The 2009 Nursing Awards Ceremony, held at Boston’s historic Fenway Park, saw nurses and colleagues not only honoring and celebrating exemplary nursing practice at the medical center, but also taking important steps to ensure a healthy future for patient care at BIDMC.

Marsha Maurer promoted

The event was one of the first opportunities for Marsha Maurer, RN, to address nursing colleagues in her new role as senior vice president for patient care services and chief nurse. Maurer, who has served as vice president and chief nurse for some time, will now be working as a senior vice president in a more direct way with chiefs of service and administrative leaders from surgery, medicine, anesthesia, obstetrics and gynecology, neonatology, and orthopedics. Combining this with her oversight of patient care services will, Maurer says, enable her to advance the work on “teamliness” and integration that is already underway. She notes, “For me to be working closely with the clinical departments and chiefs of service, as well as with leaders in patient care services, is a real opportunity to be more naturally focused on the entire team of professionals who work together at the bedside. It makes good sense for those worlds to be connected at an administrative level. It helps us achieve the collaboration and teamwork that we all know is so effective in ensuring quality care.”

Nurses donate to Staff Support Fund

The awards event was also the setting for an announcement from the National Nurses Week Planning Committee – composed of clinical nurses and nurse managers from across the medical center – that demonstrated how nurses at BIDMC value their organization and are committed to its future. The committee had directed that funds earmarked for the tradition of purchasing small gifts for nurses on staff would be funneled instead to the Staff Support Fund. The Staff Support Fund was put in place this past spring when BIDMC President and CEO Paul Levy asked staff for creative ideas about how to deal with a projected budget shortfall that was putting hundreds of jobs in jeopardy. The fund was one of many ideas that emerged. Contributions to the fund helped bring about a dramatic reduction in layoffs. Levy, in a recent email to staff, praised the employees’ work on behalf of their colleagues, noting, “With your help, what could have been 600 layoffs was reduced to 70. When I asked for your help back in March, I was confident of the response. But I honestly did not understand the enthusiasm with which it would come...I did not fully understand the degree of affection and mutual commitment that underlays our hospital. We together lived through something very special, and I was especially honored to be your CEO during those weeks.”

In light of these events, a spirit of hope and enthusiasm for the future permeated the always festive Nursing Awards Ceremony. Congratulations to all!
Saul Kurlat, a generous benefactor of nursing at BIDMC, attended this year’s Nursing Awards Ceremony and shared a favorite quote by George Washington Carver. He noted, “When you do the common things in life in an uncommon way, you will command the attention of the world.” Listening to the accolades bestowed on nurse honorees at this year’s ceremony, it was clear that all had commanded the attention and respect of the numerous peers and colleagues who had come to celebrate their extraordinary work on behalf of patients and families at BIDMC.

**Awards**

**Herbert B. Singer Award for Nursing Excellence**
Lori and Steven Singer presented awards named in honor of their late father, Herbert. Shown are award recipient Julia Flynn, RN, Lori Singer, Steven Singer, and recipient Barbara Regan, RN.

**Edward and Marilyn Schwarz Awards for Excellence in Nursing Practice**
These peer-nominated awards recognize six categories of excellence in nursing. Presenting the awards were Jayne Carvelli-Sheehan, RN, senior vice president for ambulatory and emergency services and Marsha Maurer, RN, senior vice president for patient care services and chief nurse. Shown here are Sheehan; Leslie Almeida, RN; Claudia Pavao, RN; Kimberly Sullivan, RN; Melissa Murray, RN; Ann Marie Grillo, RN; Tracy Salters, RN; Michael McSweeney, RN; Jean Raas Moore RN; Danielle Lord-Schaefer, RN (rear); Maurer; and Terry Barden, RN. Not shown, awardee Tiffany Grimes, RN.

**Joseph Ensign Lovejoy Exemplary Nursing Awards from the Joseph E. Lovejoy Family Gift**
First announced at last year’s Nursing Awards Ceremony, this award was established in memory of longstanding trustee and board member, Joseph Ensign Lovejoy. It honors nurses and nursing aides who provide exemplary, compassionate care. Members of Mr. Lovejoy’s family—Joan Lovejoy (left) and Clare Byrne (right)—presented this year’s awards to two members of the 7 Feldberg staff: Margaret Gavin, RN (left center), and Bea McIntyre, patient care technician.
Excellence in Advanced Practice Awards
Nurses in ambulatory care were joined by several colleagues who presented them with awards for excellence. Shown are recipient Barbara Rosato, RN; James Heffernan, MD, associate division chief and medical director, Healthcare Associates; Sonia Ordonez, MD, OB/GYN; recipient Claire Labelle, RN; recipient Kathy Corley, RN; Javed Sheikh, MD, allergy and inflammation; and Jayne Carvelli-Sheehan, RN, senior vice president for ambulatory and emergency services.

