McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

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Nursing NETWORK

Creating Connections

My McLean Over the Years:

From Childhood Escapades to a Young Nurse's Training to Clinical Research

By Sheila Evans, MSN, RN, PCNS

Part I of a Two Part Series

I can remember hearing about McLean Hospital even as a young child. My great grandfather, grandfather and father were born and raised in Belmont. In the 1800s, my great grandfather built a strong business here on his farm as the town blacksmith. The shop and barn were less than a half mile from McLean. He and his three brothers had tales from their youth of cutting through the grounds to get to their caddying jobs at Belmont Country Club and being warned by the Belmont police on occasions when "hospital wardens" reported them. They also stole apples from the large orchards (which were acres and acres at that time); chased cows to the barn (which was later "the garage" and is now the beautiful building housing several condos across from Hill Cottage); and sassed the staff and patients playing tennis on the tennis courts (located somewhere near Mailman Research Center.)

When I was little and visiting my grandparents, my dad always took my sister and me for walks to McLean to feed the pigs, whose sty was near the barn. We'd walk on the paths and identify trees and often find our own apples. It was a beautiful spot and depending on the weather, we'd roll or sled down the sloped lawn at Upham Bowl.

Sheila Evans

Later, when I was about twelve, my best friend, Carol, and I would come to McLean to visit her mother, who was head nurse on Codman House. We would be invited to employee picnics, family day and craft fairs. We would go to the patient canteen in the basement of the center building for ice cream floats and other treats (the area now houses the child care center.) Once, her mom brought us onto Codman House for lunch. With its white linen, beautiful silver and china, it was quite lovely. Much later, from 1965-1968, Carol and I both attended Children's Hospital Medical Center as nursing students, and for our three-month psychiatric education, we were placed at McLean Hospital.

As students, we were moved into Higginson House, the dorm for all affiliating hospitals. Higginson House's living room was beautifully appointed and had a wall of French doors overlooking the woods. Here, we participated in the daily three o'clock teas. The house-mothers and nursing educators poured from the silver tea service, served cookies and mingled with students who were either going on duty or coming off an earlier shift. With us were students from McLean School of Nursing, MGH and the old Peter Bent Brigham Hospital. It's interesting how all of these hospitals

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Saying Goodbye with Appreciation and Welcoming the New

By Linda Flaherty, MS, PMHCNS-BC
Senior Vice President for Patient Care Services

As I reflect on this issue of the Nursing Network, two words emerge for me: transition and appreciation. Over the last several months, the nursing department has seen two long-tenured, highly-regarded nurse leaders retire from their positions. Sheila Evans left in September, and Karen Terk left in mid-October; together representing almost 80 years of service to McLean. As Sheila's article reflects, her relationship with the hospital spans many years prior to employment. My experience of working with Sheila is that she worked tirelessly and quietly to advance the profession. She counseled many staff in considering a career in nursing, and provided active encouragement to continue their education. She was a sought after mentor for graduate students - Carme Volcy, RN, being one of them! Sheila was frequently asked by the nurse directors to provide clinical supervision for staff members who may be experiencing difficulties on the job. A defining characteristic of Sheila was her empathic style, which was clearly exhibited in her work with staff, as well as with patients and family. In recent years, we added an additional session during the orientation of new nursing staff in which patient and family advisors share their experience of receiving care at McLean. Sheila's warmth always put them at ease and allowed for an authentic dialogue in these orientations. She will be missed!

Linda Flaherty

Karen Terk began working at McLean in 1979, initially working at Codman House and Hall Mercer until 1995, when she found her true joy working with patients who have a trauma history. I truly appreciate Karen's ability to see the "larger" perspective, be it a clinical or operational issue. It is easy to become immersed in one's program or unit. Karen's ability to articulate the perspective of what is best for the patient always cut through any struggles. Another quality I appreciated about Karen is her clinical wisdom. She was always available to provide consultation for her nursing colleagues. She was masterful in promoting the least restrictive alternative, by balancing the need for safety, while still able to tolerate the distress some patients exhibit...a skill that is not easy to master! She too is missed!

Kelly Carlson, Ph.D., PMHNP-BC was hired in August as our Nursing Professional Development Specialist. She most recently was on the nursing faculty of Worcester State University. She has hit the ground running as you will see from her article on a new nursing quality initiative. Additionally, Maria Olivier transitioned from Nurse Manager on Proctor House I to Nurse Director on Proctor House II. Christopher Richard was hired as Nurse Manager for Proctor House I. Chris most recently worked as the Clinical Leader at the Faulkner Hospital on the inpatient psychiatric unit, and is an e-Care SuperUser!

