

# Caring

Headlines

May 26, 2011

# Nurse Week 2011

*This  
issue  
contains  
coverage  
of  
Nurse Week  
events  
and  
presentations*

**Robin Costa, RN**  
with patient, David Wilson

# A tribute to those who, “hands-down, provide the best nursing care in the world”

Senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, is at her best when talking about her beloved MGH nurses. So it's no surprise that her Nurse Recognition Week keynote address was a sometimes emotional, frequently nostalgic, always inspiring tribute to the exceptional nurses who help make MGH, aka 'the General,' the greatest hospital in the world.

Acknowledging the recent passing of former Partners and MGH president, James Mongan, MD, Ives Erickson recalled his unwavering friendship and support of MGH Nursing. She briefly turned the podium over to current president, Peter Slavin, MD, who led the gathering in a moment of silence.

Ives Erickson's presentation, which was tele-conferenced to other Partners affiliates, incorporated video clips, photographs, inspirational quotes, and several 'live' guest appearances. Too long (and multi-media) to be included in its entirety, what follows is an encapsulated version of her remarks.

This year marks our bicentennial, the 200th anniversary of the founding of MGH. Since February 25, 1811, when the Massachu-

setts legislature granted the charter formally establishing Mass General, people have counted on us for answers, innovations, and nursing care. I plan to take every opportunity during this year-long birthday party to reflect on my good fortune at being part of this community of caregivers. I'm proud to say I've been an MGH nurse since 1988—a beginner compared to many of my colleagues. But like you, I'm grateful that this wonderful place we fondly refer to as, the General, has never wavered from the principles and ideals put forth by our founders.

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When I first came to MGH, I attended a meeting in the Walcott Conference Room. I saw the portraits of Ruth Sleeper, Mary Macdonald, and Natalie Petzold, and I knew I had come to a place where nurses helped shape the landscape and influence the profession.

John Collins Warren and James Jackson led the effort to establish Massachusetts General Hospital. They knew that a good hospital needed exceptional nurses.

When MGH first began admitting patients, there were only two other hospitals in the country, and no nursing schools. Nurses

weren't trained—they were just people, usually women, who wanted to help care for the ill and wounded. That's not the MGH we know and love. We pride ourselves on being competent, knowledgeable contributors to the advancement of nursing and patient care. In fact, MGH employed the country's first trained nurse, Linda Richards.

*continued on next page*

## Jeanette Ives Erickson (continued)

On February 25, 2011, I had the privilege of attending a reenactment of the original signing of the hospital's charter that took place at the State House. There, I had the opportunity to meet Dr. Warren's great-great-great-grandson who's an MGH pediatrician, and Dr Jackson's great-great-great-granddaughter who, I was delighted to learn, is a midwife.

When I first came to MGH, I attended a meeting in the Walcott Conference Room. I saw the portraits of Ruth Sleeper, Mary Macdonald, and Natalie Petzold, and I knew I had come to a place where nurses helped shape the landscape and influence the profession. That's when I realized we each have a duty—to our hospital, to the profession, and to society.

Today, we care for more than a million outpatients and more than 45,000 inpatients every year. We perform 34,000 operations, deliver 3,500 babies, and we couldn't do any of it without our wonderful nurses. A lot has changed since Warren and Jackson; a lot has changed since Sleeper, Macdonald, and Petzold.

As we launch the third century of MGH, nothing is more vital than applying our core values to the challenges and opportunities that lie ahead. We must continue to

lead by advancing and applying evidence-based discoveries in our practice. Nursing research and evidenced-based practice have been major factors in our success, and they will drive our agenda for change in the coming years.

Our philosophy is simple: "We believe that the essence of nursing practice is caring. Caring which is a science and an art; deliverable; teachable; researchable; and accomplished with wisdom, knowledge, compassion, and competence."

Over the past two decades we've developed an impressive nursing research program. We're embarking on year three of a grant to educate the nursing workforce about evidence-based practice. We recently received a grant for an ethics research fellowship. We're involved in a growing number of nursing research studies, we have an active research journal club and a first-of-its-kind nurse-scientist advancement model. This is an exciting time for nursing research.

MGH nurse champions have raised the bar on care-delivery and improved patient outcomes. The changes in our practice are real. We have seen tremendous improvement in fall-reduction, responsiveness, and hospital-acquired pressure ulcers. We're exploring

*continued on  
page 16*



*Ives Erickson with Karin and Eddie Martin*



# New regulatory expectations focus on patient safety and patient outcomes

Grant stressed that new regulatory expectations are focusing more on patient safety, patient outcomes, and public reporting—rewarding hospitals for better outcomes.

Susan Grant, RN, chief nursing officer at Emory Healthcare in Atlanta, Georgia, kicked off Nurse Week, Monday, May 2, 2011, with her presentation, “200 Year Later: a Spotlight on Quality and Safety,” which looked at some of the major events that have led to systems changes over the past 15 years and some best practices that have proven effective at her institution.

Referencing the ‘10 Rules for Re-Design,’ put forth by the Institute of Medicine, Grant stressed that new regulatory expectations are focusing more on patient safety, patient outcomes, and public reporting—rewarding hospitals for better outcomes.

Said Grant, “We’ve always known that nursing care affects patient outcomes; we haven’t always had the tools or the data to be able to measure that care.” Now, with patient-centered and system-centered metrics developed by Magnet, the Joint Commission, the National Quality Forum, and others, we have reli-

able nursing-sensitive indicators that help us see the impact nursing care has on patient outcomes.

Sharing a standardized, staff-generated, enterprise-wide best practice used at Emory Healthcare, Grant described their bedside nurse reporting system that occurs at every shift change and includes the patient, family members, and staff. Incoming nurses are introduced to the patient and family by the outgoing nurse using the SBAR verbal reporting system:

S=Situation (what’s going on with the patient? What are her current vital signs?)