Gitta and Saul Kurlat Award for Nursing Excellence
Saul Kurlat spoke about the award he and his wife, Gitta, established to honor a nurse who demonstrates clinical expertise and a spirit of inquiry. He presented this year’s award to Juli Whitney, RN, from the west campus PACU, who was nominated by her peers for her unique ability to touch and impact the lives of others.

Excellence in Medical Critical Care Nursing Award
Kelly O’Brien, RN (center) and Paul Lovely, RN (right) were recognized for excellence in critical care by (from left) Robin Griggs, RN, nurse manager, Finard 4 ICU; Peter Clardy, MD, director, medical intensive care unit; and Kristin Russell, RN, nurse manager, medical intensive care.

Excellence in Surgical Critical Care Nursing Award
Stephanie Morrill, RN (center), received this excellence award from Jean Campbell, RN, nurse manager of the SICU and TSICU, and Alan Lisbon, MD, vice chair for critical care in the department of anesthesia, critical care, and pain medicine.

The Department of Surgery and Joseph M. Koufman Foundation Awards for Excellence in the Care of Surgical Patients and in Peri-operative Care
Donald W. Moorman, MD, associate surgeon-in-chief, presented excellence awards to Nicole Catatao, RN; Jennifer Rifenburg, RN; and Hedwig Albano, RN.
Awards

William D. Cochran Award for Excellence in Neonatal Nursing
Cynthia Moultonkrug, RN, was the recipient of this longstanding excellence award, which was presented by DeWayne Pursley, MD, neonatologist-in-chief in the department of neonatology, and interim chief for obstetrics/gynecology.

Internal Medicine Residency Nursing Excellence Award
Alice Bradbury, RN, received this award from Julius Yang, MD, program director, internal medicine residency program, director of inpatient quality, and medical director of CC7. Yang noted that the award honors the “invaluable role” that nurses play in the education of medical residents in training at BIDMC.

Excellence in Hematology/Oncology Nursing Awards
Nancy Giallombardo, RN (left) and Virginia Seery, RN (second from right) received honors from James Levine, MD, medical director, heme malignancy/bone marrow transplant, and Jayne Carvelli-Sheehan, RN, senior vice president for ambulatory and emergency services.

Excellence in Gerontological Nursing Award
Marlena Pettit, RN, (center) received the award for excellence in gerontological nursing from Christine Kristeller, RN, geriatric clinical nurse specialist, and Howard Nachamie, MD, medical director, geriatric inpatient service.

Colette Cantin Obstetric Excellence Award
Toni Golen, MD, (right), medical director of labor and delivery, helped present this award to Kristin Landers, RN, noting that she is “respected by her peers and treasured by her patients.” Helping to introduce and present the award, established in memory of a longtime BIDMC labor and delivery nurse, was Ronald Marcus, MD, director of obstetrics.
Excellence in Emergency Nursing Award
Two nurses were honored for excellence in emergency nursing. Shown are Kirsten Boyd, RN, director of emergency services; recipient Eileen Broderick, RN; recipient Kathryn Vassar, RN; and Jayne Carvelli-Sheehan, RN, senior vice president for ambulatory and emergency services.

CVI Excellence in Cardiovascular Nursing Award
Leaders from the CardioVascular Institute presented this excellence award to Verna Rettagliati, RN. Shown with Rettagliati are Kamal Khabbaz, MD, interim chief of cardiac surgery, and Mary Francis Cedorchuk, RN, nurse manager, CVI OR.

BostonWorks Salute to Nurses nominees
Nurses from BIDMC were again well represented in the annual “Salute to Nurses,” sponsored by BostonWorks, a division of the Boston Globe. Fourteen staff members as well as nurses from one entire unit (MICU 6) were nominated for the award. Shown here are (back, left to right) Tracee Tomko, RN; Holly Dowling, RN; Kendra Conlon, RN; Frances Casey, RN; Dacey O’Leary, RN; Caroline Drummond, RN; Kelly O’Brien, RN; (front left to right) Karalyn Auclair, RN; Fatima Barbosa, RN; Kristin Russell, RN; and Kerri O’Regan, RN. Also nominated were Jill Brown, RN; Peter Brown, RN; Jaqueline Felt, RN; Paula Hayes, RN; Vicki McKenna, RN; Monique Nestor, RN; and Sharon Parkes, RN.

Excellence in Psychiatric Nursing Award
Marie Huppuch, RN, was the recipient of this award, which honored her more than 24 years of practice at the medical center. Presenting the award was Rohn Friedman, MD, vice-chair of psychiatry.
Nursing scholarship awards

Nurses and aspiring nurses at BIDMC received more than $110,000 in scholarship awards this past year, which are funded by a variety of generous donors. Scholarships support staff pursuing academic degrees in nursing.

