of clinical pastoral care. In 1933, he appointed Reverend Russell Dicks to the position of hospital chaplain. In 1934, Cabot and Dicks implemented the first Clinical Pastoral Education (CPE) program in a general hospital. The program celebrated its 75th anniversary last year and has taught more than a thousand theological students, clergy, seminarians, and healthcare providers.

Nursing (going back to its earliest iteration) is the oldest discipline within Patient Care Services. MGH nurses were among the first in the country to receive formal training. When MGH began admitting patients in 1821, nurses weren't formally trained; they cared for

Speech pathologist introduces solids to a 12-month-old baby with airway, gastrointestinal, and swallowing issues.



(Photo provided by staff)

patients by instinct or relying on what they overheard doctors saying. In 1873, more than 50 years later, the Boston Training School for Nurses opened at MGH, only the third school of nursing in the country associated with a general hospital. Linda Richards, widely recognized as the country's first trained nurse, became superintendent of the school in 1874 and is credited with transforming the institution into a premier training ground and model for other nursing schools in the US and abroad. Under her leadership, nursing as a professional discipline began to emerge.

Sophia French Palmer, an early graduate of the Boston Training School at MGH, co-founded the *American Journal of Nursing* and served as its first editor. Delegates from the MGH Nurses' Alumnae Association helped organize the Nurses' Associated Alumnae of the United States, which later became the American Nurses Association.

During the Spanish-American War, MGH nurses cared for sailors and soldiers aboard the hospital ship, *Bay State*, the first hospital ship in the world to be outfitted by an aid association and authorized by a sovereign power under the articles of the Geneva Conference.

MGH nurses were among the first in the world to enter the field of anesthesia. Annabella McCrae published, *Procedures in Nursing*, which standardized nursing procedures for the first time. Sara Parsons' *Nursing Problems and Obligations* had a significant and lasting impact on nursing and nursing education and served as a nursing standard for many years.

The concept of intensive care units emerged in response to the polio epidemic of the mid-twentieth century. With intensive care units came the need for critical care, and MGH nurses were at the forefront of this new nursing specialty.

Ruth Sleeper, RN, former superintendent of the MGH School of Nursing and director of Nursing for MGH, served as president of the National League of Nursing Education and later the National League for Nursing, which encouraged colleges to establish schools of nursing and award bachelor's degrees.

Ada Plumer, RN, is believed to have been the first person to practice in the role of IV nurse and in 1973, co-founded the National Intravenous Therapy Association, now the Infusion Nurses Society.

As chief of Nursing, Mary Macdonald, RN, was responsible for broadening the scope of nursing by introducing the unit teacher role, which was replicated in hospitals across the country. The role of unit teacher

*continued on page 16*

# Professional Achievements

## Robbins elected

Christopher Robbins, RN, endoscopy staff nurse, was elected president of the New England Society of Gastroenterology Nurses and Associates in January, 2011.

## King elected

Janet King, RN, endoscopy staff nurse, became president-elect of the New England Society of Gastroenterology Nurses and Associates in January, 2011.

## Ananian appointed

Lillian Ananian, RN, clinical nurse specialist, was appointed a member of the Research Committee of the Society of Critical Care Medicine, in January, 2011.

## Peterson certified

June Peterson, RN, clinical educator, became certified as an adult clinical nurse specialist by the ANCC and as a critical care nurse specialist by the AACN, in January, 2011.

## Arnstein elected

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, was elected co-chair of the Pain Education Special Interest Group of the American Pain Society, January 17, 2011.

## Dorman appointed

Robert Dorman, PT, physical therapist, was appointed, chair of the Research and Education Committee of the American Physical Therapy Association of Massachusetts, January 1, 2011.

## Guarente elected

June Guarente, RN, endoscopy staff nurse, was elected a member of the Board of Directors of the New England Society of Gastroenterology Nurses and Associates in January, 2011.

## Hultman appointed

Todd Hultman, RN, nurse practitioner, has been appointed a member of the Board of Directors of the Hospice and Palliative Nurses Association for 2011.