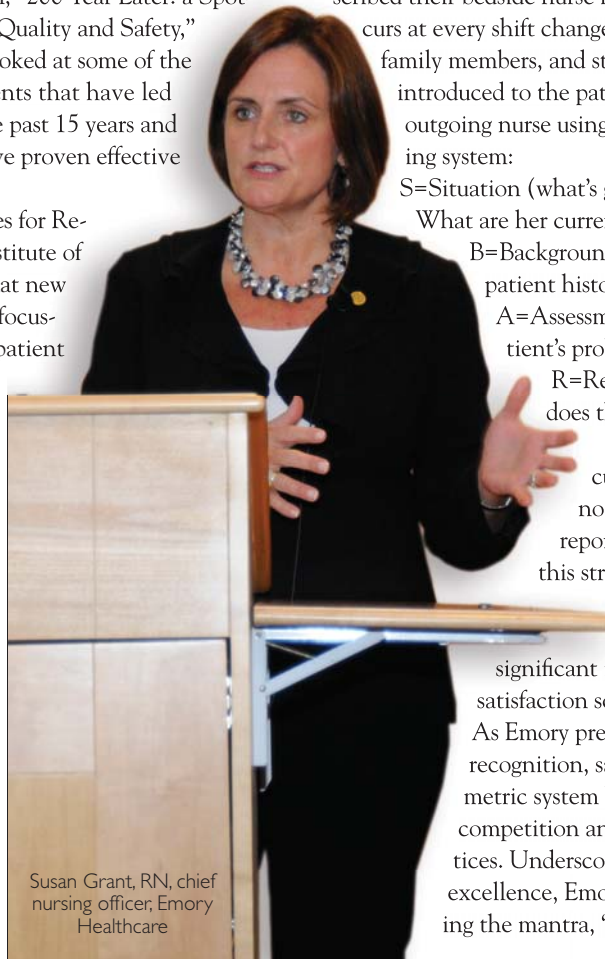
B=Background (what’s the pertinent patient history?)

A=Assessment (what are the patient’s problems right now?)

R=Recommendation (what does the patient need?)

The SBAR system focuses on the patient’s goals, not the nurse’s, and Grant reported that since adopting this strategy, there has been a marked reduction in call-light use and a

significant improvement in patient-satisfaction scores across the enterprise. As Emory prepares to apply for Magnet recognition, said Grant, their internal metric system has given rise to healthy competition and a sharing of best practices. Underscoring their commitment to excellence, Emory nurses have begun using the mantra, “Magnet means me!”



Susan Grant, RN, chief nursing officer, Emory Healthcare

# Ethical Considerations in Nursing

*preserving the dignity and values of our patients*

Using an assortment of real-life ethical dilemmas, Brown-Saltzman drove home the point that ethics is not black-and-white; it's messy. And all ethical issues need to be viewed through the lens of caring.

In her presentation, "200 Years Later: Ethical Considerations in Nursing," Katherine Brown-Saltzman, RN, co-director of the UCLA Healthcare Ethics Center, used Benner's definition of ethical comportment as: "...the embodied, skilled know-how of relating to others in ways that are respectful, responsive, and supportive of their concerns." She spoke about the ethics of diversity, saying ethics is value-based, but we need to make room for the values of others.

Using an assortment of real-life ethical dilemmas, Brown-Saltzman drove home the point that ethics is not black-and-white; it's messy. And all ethical issues need to be viewed through the lens of caring. In one example, she posed the question: If a patient is denied a heart transplant because he lacks a social support system, should he be told the truth about why he's being denied a transplant? And if he is told the truth, what are the consequences?

She asked nurses to consider the wisdom of keeping long-term patients on antibiotics in ICUs, when we know they'll never go home. Is it fair to other patients to expose them to that risk of infection? We do it. We need to ask ourselves, is it right?

Quoting Fry, she said, "Nursing practice requires a moral view of individuals, including caregivers, rather than a theory of moral action or moral behavior or a system of moral justification."

She spoke about the importance of the language we use, saying, "Nurses tend to speak with emotional language while physicians tend to use the language of

principles. If we can translate that language into a balance of emotional and principle-based language, we may find a way to enter an ethic of caring."

Brown-Saltzman closed by asking nurses, "What metaphores, what language do we need to create to ensure we continue to act in concert with our values and still deliver care that protects and honors the dignity and values of our patients?"



Katherine Brown-Saltzman, RN  
co-director, UCLA Healthcare  
Ethics Center

# Yvonne L. Munn Nursing Research Lecture

*A closer look at 'the way we do things here'*

Giving this year's Yvonne L. Munn Nursing Research Lecture, Laurie Lauzon Clabo, RN, dean and professor at the MGH Institute of Health Professions School of Nursing, presented, "Patient Care Units as Cultures of Practice: the Way We Do Things Here." Clabo looked at patient care units against the backdrop of Bourdieu's Theory of Practice, which states that, counter to popular belief, the environment shapes the individual more than the individual shapes the environment. That's why distinct cultures develop on patient care units, or as Clabo says, that's "the way we do things here." According to the Theory of Practice, three concepts influence the way we do things:

- The field: the social space within which agents practice; the structured system of social relationships; the space where conflict and competition occur (the patient care unit)
- Capital: currency; the mechanism that provides control over one's own life and that of others; the possession of capital determines one's place in the field
- The habitus: the durable disposition to act a certain way, not necessarily on a conscious level; it's having a 'feel for the game'

To see how these concepts affect practice, Clabo compared two units (fields) to see how pain-assessment was shaped by practice. Unit A was a 30-bed, post-op surgical unit. Unit B was a 21-bed unit with surgical, trauma, orthopaedic, and neurosurgical patients.

Capital on Unit A was efficiency, minimal disruptions, 'keeping the trains on the tracks,' and feeling recognized by attending physicians. On Unit B, capital was being recognized as a clinical expert; mentoring and coaching others; and being perceived as a clinical innovator.

Pain-assessment habitus on Unit A was knowing the typology of patients based on surgical procedure, age, and gender; looking for specific behaviors and manifestations of pain; assessing for credibility and drug-seeking; and concern about over-medication. On Unit B, pain-assessment habitus was each patient's description of pain; knowing the patient; understanding specific behaviors and manifestations of pain; typology; and comfort with high doses of medications when warranted.

Each unit had similar and different ways of assessing pain, but each unit filtered their practice through the unit culture, the way they usually do things, or the 'collective habitus.'