Beth Israel Deaconess Medical Center Nursing Scholarships
Many of the 28 employees being awarded BIDMC Nursing Scholarships were on hand for the awards ceremony festivities. Money for these awards comes from a number of endowments and funds that have been given to BIDMC to support nursing education.

Alexander and Brenda Tanger Nursing Scholarship, in honor of Mary M. Fermental, RN
Receiving this year’s Tanger Scholarship is Kimberly McHayle (right), a phlebotomist in hematology/oncology who is pursuing an associate’s degree in nursing at Laboure College. She is shown here with BIDMC President Paul Levy and Mary M. (Maggie) Fermental, RN.
Mark Haigh, a longtime staff member in the department of psychiatry, received a scholarship generously donated by the New England Deaconess Hospital School of Nursing Alumnae Association. Laura Ritter-Cox, RN, president of the association, was on hand to present the award to Haigh, who is studying nursing at Excelsior College.

New England Deaconess Hospital School of Nursing Alumnae Association Scholarship

Clinical nurse advancements

During National Nurses Week, nurses who advanced to clinical nurse III (below) or clinical nurse IV (above) during the previous year were invited to celebrate their achievement at a luncheon with Marsha Maurer, RN, senior vice president for patient care services and chief nurse.

Red Sox Nursing Scholarships

Nursing scholarships funded by the proceeds from Red Sox ticket raffles were awarded to deserving employees who are pursuing a nursing degree. Shown here are recipients Dauda Sesay (second from left), a mental health associate on Deaconess 4 who is studying nursing at the University of Massachusetts Boston; and Thuy Nguyen, RN, (far right) who is pursuing a graduate nursing degree at Boston College. Presenting the awards were Lauren Call, RN (left), and Tina Gosselin, RN.

Aron and Celia Steinberg Endowed Scholarships

Linda Greenberg (left), a trustee for the Aron and Celia Steinberg Endowed Scholars Program, helped present a scholarship award in honor of the Steinbergs to Melissa Murray (center), a practice assistant in the division of infectious diseases who is studying nursing at the University of Massachusetts Boston; and Kristin Fowler, a clinical trials specialist in the neurology/ neuroendocrine unit who is enrolled in the nursing program at Massachusetts Bay Community College.

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In the spring of 2009, a number of nurses with long and successful careers at the medical center chose to take an early retirement. Among these were nurses with more than 20 years of service at the organization. Brief profiles of some of these long-term careers are presented here. We wish all the retirees many years of health and happiness!

**Cassiele (“Casey”) Simons, RN**

Since graduating from the Beth Israel Hospital School of Nursing in 1963, Cassiele (“Casey”) Simons, has spent her career working directly with patients. Some of her earliest experiences were on the medical units at Beth Israel Hospital, at a time when one nurse and two co-workers could be responsible for 32 to 36 patients. Simons then spent time on the IV team before moving to the postpartum units, where she has worked for the past 30 years. “I have always liked the patient contact, the teaching aspect, the being with people,” Simons says. “I guess I’m really more the old-fashioned nurse.”

Although she calls herself old-fashioned, Simons was part of the tremendous advances that took place in obstetrics over the years. “I remember when babies born at 28 weeks had a 10% chance of survival,” she says, marveling that the prognosis is now excellent for many premature infants. Care has changed in other ways, too, Simons observes. “Years ago,” she says, “more people were exposed to infants through families and babysitting.” Today, many women have limited experience caring for infants. As a result, teaching, reassurance, and a “certain amount of hand-holding” is more important than ever.

Reflecting on her 40-plus years in nursing, Simons says, “It’s been good for me and has given me a sense of accomplishment. I can’t imagine doing anything else.” In retirement, Simons plans to spend time with her grandchildren, continue with her knitting, and do some traveling.

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Casey Simons, RN
Marie Huppuch, RN

When Marie Huppuch first came to work on the psychiatric unit at Beth Israel Hospital in 1985, she was pleasantly surprised by what she found. “It was like no other inpatient unit I had ever seen,” she recalls. She had worked in other psychiatric settings in which she did not always feel supported in her nursing role, and says, “It was very different at BI. At BI, the patient really was the center of care. Through the years, I really had the opportunity to grow, and I do believe the patients received the benefit of my growth as a nurse.”

Late in the 1990s, Huppuch took on a new role as the psychiatric nurse case manager in the psychiatric consult service. In this position, she managed psychiatric dispositions for inpatients and outpatients throughout the medical center. She passionately describes how she would build trusting relationships with patients and families in order to provide comfort and caring – in addition to clinical expertise – as she helped them transition to a psychiatric setting. “I wanted the transition to a psychiatric hospital to be as therapeutic as possible,” she says. “I felt that the nurse/patient alliance was the most important step in achieving that goal. It was a very frightening experience for most people.” Capping her stellar career at the medical center, Huppuch was honored with the Excellence in Psychiatric Nursing Award at this year’s Nursing Awards Ceremony in May.