## Capasso and Collins recognized

Virginia Capasso, RN, and Jacqui Collins, RN, were awarded the Partners in Excellence Team Award, from the Partners Network for Quality, Treatment, and Service, at an award ceremony in Waltham, January 20, 2011.

## Chase honored

Barbara Chase, RN, MGH Chelsea HealthCare Center, received the Portraits in Primary Care Award, from the John D. Stoeckle Center for Primary Care Innovation, in January, 2011.

## Inter-disciplinary team publishes

Karen Miguel, RN, Joshua Hirsch, MD, and Robert Sheridan, RT(R), published the article, "Team Training: a Safer Future for Neurointerventional Practice," in the on-line *Journal of Neurointerventional Surgery* in January, 2011.

## Mulligan presents

Janet Mulligan, RN, nursing director, presented, "Can IV Teams Survive in this Changing Healthcare Environment," at the IV Nurses Day Celebration, New England Chapter of the Infusion Nursing Society, in Dorchester, January 25, 2011.

## Klein appointed

Aimee Klein, PT, physical therapist, was appointed a member of the Credential Services Committee of the American Physical Therapy Association, a sub-committee of the American Board of PT Residency and Fellow Education, in Alexandria, Virginia, in January, 2011.

## Burchill and Curley present

Occupational therapists, Gae Burchill, OTR/L, and Suzanne Curley, OTR/L, presented, "Anatomy of Flexor and Extensor Tendons," at Tufts University, January 24, 2011.

## Olson narrates DVD

Gayle Olson, wellness coordinator, at the BWH/MGH HealthCare Center at Foxborough, provided the expert voice-over for the four-DVD set, "Comprehensive Aquatic Exercise: a Better Workout, Better Therapy," produced by SwimEx in January, 2011.

## Steiner presents

Linda Steiner, PT, physical therapist, presented, "The Benefits of Exercise in Managing Your Arthritis," to the Malden Council on Aging, in Malden, January 20, 2011.

## PT team honored

James Zachazewski, PT, clinical director; Cynthia Peterson, administrative director; and the entire staff of the BWH/MGH Health Care Center at Foxborough, were recognized with the 2010 Good Neighbor Award for Community Service, by the Tri-Town Chamber of Commerce in Foxborough in January, 2011.

## Capasso presents

Virginia Capasso, RN, clinical nurse specialist, presented, "Advances in Wound Care," in a teleconference with Saudi Aramco Medical Services, January 18, 2011.

## Chang presents

Lin-Ti Chang, RN, staff specialist, presented, the MGH International Trauma and Disaster Institute's, "Advanced Disaster Medical Response" course at the Hong Kong Association for Conflict & Catastrophe Medicine in Hong Kong, January 6-7, 2011.

## Chase presents

Barbara Chase, RN, nurse practitioner, MGH Chelsea HealthCare Center, presented, "Facilitating Behavior Change," at Simmons Graduate Nursing Alumni Association, in January, 2011.

## Levin-Russman appointed

Elyse Levin-Russman, LICSW, clinical social worker, was appointed a member of the Board of Directors and chairperson of the Quality of Life Committee for The Association of Pediatric Oncology Social Workers in January, 2011.

## Olson presents

Gayle Olson, wellness coordinator, at the BWH/MGH Health Care Center at Foxborough, presented, "Injury Care at Your Fingertips: Lower-Extremity Techniques," and "More Than Just Gold: the Olympic Sports Medicine Experience," at the Second Year Athletic Training Curriculum at Florida Southern College, in Lakeland, Florida, January 21, 2011.

## Stefancyk appointed

Amanda Stefancyk, RN, nursing director, was appointed a member of the Health Care Reform Tax Force for 2011, for the American Organization of Nurse Executives, in January, 2011.

## Nurses present

Marjorie Voltero, RN; Kimberly Foley, RN; and Jane Harker, RN, presented, "Sedation vs. Anesthesia in the Care of ERCP and EUS Patients in Endoscopy," at the Winter Meeting of the New England Society of Gastroenterology Nurses and Associates, in Burlington, January 22, 2011.