Clabo observed that when you understand what the capital is and how it works on each unit, you gain a fuller appreciation for how the habitus, the durable disposition to act a certain way, is developed and reinforced over time. Similarly, if you want to *change* practice, you must first understand 'how we do things here.' What's the capital? What's the habitus?

To implement change that is sustainable over time, we must work to change the capital. By altering the capital, we essentially invoke Bourdieu's Theory of Practice by using the environment to shape individual practice instead of the other way around.

Said Clabo, "Sound capital can support good practice and sustain positive change over time. Sound capital is what creates interest in quality and safety and leads to a culture of Excellence Every Day."

Laurie Lauzon Clabo, RN, dean and professor,  
MGH Institute of Health Professions School of Nursing





# Yvonne L. Munn Nursing Research Awards

**T**he Yvonne L. Munn Nursing Research Awards were created to support nursing research, advance nursing science, and improve outcomes for patients and families. Award recipients are mentored by doctorally prepared nurses and present their completed research during Nurse Recognition Week each year. One of this year's

Yvonne L. Munn Nursing Research Awards went to principal investigator, Jennifer Brock, RN, for her, "Exploratory Study to Understand Autologous Hematopoietic Stem-Cell Transplant Patients' Experiences of Hatha Yoga," under the mentorship of Annemarie Barron, RN. Patients undergoing autologous stem-cell transplants often suffer physical and psycho-social discomfort. Hatha yoga integrates physical and psychosocial support-strategies to enhance the quality of life in patients with cancer.

The second award was presented to principal investigators, Andrea Thurler, RN, and Leiba Savitt, RN, for their, "Examination of the Inci-

dence and Prevalence of Constipation among Hospitalized Older Adults," under the mentorship of Deborah D'Avolio, RN. These investigators will conduct their research on an inpatient medical unit in an attempt to identify factors for nurses to consider when caring for older adults in this patient population.

The 2011 Yvonne L. Munn Post-Doctoral Fellow award

went to Peggy Doyle Settle, RN, for her, "Analysis and Dissemination of the Massachusetts NICU Nurses' Ethical Involvement Survey." This study will ask the questions: is there a difference in the range of actions selected by baccalaureate-prepared nurses with or without neonatal certification; and what are the characteristics of NICU nurses who respond that they are very or extremely likely to request a team or ethics meeting to resolve an ethical dilemma?

Prizes were also awarded to research posters. See page 15 for list of winners.

For more information about the Yvonne L. Munn Nursing Research Awards, call the Munn Center for Nursing Research at 3-0431.



Top photo: Peggy Doyle Settle, RN. Lower left: Annemarie Barron, RN (left), and Jennifer Brock, RN. Lower right (l-r): Deborah D'Avolio, RN, Andrea Thurler, RN, and Leiba Savitt, RN. Moderator, Paul Arnstein, RN, looks on.

# Transition Theory figures into entry-into-practice for first- and second-career nurses

Professional development manager, Mary Ellin Smith, RN, began her presentation, “The Transition Experience of Entry into Practice for First- and Second-Career Nurses,” by sharing the genesis of the idea that led to her research study: Nursing director, Donna Jenkins, couldn’t sleep because she was concerned about orienting new nurses to her unit. That’s how research questions are born.

The purpose of Smith’s study, which she conducted under the mentorship of Dottie Jones, RN, director of the Munn Center for Nursing Research, was to identify differences in how traditional and second-career nurses transition into practice in order to better inform the orientation process and expectations of preceptors.

To learn about the transitional experience of first- and second-career new graduate nurses, Smith conducted a qualitative study of new graduate nurses from traditional baccalaureate programs, second-career graduates of accelerated baccalaureate programs, and second-career students enrolled in master’s degree programs who would be entering the profession as staff nurses prior to completing their graduate programs. She posed questions such as:

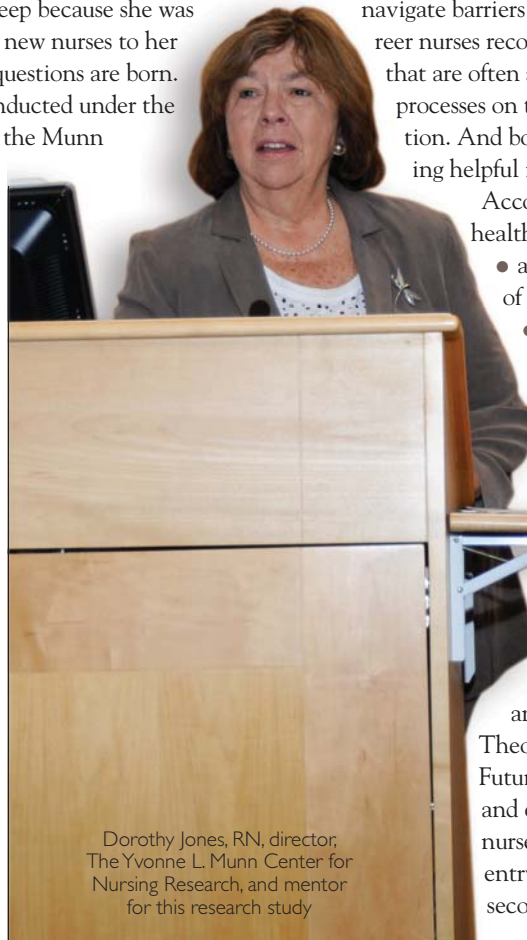
- Thinking about your transition to registered nurse, what did you expect of yourself and the environment?
- Did reality meet your expectations?
- What eased your transition or made it more difficult?
- Tell me about the environment where you currently practice

Smith found that transition into practice was stressful for both first- and second-career nurses, but traditional graduates had greater variability in their entry into practice. Second-career nurses were able to utilize past life experience to mitigate some of that stress and use skills developed in prior careers to navigate barriers in the practice environment. Second-career nurses recognized that they have transferable skills that are often able to be used to improve systems and processes on their unit and throughout the organization. And both groups found reflection and storytelling helpful in easing their transition into practice.

According to Smith’s findings, indicators of a healthy transition include:

- a subjective sense of well-being; feelings of distress give way to a sense of confidence
- role-mastery; clinicians achieve a desired level of performance and comfort with their practice
- the development of professional relationships; clinicians feel they’re part of the team

In terms of future implications for this study, Smith sees opportunities to create forums for new graduates where they can share their stories and experiences to minimize anxiety; and to incorporate Transition Theory into preceptor education programs. Future research could look at the perceptions and expectations of nursing directors, clinical nurse specialists, and preceptors around the entry-into-practice experience of first- and second-career nurses.