Susan Walsh, RN

Susan Walsh’s first foray into nursing nearly 40 years ago was initially cut short – but not because of any reason that would threaten to derail a career today. Walsh was attending the Massachusetts General Hospital School of Nursing, but left because she got married. She explains, “In those days, you could not be married and be in [nursing] school.” But Walsh’s calling to be a nurse was strong, and she didn’t let this setback stop her plans. A few years later, as the environment for nursing education was evolving, she graduated as a nurse from Massachusetts Bay Community College – accomplishing this feat while caring for four children under the age of seven!

Walsh worked on a med-surg unit and intensive care, but spent the bulk of her career as a nurse in the recovery room of the ambulatory surgery area at the New England Medical Center.
Deaconess Hospital – a role she found immensely satisfying. She recalls, “The patient’s wellbeing is really in your hands when the patient comes to you from the OR.” Some time after the merger that created BIDMC, Walsh became an OR nurse, and stayed in this position until her retirement. She calls nursing a “noble profession” and says she would recommend it to anyone. She says, “You are taking care of people who are vulnerable and who need your skills…It gives you a good feeling about what you are doing.”

Ginny Ferrenberg, RN

Ginny Ferrenberg says that when she and a friend came to Boston as young nurses from their hometown in Ohio, they were on the leading edge of a social trend. “The generation I came from was really the first generation where young women would move away from home,” she recalls. Wanting to “see the world a little bit,” Ferrenberg and her friend initially spent two years in the city and then returned to Ohio. But it was when they came back to Boston for a visit in 1972 that they realized that Boston had become home. “We were coming in on the Mass Pike,” she recalls. “We could see the city from a distance and we both started crying.” Ferrenberg soon applied for a job at Beth Israel Hospital and was asked if she’d like to work in the emergency department. Although she did not have ED experience, she agreed. She says, “I was feeling good about myself that day, so I said, ‘Sure, I can try that!’”

Ferrenberg was to spend the next 37 years involved in emergency nursing. The bulk of that time was spent caring for patients at the beside. But Ferrenberg also took advantage of professional growth opportunities and took on a variety of additional roles. In the 1980s, she served as a resource on the use of the software that supported the staffing and payroll systems for nursing. She also helped to develop and launch an electronic emergency nursing record, designed to make care more efficient and improve handoffs. And she spent time working on data collection with the trauma service.

Ferrenberg is the acknowledged “social coordinator” for BIDMC emergency nurses, ensuring that they stay in touch long after they have moved on to other jobs or locations. Using an email list affectionately known as “ED Fossils,” she coordinates events and makes sure everyone stays connected. She believes that the nature of ED practice makes close friendships inevitable. “It’s life and death. You derive your support from your coworkers,” she says. When she talks about her friends in Boston, it is clear that Ferrenberg is happy she had that tearful revelation on the Mass Pike those many years ago. “My coworkers became my family,” she says.
Jane Erskine, RN

Any young person who is wondering whether a career in nursing will offer a variety of experiences would do well to talk to Jane Erskine. In her 42 years at the medical center, she held a wide variety of positions. “I’ve had the opportunity to say, ‘This job sounds interesting’ and to go help set up a new unit or whatever,” she says. “That was my favorite part – being given these opportunities.” Erskine spent time as a clinical nurse in thoracic surgery and an observation unit; helped to set up and manage a day care unit and pre-admission testing area at the New England Deaconess Hospital; worked as a patient liaison; and, most recently, was the disability management coordinator in employee and occupational health. Erskine also did a stint in case management and helped staff a physician referral line.

A graduate of the New England Deaconess Hospital School of Nursing, Erskine recalls the days when working relationships between doctors and nurses were very different than they are today. “You would have to stand up and offer your chair when a doctor came into the nurses’ station,” she says. She witnessed the evolution that, she explains, saw nurses “become more of a colleague than someone in a subservient role.”

Erskine is looking forward to the flexibility that retirement will bring, including the ability to come and go as she pleases. “I have a place in Maine,” she says, “and I’ve been able to spend time there. The treat is having the time to do what you want, and not to have to plan everything around a weekend. If I want to leave on a Wednesday, I will leave on a Wednesday. That is all novel for me!”

John McKone, LPN

John McKone traces his interest in nursing to his family. He says, “There were five kids in my family. When I grew up, we had elderly uncles and aunts living with us. At that time, the family took care of their own. As kids, we would help them – we were the caretakers. That is what influenced me to go into nursing.”