## Inter-disciplinary team publishes

Mary E. Larkin, RN; Paul McGuigan, RN; Denise Richards, RN; Karen Blumenthal; Kerry Milaszewski, RN; Laurie Higgins, RD; Jill Schanuel; and Christen Long, published the article, "Collaborative Staffing Model: Reducing the Challenges of Study Coordination," in *Applied Clinical Trials*, in January 2011.

## Inter-disciplinary team publishes

Laurel Radwin, RN; Lillian Ananian, RN; Howard Cabral; Adele Keeley, RN; and Paul Currier, MD, authored the article, "Effects of Patient/Family-Centered Practice Change on the Quality and Cost of Intensive Care," in the *Journal of Advanced Nursing*, in January, 2011.

## Brunelle a writer

Cheryl Brunelle, PT, physical therapist, was an item writer for Cardiovascular and Pulmonary Examination for the Specialization Academy of Content Experts of the American Board of Physical Therapy Specialties, in Alexandria, Virginia, in January, 2011.

## Beardslee and Wojcik present

Brian Beardslee, RN, and Sarah Wojcik, RN, presented their poster, "Development of a Nurse Education Module to Navigate Clinical Trial Protocols," at the 11th National Conference on Cancer Nursing Research of the Oncology Nursing Society, in Los Angeles, February 10-12, 2011. They authored a poster abstract on the same topic for the on-line Oncology Nursing Forum in January, 2011.

# Announcements

## Lunchtime Fitness Sessions

Lunchtime fitness sessions offered by personal trainer, Mike Bento, from The Clubs at Charles River Park.

Next session:

March 16, 2011  
Haber Conference Room  
12:00–12:30pm

For more information, call 6-2900

## 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>

## Living with Cancer: Navigating the Journey

A free conference for patients and families on maintaining quality of life from diagnosis to long-term survivorship.

Featuring information on:

- Advances in cancer research
- Managing side-effects
- Maintaining wellness and balance in your life
- A panel of cancer survivors
- The HOPES Wellness Fair

April 9, 2011  
9:00am–3:00pm  
Yawkey 2

To register, call 617-724-1822, or stop by the Cancer Resource Room (Yawkey 8C).

Sponsored by the MGH Cancer Center and the Network for Patients & Families.

## Considering Doctoral Education?

“Pathways to Professional Development in Nursing through Doctoral Education: a Panel Presentation and Discussion”

presented by the MGH Doctoral Nursing Research Forum with panelists: Gino Chisari, RN; Patti Dykes, RN; Peggy Settle, RN; and Colleen Snyderman, RN

Thursday, March 10, 2011  
1:30–2:30pm  
O’Keeffe Auditorium

For information, call 4-0340.

## New MGH phone numbers

Due to the increasing need for telephone lines, MGH has begun using a new area code and three-digit exchange number in addition to the existing 724; 726; and 643 exchanges. In January, MGH Telecommunications began incorporating the new area code and exchange number: 857-238-XXXX.

Staff will still be able to dial the five-digit extension (8-XXXX) when calling internally.

For information call 6-4357.

## National Patient Safety Awareness Week

The Center for Quality & Safety is proud to present:

“Listening to the Voices of Patients and Families”  
featuring Dave deBronkart

March 9, 2011  
1:00pm  
O’Keeffe Auditorium

Dave deBronkart believes patients should be fully involved in their care. He shares his story as a cancer patient and active member of his care team.

For information, call 6-9282.

## Red Sox Foundation and MGH Home Base Program

Participate in this year’s annual Run to Home Base, a 9-kilometer run to support our veterans ending at storied Fenway Park. Registration is now open.

For more information, or to register, go to: [www.runtohomebase.org](http://www.runtohomebase.org).

Run to Home Base will be held Sunday, May 22, 2011.

## Blum Center events

Healthy Living Series  
“Eating with Color”  
Wednesday March 9, 2011  
12:00–1:00pm

Book Talk  
“Healthy Eating During Pregnancy”  
presented by Stacey Nelson, RD  
Thursday, March 17, 2011  
12:00–1:00pm

All sessions held in the Blum Center.