Dorothy Jones, RN, director; The Yvonne L. Munn Center for Nursing Research, and mentor for this research study



# Experiences of humanitarian care providers: an inspiring look at global health

So much information, so little time, was no doubt what Donna Perry, RN, professional development manager, was thinking when she began her presentation, “When I was there: experiences of humanitarian global health care providers.” Set in the context of awakened social consciousness and improved decision-making around humanitarianism and human rights, Perry’s research study sought to answer the questions:

- What developmental processes influence healthcare professionals in deciding to participate in humanitarian global health practice?
- What is the influence of providing global health care on the healthcare provider?
- What support structures are needed by staff who participate in global health projects before, during and after the experience?
- How are the theoretical qualities of transcendent pluralism manifested in the work of humanitarian global health caregivers and how do their conscious operations inform and extend the framework of transcendent pluralism?

The qualitative study of 15 participants, male and female, used a Transcendental Method for Research to capture participants’ perceptions in seven areas:

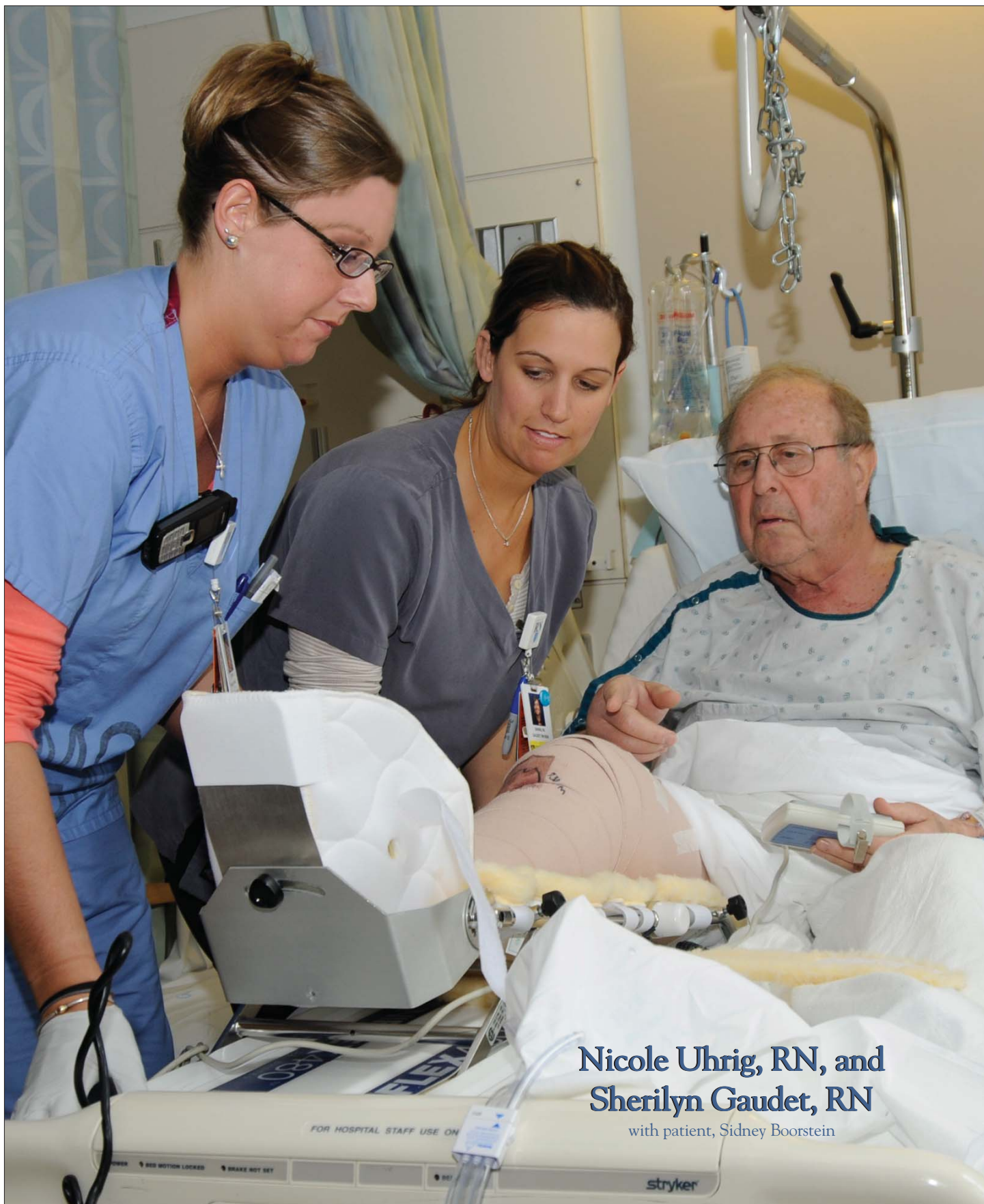
- Need and desire
- Getting ready
- Making a difference
- Bad things happening to wonderful people
- Challenging and sustaining factors
- Dialectical alienation
- A new horizon

Sharing a myriad of quotes and observances, Perry concluded that:

- Humanitarian global health practice is a transformative experience providing benefits to the recipients of care, the care providers, and future patients
- The experience comes with significant risks and stresses
- MGH provides helpful structure for staff to engage in humanitarian, global health work
- Need to take care in selecting NGO (non-government organization) partnerships
- It’s helpful to provide a caring ‘time and space’ for clinicians to transition back into practice upon their return
- Acknowledge the value of the work
- Provide opportunities to meet with others who have done similar work
- Build opportunities for fulfillment of new horizon



Donna Perry, RN,  
professional development  
manager and co-director  
of the Durant Fellowship  
for Refugee Medicine