McKone first came on staff at the New England Deaconess Hospital as a nurse’s aide. He worked on a med-surg unit that included rooms of between three and six patients. He was asked to take a position on nights in the psychiatric unit, which he says was a “small cottage located where the ED is now.” He was attending school to become an LPN at the time, so the schedule worked well for him. He recalls, “One of the major things I did was to take the patients out for early morning walks. Around 4 am, we would go out and walk for a couple of hours. We would go all the way to the Hatch Shell. That was part of their therapy. They didn’t

McKone has high praises for his nursing colleagues at the medical center, noting, “I can’t say enough good things about them.”
have to go that far, but they wanted to and I didn’t mind going. They looked forward to it.”

After becoming an LPN, McKone went back to med-surg nursing, spending the bulk of his career on the transplant service. He recalls the excitement of witnessing the early days of the kidney and liver transplant programs at the hospital. Several years ago, he moved to Farr 9 to care for patients undergoing bariatric and pancreatic surgery.

McKone has high praises for his nursing colleagues at the medical center, noting, “I can’t say enough good things about them.” McKone plans to continue to work part-time in nursing, but closer to his home in New Hampshire. He says, “I’ve been off for four months and I’m getting itchy.”

Cindy Labow, RN

Although Cindy Labow retired with an “official” record of 29 years of service, her actual experience at the medical center is even longer. She first came to Beth Israel Hospital in the late 1960s, working in the OR. After four years, she found herself in a supervisory role when the former supervisor resigned. She left the Boston area for a time, moving to New York where she ran the open heart OR at New York University Hospital. She gained additional leadership experience helping to set up and open a two-room OR at a small hospital in New Jersey.

Labow eventually moved back to the Boston area and joined the staff at the New England Deaconess Hospital in 1980, working in ambulatory surgery on Deaconess 2 for about 10 years. It was during an era when nurses did “whatever it took” to keep a unit running, without many of the support services that are common today. Labow remembers that time fondly, despite the heavy workload that was involved. Recalling the Deaconess 2 unit, she says, “It was the nicest little unit you would ever want to see. We did everything. We did the cases, sterilized the instruments, answered the phones.” Labow says that a staff of four nurses would manage over 20 cases a day in two rooms. She adds, “It was a lot of fun, but a lot of work.”

In the course of her work, Labow became interested in the care of patients having central lines placed. She was instrumental in the establishment of the central line service at the hospital, in which a group of surgeons share responsibility for placing central lines in patients who need them. She ran the service for many years, coordinating the scheduling, following up on patients, and making sure everything was running smoothly.
Labow worked as a clinical nurse in the office of Drs. Mark Callery and Charles Vollmer just before her retirement. As for the future, she is still thinking about how best to spend her time. She recently commented, “I keep thinking I’m on vacation! I’m sure I’ll keep busy. That’s the way I am.”

John Cotter, RN

John Cotter graduated from Boston College with a degree in biology, and his intent was to go to medical school. When the Viet Nam War intervened, Cotter found himself in the Navy as a hospital corpsman. As such, he worked in a bedside, caregiving role that is similar in many ways to that of a nurse. It was during this time that he decided to change his plans and to pursue nursing as a career once he was discharged. He recalls, “I know exactly what changed my mind. I saw that the people at the bedside have the most influence in affecting the health of the hospitalized patients.”

Although Cotter had trained for duty in Viet Nam, he never had to go. Instead, he spent his service years at hospitals in Philadelphia and Puerto Rico. He cared for soldiers who had been wounded in the war, and he still vividly recalls individual cases. “There was one patient I’ll never forget as long as I live,” he says. “A marine. He was jumping from a helicopter in Viet Nam, and he jumped into the blade. They had to recreate his mouth.”

Once out of the service, Cotter worked as a nursing assistant at Newton Wellesley Hospital, then began his nursing studies at Northeastern University. After graduating, he worked for a time at Newton Wellesley before coming to the New England Deaconess Hospital in 1980. He worked on several units, spending 18 years as a clinical nurse in the CCU. He completed a master’s degree in 1988, but was not interested in changing roles at that time. Commenting on his graduate degree, he says, “It was for my own personal improvement. I was content to work as a staff nurse for a time.”

Following the Beth Israel Deaconess merger, Cotter shifted roles and began working in the cardiac surgery recovery unit. When a clinical nurse specialist position for his area opened, Cotter applied for and got the job. As a CNS, he mentored younger staff and was a valued resource in critical care until his retirement.

Commenting on nursing as a profession, Cotter muses, “The nurses are with patients 24 hours a day. Our constant attention at the bedside is a major factor in getting people better.”
Kathleen (Griffin) Maloney, RN

Kathleen (Griffin) Maloney – a nurse practitioner who helped to establish a new model of advanced nursing practice at the medical center – began her nursing career as an LPN. She came to work at Beth Israel Hospital in 1969, spending time on a general medical unit and then in medical intensive care. When a position opened in the hospital’s primary care practice (then known as Beth Israel Ambulatory Care, or BIAC), she moved to the outpatient setting and began studies for an associate’s degree in nursing at Northeastern University. Completing the program in 1977, and passing the boards as an RN, she continued to work in BIAC. Her skills and potential were recognized, and her physician colleagues encouraged her to continue her education and pursue a certificate as a nurse practitioner at Boston University. She received her NP certificate in 1979.