For information, call 4-3823.

## Ash Wednesday March 9, 2011

Services will be held in the MGH Chapel on Ellison 1

- Roman Catholic Mass: 11:00am and 4:00pm
- Interfaith Service: 12:15pm
- Ashes will be distributed in the Chapel between 9:00am and 5:00pm
- Ashes will be distributed on patient-care units between 8:00am and 4:00pm
- All Chapel services are broadcast on Channel 16 on the in-house television system

Ashes will also be distributed at the following locations:

- Charlestown Navy Yard
- Charlestown Health Center
- Chelsea Health Center
- Revere Health Center
- Massachusetts Eye & Ear Infirmary

For more information, call 617-726-2220.

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Next Publication  
March 17, 2011

We inherited a great legacy of commitment, service, and leadership, and we add to that legacy every day. It is awe-inspiring to look back on the formidable history that brought us all together... We do, indeed, have reason to be proud.

evolved into clinical teacher and became part of the new model for The Center for Clinical & Professional Development when it opened in 1996.

With the ever broadening scope of nursing and its inevitable move toward evidence-based practice, nursing research took on added importance in the later decades of the twentieth century. Yvonne L. Munn, RN, associate general director of Nursing from 1984–1993, was a staunch advocate for nursing research. In 1993, the Annual Yvonne L. Munn Lecture and (in 1997) the Yvonne L. Munn Nursing Research Awards were created in her honor. Today, The Yvonne L. Munn Center for Nursing Research supports a growing inventory of research-related programs, including a post-doctoral nursing fellowship program; a peer-support and networking group for its doctorally-prepared staff; a grant program for staff interested in conducting research; and a nurse-scientist advancement model.

Recently, Ed Coakley, RN, received a significant grant from the Health Resources and Services Administration to fund the innovative RN Residency Program: Transitioning to Geriatrics and Palliative Care. The program was designed to improve the care of older patients while extending the careers of veteran nurses at the bedside.

In the fall of 1996, MGH president, James Mongan, MD, appointed me to lead Nursing and the other non-physician clinical disciplines in order to promote greater inter-disciplinary collaboration. That's how all these impressive disciplines came to be under the banner of Patient Care Services.

Early in my tenure as senior vice president for Patient Care, we implemented a new Patient Care Delivery Model introducing three new support roles: the unit service associate, responsible for the overall cleanliness of the unit; the operations associate, an expansion of the unit secretary role responsible for transcription, chart-management, customer service, and other clinical support tasks; and the op-

erations coordinator, which in 2008 became the dual-pronged operations manager role. Under the new model, an administrative operations manager and an environment-of-care operations manager have responsibility for a cluster of units ensuring patient- and staff-satisfaction and heightened attention to quality and safety and patient flow.

To further advance the inter-disciplinary team approach, in 2007, we established The Institute for Patient Care, a first-of-its-kind, multi-disciplinary institute designed to bring together all disciplines to generate new ideas to advance our mission of patient care, education, research, and service to the community. The Institute supports The Norman Knight Nursing Center for Clinical & Professional Development; The Yvonne L. Munn Center for Nursing Research; The Maxwell & Eleanor Blum Patient and Family Learning Center; and The Center for Innovations in Care Delivery. This infrastructure is designed to foster teamwork; provide a forum for sharing best practices; and bring an informed, inter-disciplinary approach to patient- and family-centered care. The formation of the Institute is the culmination of a vision that included the development of a robust professional practice model; the formation of the collaborative governance structure; implementation of the multi-disciplinary Clinical Recognition Program; and the establishment of a multimedia learning center for patients and families.

We inherited a great legacy of commitment, service, and leadership, and we add to that legacy every day. It is awe-inspiring to look back on the formidable history that brought us all together. With 200 years of selfless service behind us, we enter the third century of MGH with the same passion and dedication that drove our founders to, "tend to the health needs of the poorest, sickest and most vulnerable."

We do, indeed, have reason to be proud.



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