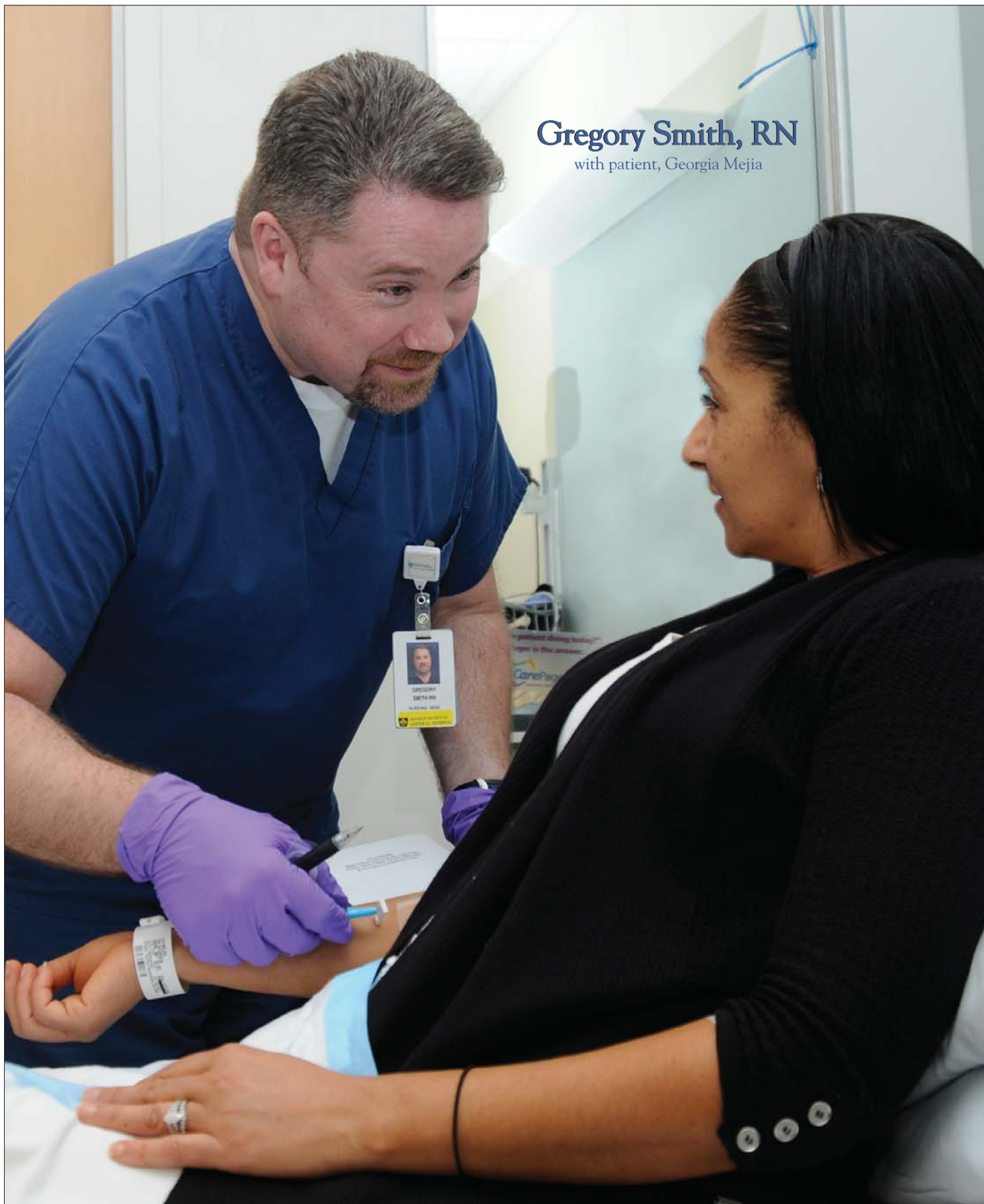


**Nicole Uhrig, RN, and  
Sherilyn Gaudet, RN**  
with patient, Sidney Boorstein



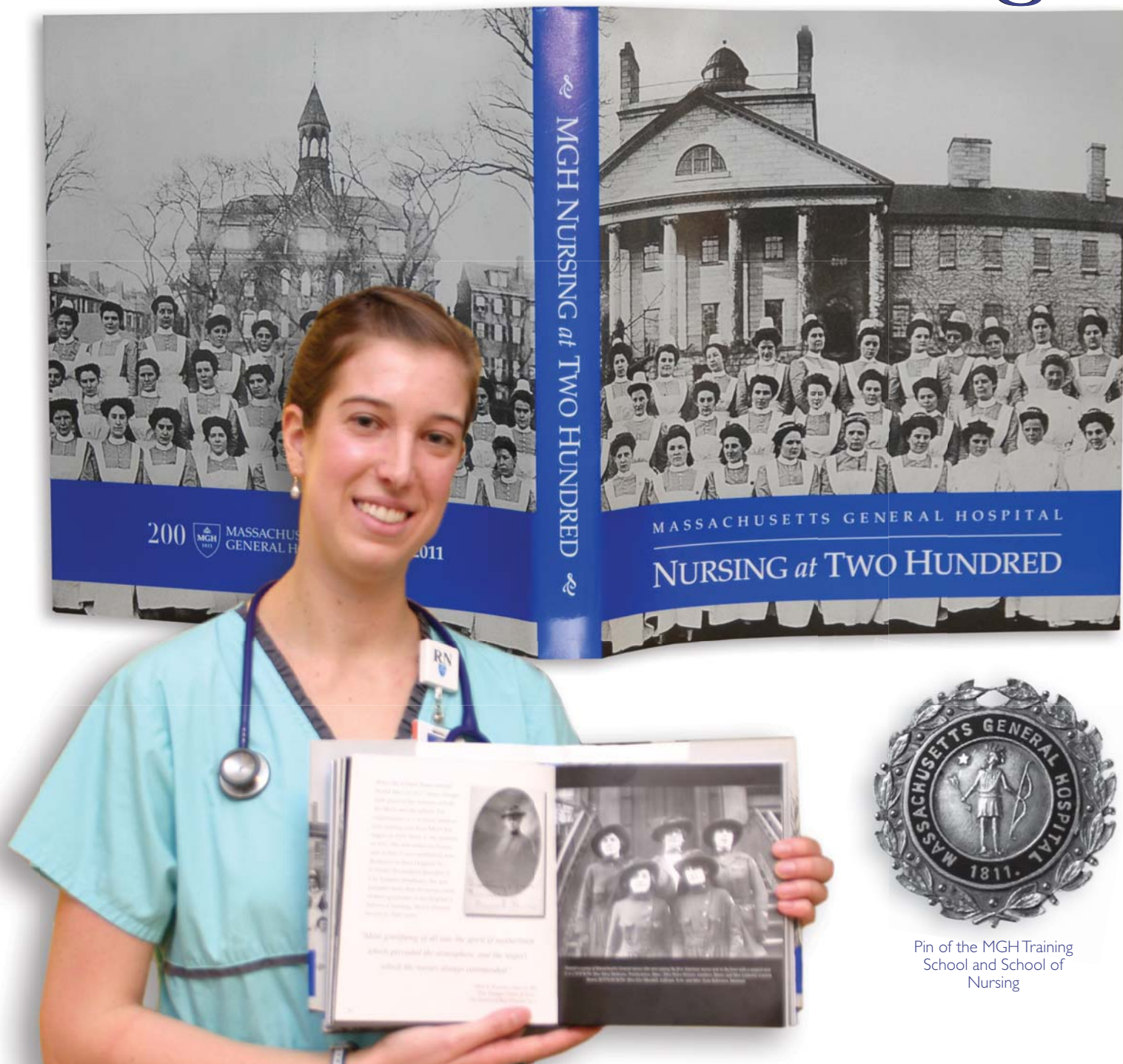
## Gregory Smith, RN

with patient, Georgia Mejia





# MGH Nursing at



Pin of the MGH Training School and School of Nursing

# Two Hundred

For the better part of the past two years, a small group of committed individuals worked tirelessly researching and chronicling the remarkable evolution of nursing at MGH. Led by Georgia Peirce, director of PCS Promotional Communications and Publicity, and Marianne Ditomassi, RN, executive director of PCS Operations, the committee, comprised of members of the MGH Nurses' Alumnae Association, MGH nurses, librarians, archivists, and many others, completed the Herculean task of amassing two centuries' worth of stories, photographs, and illustrations, and synthesizing them into the evocative book, *MGH Nursing at Two Hundred*, which was released during the bicentennial celebration of Nurse Recognition Week, May 1–6, 2011.

Made possible by a generous gift from STERIS Corporation president and CEO, Walt Rosebrough, the book has been met with pride, excitement, and nostalgia within and outside the MGH community.

Reaching back to the earliest days of nursing, *MGH Nursing at Two Hundred* highlights

the contributions of legendary nurses, Sara Parsons; Sally Johnson, RN; Ruth Sleeper, RN; Mary Macdonald, RN; Ada Plumer, RN; Yvonne Munn, RN; and our own Jeanette Ives Erickson, RN, to name only a few.