She returned to BIAC – which eventually was renamed Healthcare Associates – and was one of the first two nurse practitioners to function as primary care providers in this setting. “We kind of proved that there was a place for nurse practitioners in the ambulatory area,” she recalls. “We could carry a panel of patients, we could bring new patients in. We had the time to follow patients closely.”

Maloney eventually took on administrative responsibilities in the unit, in addition to her clinical role. When the hospital entered an agreement with Brandeis University to run their student health service, hospital leaders tapped Maloney for the job. She was the director of the student health service until her retirement.

Maloney recalls fondly her early years at the medical center, noting, “Beth Israel – and later BIDMC – was always a wonderful place for nurses. Nurses were well respected, and there were always wonderful, wonderful nursing role models.” She says she especially appreciated the constant encouragement she received at every stage of her professional life, adding, “I had a long, wonderful, successful career.”
Mary O’Brien, RN

For Mary O’Brien, nursing was a second career – one that combined her interest in health and science with her needs for a flexible work schedule. Her first job was as a medical technologist, working with tissues in a lab. But as a single mother of two small children, O’Brien needed a career that would offer more flexible hours. Wanting to stay in the health arena, she enrolled in a nursing program at Boston State College (now part of UMass Boston) and was one of the program’s first graduates.

O’Brien’s first job as a nurse was at the New England Deaconess Hospital on a med-surg floor. As the organization changed and units shifted, she found herself in a combined GI/oncology unit (Palmer 3), eventually taking on the role of unit teacher. O’Brien says the teaching role was one of the most satisfying of her career. She recalls, “You take the novice nurse, and you teach the necessary documentation, the protocols. It was a way of fostering their growth and development.” Eventually, O’Brien was named nurse manager on the unit.

After the BIDMC merger, units shifted and combined again. O’Brien took a part-time position in the ambulatory observation unit, caring for patients who needed short periods of observation in a hospital setting. When the observation unit closed, she took a position in the employee and occupational health service (EOHS), which she held until her retirement.

O’Brien enjoyed her time in EOHS, noting, “That was a nice change for me. It was nice to see employees and to be able to be of support and service to my own colleagues. To be available for questions, counseling, information.”

O’Brien is “really looking forward” to the flexibility that retirement brings. “I can pick when I want to go someplace, where I want to go,” she says. “I can spend more time with family. They are all excited for me. They know it’s been a great career, a wonderful profession. I have tremendous memories of patients and colleagues.”

Warm wishes also go to three additional nurses who retired with more than 20 years of service, but who could not be reached for this story: Karen Bithell-Taylor, RN; Patricia Brody, RN; and Paula Phinney, RN.
Clinical Narrative

The thoughtful clinician

by Martha Fernandez, RN

Martha Fernandez, RN, a clinical nurse in obstetrics, understands the value of being a thoughtful and respectful clinician. This proved particularly important during a recent encounter, when a patient’s religious beliefs prompted Fernandez to think creatively about what “quality care” really means, and to recognize and challenge some of her own notions about culture and religion.

“No You are getting a tough patient.”

This is what I heard from the night nurse one recent morning. My patient was a young woman who had undergone a cesarean delivery of healthy twins the previous evening. She practiced a religion that prohibited her from accepting most types of medical care. She had another child who had been born at home, and she had reluctantly agreed to the cesarean for the safe delivery of the twins. But she was not allowing us to perform even simple aspects of routine postoperative care.

As I prepared to approach this patient, I thought about my own beliefs. I was aware that I had a preconceived notion that people with “extreme” religious beliefs are sometimes a little “off center.” But I was also aware that I was responsible for devising an effective, respectful plan of care for this patient and her family. As a first step, I decided to spend some time getting a feel for what they were like and what expectations they had from me.

I introduced myself and told them I would like to explain what was on my agenda, but that they should stop me any time if I was saying something they were not comfortable with. I explained some of our routine practices, which included information on how we measure urine. The patient did not want her urine measured. I asked if I could check her vital signs and her abdomen, but she declined. She also would not let me assess her babies. She was very apologetic, saying she did not mean to be uncooperative, but she was firm on how she felt. I assured her that I respected her feelings and beliefs, and said I would find a way that we could work together to meet both of our goals.