Says Peirce, "We've heard from nurses all over the country who've recognized themselves or colleagues in some of the old photographs. It's been like a virtual reunion re-connecting with veteran nurses and alumnae."

New graduate nurse, Jane D'Addario, RN, was surprised to leaf through the pages of *MGH Nursing at Two Hundred* and come across a picture of her great-grandmother, Catherine Conrick, a graduate of the MGH School of Nursing who was among the first American nurses deployed to the front during WWI. Conrick is pictured on page 83 (back row, far right) with a group of MGH nurses deployed as part of a wartime surgical unit. She is also referenced on page 68 as a nurse anesthetist having served as an 'etherizer' on the Accident Service.

Copies of *MGH Nursing at Two Hundred* are available in the MGH General Store (or on-line at: [mghgeneral-store.com/memorabilia.html](http://mghgeneral-store.com/memorabilia.html)). For more information, or to contribute additional stories, photographs, or artifacts to the archives, call Georgia Peirce, at 617-724-9865.



**Opposite page:** staff nurse, Jane D'Addario, RN, holds book open to photo of her great-grandmother, an early graduate of the MGH School of Nursing.

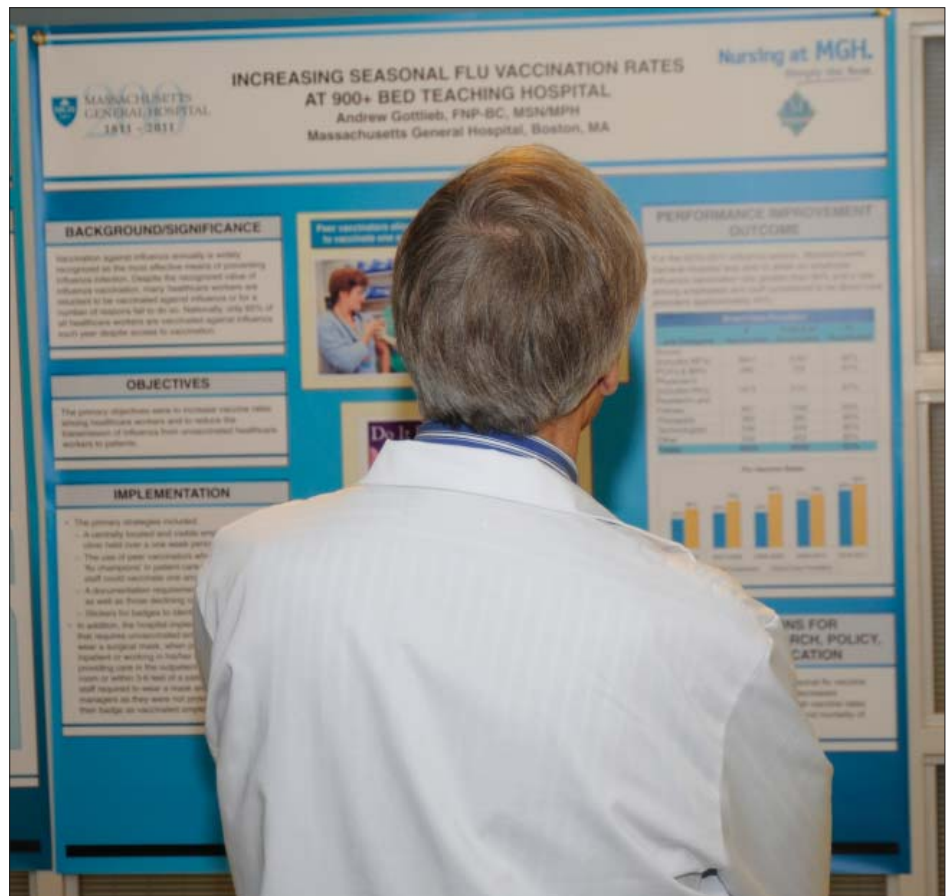
**Above:** STERIS Corporation president and CEO, Walt Rosebrough, attends Nurse Week presentation.