I left the room wondering how I was going to make it through this shift and feel I had given good care. I first had to overcome the idea that safe and thorough care was all about numbers and measurements. I remembered the years I had worked in birthing centers when I had not used “conventional” medical
measurements. I realized I had to change my frame of mind and remember that I had the skills to assess my patient through listening and observation.

I went back to the room to help the patient walk to the bathroom, and I was able to assess her breathing and heart rate as I was holding her arm and wrist. Once in the bathroom, she allowed me to change her gown, which enabled me to assess her abdomen and dressing, her legs (for swelling), her breasts, and her level of bleeding. She then asked that I leave the room; as I stood outside the door, I could hear that she urinated a large amount, which told me she was emptying her bladder efficiently. I also heard her pass gas, so I knew it was safe for her to eat a regular diet.

While I was making her bed, I watched my patient’s husband change the babies’ diapers. I got closer and commented on how well the babies were doing. At the same time, I was able to assess their coloring and respiratory rate, and to do a quick head-to-toe assessment. The day went on this way. I was able to give personalized care by understanding, observing, and listening to my patient.

I am pleased that I was able to realize and overcome my preconceived expectations about this couple and their beliefs. They were kind, thoughtful, and respectful – not at all “off center.” By approaching them with respect, I was able to craft a creative and respectful way to care for them. What had started out as a frustrating day turned out to be extremely fulfilling.

Marsha Maurer, RN, senior vice president for patient care services and chief nurse, has announced the promotion of Kim Sulmonte, RN, to director, patient care services operations, quality, and safety. In her new role Sulmonte will be responsible for the oversight of all quality and safety initiatives within patient care services, and will partner with colleagues in health care quality to oversee adverse event reporting and case review. She will take on direct responsibility for a number of clinical departments and functions, including inpatient rehabilitation services; nutrition services; voice, speech and swallow; wound/ostomy care; and Learning Center functions.

Sulmonte began her nursing career at BIDMC as a clinical nurse and was promoted to administrative clinical supervisor and then to nurse manager for Farr 2 and CC7. Most recently, she has been clinical process improvement program director for patient care services.

On Sulmonte’s promotion, Maurer noted, “Many of you have worked closely with Kim and know the level of skill, commitment, and effective cross-department collaboration and leadership she will bring to this work. I know that patient care services and BIDMC will be well-served by her expanded responsibilities. Please join me in welcoming her to this new role.”

Jean Campbell, RN, has been named nurse manager of the SICU and Trauma SICU at BIDMC. Campbell has extensive experience in trauma and critical care, both in the US and abroad. Her most recent position was with the medical charity “Mercy Ships,” which provides free care to people in developing nations via ship-based hospitals and services. Campbell was with this organization for more than 11 years, serving in both staff and management roles. She had previously worked in a bush hospital in Sierra Leone and in the surgery-trauma ICU at VCU Health Systems in Richmond, Virginia. On her new role, which she assumed in the fall of 2008, Campbell noted, “I’m looking forward to building on the foundation laid by my predecessor and working with the strong and professional staff in both the SICU and TSICU to provide high-quality, patient-centered, family-focused care.”
Spotlights

Professional activities of nursing staff (listed in bold).

Certifications

Jeanne Carbone was certified as a radiology nurse.

Erica Gemellaro was certified as a clinical transplant nurse.

Mary Anne Humphrys was certified as a radiology nurse.

Donna Lyder was certified as a clinical nurse specialist.

Erin Sexton was certified as a clinical transplant coordinator.

Judith Takdjerad was certified in perioperative nursing.

Lauren Wedge was certified as a clinical transplant coordinator.

Academic degrees

Sarah Southard, master of science in nursing, Simmons College

Community leadership & outreach

Mary Haaland worked with community health educators on a public health initiative in San Juan del Sur, Nicaragua.

Sandra Reed Sweezy participated in a medical mission to Cevicos, Dominican Republic.

Professional leadership and consultation

Jeanne Eskander was elected president of the Boston chapter of the Oncology Nursing Society.

Kathleen Clark Hussain was elected to the Nominating Committee of the Massachusetts Organization of Nurse Executives.

Allison McHugh formed the Boston Simulation Work Group, composed of leaders in nursing simulation from New England Hospitals.

Donna Williams was elected president of the Greater Boston Chapter of the American Association of Critical Care Nurses.

She was invited, along with Dr. Michael Howell, to participate in the Society of Critical Care Medicine’s Paragon Critical Care Quality Implementation Program™.

Publications


Presentations


Charlotte Guglielmi. Exploring the keys to preventing unintentionally retained objects. 56th AORN Congress. Chicago, Ill.


Therese Pare. Achieving the Olympic Gold: collaborative approach of a challenging enterocutaneous fistula with abdominal wound. Wound, Ostomy and Continence Nurses Society, 41st Annual Conference, St. Louis, Mo.