**At right:** Senior vice president for Patient Care, Jeanette Ives Erickson, RN, signs copies of *MGH Nursing at Two Hundred* outside the MGH General Store.



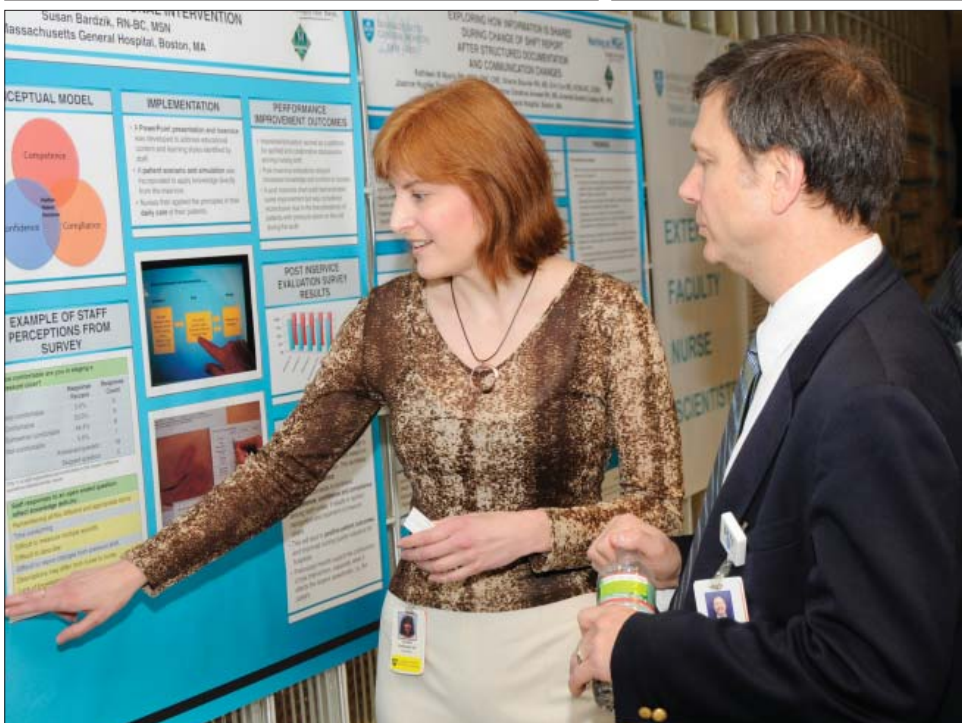
# Interactive poster display nursing knowledge and

*Members of the MGH nursing research community share their work to inspire, educate, and foster interest in future nursing research.*





# showcases research



## Nursing Research Poster Awards

### 1st Place

"Factors Contributing to Sleep Disturbance with Patients in an Acute Hospital Setting," Todd Hultman, RN; Siobhan Haldeman, RN; Christine Annese, RN; Sharon Bouvier, RN; and Amanda Coakley, RN

### 2nd Place

"Re-Designing the Nursing Research Committee," Katherine T. Fillo, RN; Mary E. Larkin, RN; Chelby Cierpial, RN; Kathryn Whalen, RN; and Virginia A. Capasso, RN

### 3rd Place

"Needs of Older Patients and their Spouses after a Cardiovascular Procedure," Diane L. Carroll, RN

### Exemplary Faculty Award

"Interventions: Cognitive Recovery from Mild Head Injury," Callista Roy, RN



ways to reduce hospital re-admissions, and our nurse-communication and hospital cleanliness are above the national average.

I want to tell you about a nationally recognized demonstration project called, “The Care Management Program.” The goal of the program is to reduce the costs of inpatient stays by connecting nurses with patients to help them navigate the complex healthcare delivery system. Because of this program, total healthcare costs have dropped by 4%, and more importantly, hospital admission rates have declined by 20%. Those who previously consumed an inordinate amount of hospital resources are now enjoying a better quality of life at home. This is one example of how we’re responding to the challenges of healthcare reform—better care for the most vulnerable populations.

In a collaboration between the department of Nursing, the Robert Wood Johnson Foundation, the Center to Champion Nursing in America, and AARP, our AgeWISE program has led to a national program developing basic geropalliative-care competencies for nurses. The program empowers nurses and encourages the use of what Patricia Benner calls, “clinical imagination.” I want to thank those who have

participated in this work to improve the care of our elders.

These, plus hundreds of other examples reflect our core identity: MGH is a place where big questions are asked, answered, and translated into exceptional care by thousands of nurses and other members of the healthcare team. It’s that cycle of connecting discovery with our passion for patient care that makes this a truly great institution.

Now, I’d like to introduce you to Frank Robinson.

*Ives Erickson showed a video chronicling Frank Robinson’s experience driving himself to MGH while suffering a heart attack and the life-saving care he received starting the moment he entered the Emergency Department. Robinson was subsequently placed on the transplant list and spent many months at MGH. Two years post-transplant, Robinson took the podium to thank his care team, especially his nurses, who he said, “hands-down, provide the best nursing care in the world.”*

The impact of this story extends beyond Frank and his family. It speaks to our being an organization committed to life-long learning.

Our tradition of teaching new clinicians is the essence of who we are. Last year, we con-

*continued on next page*

**Top left:** Bulfinch Medical Group nurse, Julia Shea, RN, speaks about The Care Management Program.

**Top right:** Bernadette Quigley, RN, speaks about a grant-funded program to bring palliative care to the Medical Intensive Care Unit.

**Center left:** patient, Frank Robinson, thanks his nurses after extended stay at MGH.

**Center right:** nurse researcher and Magnet Hospital pioneer, Muriel Poulin, RN,

**Below:** nurses visiting from Huashan Hospital in China (l-r): Ms. Miaojuan Gu, associate director of Nurse Education; Ms. Yunzhi Shen, head nurse of Cardiology and Oncology; Ms. Huahua Liu, head nurse of Neurology; and Ms. Jun Liu, assistant nursing director; head nurse of Infectious Disease.





Poulin stepped to the podium saying, "I'm in awe! I have read *MGH Nursing at Two Hundred* cover to cover, and I am in awe. Mass General has always responded with wisdom and grace, which is why you have such a glorious history and legacy and why you're poised for ever greater achievements in the future."

tributed to the education of 1,700 nursing students and the continuing education and professional development of our own staff.

This past year we met Peter and Paula Lunder, a wonderful couple who have graciously named our new patient care facility opening this summer. The Lunders asked us to extend our teaching mission to the great state of Maine—to promote health education in the farthest reaches of the state. Since January, we've met with nurses and physicians to begin to identify learning needs and strategize about collaborative educational opportunities.

The Norman Knight Nursing Center for Clinical & Professional Development has begun tele-conferencing Nursing Grand Rounds to some hospitals in Maine, and many others have expressed a desire to be included in this effort. We're grateful to the Lunders for this ground-breaking opportunity.

We're fortunate to enjoy many special relationships with patients, families, and other members of the healthcare community. One such valued friendship is the one I share with Walt Rosebrough, chief executive officer and president of the STERIS Corporation. When asked if he would fund our efforts to write the history of MGH Nursing, Walt did not hesitate. Thanks to his generosity and the incredible work of a team comprised of MGH School of Nursing alumnae, MGH nurses, librarians, archivists, and others, we now have *MGH Nursing at Two Hundred*, a wonderful book that beautifully captures the evolution of nursing at this great hospital. (See page 12 for more about *MGH Nursing at Two Hundred*).

One special alumna of the MGH School of Nursing, class of 1946, is with us today. Muriel Poulin is one of the nurse researchers who conducted the landmark Magnet Hospital Study in 1983, and she was the head of my graduate program at Boston University. She taught me the importance of the nurse-patient relationship and that as nurses, it's our responsibility to create a strong, supportive professional practice environment. I'm eternally grateful for her mentorship.

*Poulin stepped to the podium saying, "I'm in awe! I have read MGH Nursing at Two Hundred cover to cover, and I am in awe. Mass General has always responded with wisdom and grace, which is why you have such a glorious history and legacy and why you're poised for ever greater achievements in the future." She returned to her seat, but not before asking Ives Erickson to sign her copy of MGH Nursing at Two Hundred.*

This past year we launched our New Graduate Nurse Residency Program, comprised of classroom and clinical immersion under the supervision of expert faculty. The program will focus initially on oncology and critical care. The education and training we provide at MGH impacts hospitals and medical centers across the country and around the world. Nowhere has that been more evident than in our response to Hurricane Katrina, the devastation in Haiti, Iran, the Sudan, 9/11, and the tsunami in southeast Asia.

The bar is set high, and the emphasis is always on clinical excellence and compassion. When you walk into MGH, you see carved into the wall the words, "The secret of caring of the patient, is caring for the patient."

I was a member of a team of MGH nurses who traveled to Shanghai, China, last year as part of our ongoing partnership with Huashan Hospital. In China, nurses are scarce and not yet empowered. MGH nurses are helping to build a new model of training and education at the Huashan Hospital.

*Ives Erickson introduced four nurses from the Huashan Hospital who were seated in the audience: Ms. Miaojuan Gu, associate director of Nurse Education; Ms. Jun Liu, assistant nursing director, head nurse of Infectious Disease; Ms. Yunzhi Shen, head nurse of Cardiology and Oncology; and Ms. Huahua Liu, head nurse of Neurology.*

Our commitment to global health is part of our heritage: When in distress, every man, woman and child becomes our neighbor. We are able to do this important, humanitarian work because of the skill, courage, and compassion of those who are deployed and the commitment and sacrifice of those who stay behind to support their colleagues.

*continued on page 19*





**Daphnee Magloire, RN**  
with patient, William Holmes

We are indebted to recent Durant fellows who traveled to remote areas of the world bringing hope and exceptional nursing care. They are: Joy Williams; Jennifer Brock; Heather Szymczak; Betsy Deitte; Chanda Plong; Lucinda Langenkamp; Katie Fallon; and Grace Deveney. Nora Sheehan, Kerry Quealy, and Angela Ferrari have been named the 2011 Durant nurse fellows. Thank-you for sharing your practice with these communities and populations that are in such dire need.

Philanthropy plays a large role in our work. Philanthropy is what allowed us to create The Norman Knight Nursing Center, The Munn Center, The Blum Center, and the Center for Innovations in Care Delivery. Philanthropy allowed us to write the history of MGH nursing, to recognize exquisite practice with annual awards, and advance our diversity agenda.

I salute all the generous donors who enable us to do this important work.

I have one last story to share that reflects our commitment to family-centered care.

*Ives Erickson showed a video of Karin Martin describing the care she and her son, Eddie, received after Eddie suffered a life-threatening head injury and was rushed to MGH. The video highlighted the exceptional clinical care he received and the ongoing support of the family, which had a positive and indelible effect on their hospital experience. When asked what they'd like MGH nurses to know, they spoke about care that goes beyond the medical. "Pharmacology and vital signs are only part of the story. It's being a friend, holding your hand, staying by your side through terrifying times—that's what makes the real difference." And how could we make our care better? Said Karin Martin, "How do you improve on the best and the brightest?"*

You know I consider MGH my home, my hospital, my passion. Everyone deserves to have the kind of health care I have described here today. We will continue to work to ensure all patients have qualified nurses caring for and about them.

I'm blessed to be the chief nurse at the greatest hospital in the world. It's a privilege I don't take lightly. With your trust in me and in MGH, we will forge a future together that will make us and the world proud.



At Ives Erickson's Nurse Week presentation, Eddie and Karin Martin (left and right, respectively) are reunited with Eddie's nurses, Jennifer Casella, RN, (left) and Kimberly Whalen, RN.

#### Published by

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

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#### Next Publication

June 16, 2011





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**Caring**  
Headlines  
May 26, 2011

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