Jim Wareing, Stephen Wood, and McCool M. Emergency nursing topics. BIDMC and Landspitali University Hospital Emergency Nursing Collaborative, University of Iceland, University Hospital, Reykjavik, Iceland.

Research

Media appearances
Kevin Flinn’s comments from a nurses’ roundtable interview were featured on page 26 in the Harvard Health Publication, Perspectives on Prostate Disease, 2009, 3:1.

Linda Trainor’s book, Bradley the Dog who Couldn’t Stop Eating, was reviewed in the May 2009 issue of Bariatric Times, page 23.

Awards and honors
Kathleen Corley received a 2009 Allied Health Professional Travel Award from the American Academy of Allergy, Asthma, and Immunology, in recognition of her work to improve asthma care.

Tina Gosselin received the Nancy M. Valentine Excellence in Leadership Award from the New England Chapter of the American Psychiatric Nurses Association.

Clinical advancements
To clinical nurse III
Amy Baut, RN
Sarah Ghanem, RN
Maryellen Johnson, RN
Lindsey Martelli, RN
Nicole Stamos, RN

To clinical nurse IV
Julie Dateo, RN
Martha Fernandez, RN
Janet Forbes-Scott, RN
Patty Forino, RN
Karen Guthro, RN
Lilla Jucewicz, RN
Angela Kelly, RN
Jo-Anne Lally, RN
Tracy Lee, RN

Charlotte Guglielmi, RN, wins national leadership post
Charlotte Guglielmi, RN, perioperative nurse specialist, has been voted president-elect of the Association of periOperative Registered Nurses (AORN). A 30-year veteran of BIDMC, Guglielmi has been a member of AORN since 1985 and has steadily taken on increasingly influential leadership roles. She has served as the president of the Massachusetts chapter, and has held several positions on the national board, including secretary and vice president. She will work closely with the current president during 2009 to prepare for being installed as president of AORN in March 2010. “Charlotte’s election to this prestigious position as AORN president-elect is very well deserved,” said Elena Canacari, RN, director of perioperative services. “She is a valued member of the perioperative leadership team and has contributed in many ways over the years to the medical center initiatives for process improvement, creating a safe patient environment, and creating a positive work environment for staff and physicians.”

Guglielmi sees her new position as a way of “making sure our younger generation of nurses fall in love with nursing in the same way we did.” She says that the average age of an operating room nurse today is 49, and notes, “We need to blend the intellectual wisdom of older nurses with the enthusiasm of younger ones. My challenge will be to connect those two groups to create a synergy of young and old with the goal of always keeping an eye on the patient.”
Leading a professional nursing service

As many of you know, in 2008 I took on the role of “chief nurse” at BIDMC. More recently, I’ve been appointed senior vice president for patient care services (PCS), in addition to serving as chief nurse. In our lead article, you heard a little about my vision as a senior vice president. I thought it would be a good time to also talk about the nursing leadership aspect of my role – how I envision this part of my job, and my ideas on what it means to be the chief nurse.

In brief, the chief nurse is the leader of the discipline of nursing at the medical center. My responsibilities with respect to the clinical discipline of nursing are similar to those of other clinical chiefs – such as the chiefs of medicine or surgery – with respect to theirs. It is my responsibility to attend to the practice of nursing, wherever it occurs at the medical center. What does this mean? At a basic level, it means I am responsible for ensuring that anyone practicing as a licensed nurse at BIDMC does so in accordance with the state’s Nurse Practice Act and meets the requirements of other regulatory agencies to whom we report. But I believe the chief nurse has responsibilities that go far beyond ensuring regulatory compliance.

I consider it my responsibility to see that all nurses at BIDMC feel that their practice is supported, that they have professional development opportunities, and that they feel part of the larger nursing community at our medical center. One step we have already taken toward this end is to ensure that nurses from throughout the medical center are represented on our shared governance councils. But one of my priorities as chief nurse is to find additional and more robust ways to forge connections within our nursing community.

I also consider it my responsibility to oversee activities at our medical center that contribute to the advancement of the discipline of nursing itself. This means ensuring that we have a scholarly professional practice environment – one in which nurses espouse a spirit of inquiry, where they both use and help define evidence-based practice, and which encourages them to share their knowledge with the broader nursing community.

Please know that I carry out these responsibilities on behalf of all nurses at the medical center, regardless of their reporting relationships. Many nurses at BIDMC report in to managers, directors, and senior executives outside of PCS. But as chief nurse, I work closely with the leaders in other departments to be sure I am aware of any issues related to the practice of nursing that arise, and, as noted, to be sure that the nurses reporting to them feel supported by me and connected to their BIDMC nursing colleagues.

It is a privilege and honor to be “chief” of such a talented, energetic, and exemplary nursing staff. I welcome your thoughts and suggestions on how we can connect more closely with one another and further enhance our practice environment.