Kelly Carlson, Ph.D., PMHNP-BC, and Chris Richards, RN

Quality Improvement Ideas

By Kelly Carlson, Ph.D., PMHNP-BC

Nursing is a unique, identifiable and autonomous profession with the right, duty, responsibility and expertise to determine the scope and standards of nursing practice. Providing high quality care to patients is a priority for professional nursing. Quality care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Quality improvement is designed to enhance patient care through the implementation of action plans to improve the quality, safety and appropriateness of care rendered by the nursing staff (MA Nursing Core Competency Toolkit, 2016).

In September, there was a call sent to all McLean RNs to submit a quality improvement idea to be entered into a drawing for a day pass with pay to the 30th Annual American Psychiatric Nurses Association Conference, Psychiatric-Mental Health Nursing: Inspiring Leadership Every Day October 19-22, 2016 at the Connecticut Convention Center in Hartford, Connecticut. Winners of the drawing were Ryan Stevens, Mark Haigh, and Jim Quackenbush.

The nurse directors were asked to rate the quality improvement ideas. The quality improvement project idea with the most votes was submitted by Elizabeth Murray from MSE, "Crash course in coping/grounding/distraction tools to be done in orientation and at the year review with CPR/CPI for MHSs and RNs. We do a lot of talking about these skills but I have not attended a specific training on how to assist our patients with coping/grounding/distraction tools."

Jim Quackenbush, RN, and Abbie Rice, RN

A team, including Abbie Rice, Jim Quackenbush, Ginybel Belgira, Todd Snyder and Ryan Stevens was formed to begin creating educational modules for staff interested in learning about grounding techniques. After doing some research, the team has identified a gap in the literature. There is little evidence explaining the benefits of grounding techniques and there remains no clear definition. To assist with this creative process, the team has adopted the theoretical principals of Green Care which are: (1) connectedness, (2) contact with nature, (3) benefits of exercise, and (4) occupation/work as therapeutic (Cutcliffe and Travale, 2016).

If you are interested in joining the team, as we move toward developing and implementing the winning quality improvement idea, please contact Kelly Carlson in professional development kcarlson7@partners.org X2978.

2016 Fall Nursing Conference

Friday, December 2nd
Pierce Hall
9:00 a.m. – 3:00 p.m.
5.0 Contact Hours

When Care and Crime Collide: What You Need to Know about Forensic Nursing

Paul Thomas Clements, PhD, MSN, RN, CGS, DF-IAFN

"What is Forensic Nursing and What Should You Know?"

"The Victim/Offender Continuum

"Medico-Legal and Clinical Implications"

Presentation of the Marguerite Conrad Award to

Charlene Nielsen, RN

for Excellence in Teaching & Mentoring

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Leaves Are Meant to Fall, Not People
It's Time to Shake the Tree with Education

by Carme Volcy, RN

(L) Carme Volcy, RN, and Anne Huntington, Nurse Director

Falls are the leading cause of injury and death in older Americans, according to the Centers for Disease Control and Prevention (CDC). More than 2.5 million elderly Americans are treated in emergency rooms for fall-related injuries every year. The CDC also reports that falls were the number one cause of hip fractures in 2014. Falls accounted for $30 billion in medical costs in 2014 and that number is expected to increase to an estimated $60 billion by 2020. Cognitive impairment increases the risk of falling in older adults. The lack of self-awareness, the effects of medications, poor vision and impaired memory/behavior are additional risk factors for falls in this demographic.

Research has found that improving balance and vision and reducing hazards in the home are effective ways to prevent falls among older adults. However, reducing falls in older adults with cognitive and/or behavioral challenges may require additional preventative measures by those who care for them.

The goal of the fall prevention awareness program is to educate patients and staff about fall risk factors and evidenced-based fall prevention measures originated from programs such as the CDC and the National Council on Aging (NCOA). In addition, informal education of patients' families will increase their involvement as well as reduce the risk of a fall. Caregiver and family involvement are crucial.

The unit fall prevention awareness program uses a multidisciplinary approach, involving mental health specialists (MHSs), nurses, physical therapists and other team members. The physical therapist, a critical member of the team, may work collaboratively with MHSs, nurses and other members to provide education and training on important strategies to reduce falls in this vulnerable population. Posters displayed in different areas on the unit will serve as useful reminders of fall reduction strategies for staff and patients. Staff members said they are eager to see this continuation of the fall prevention education offered at the fall fair, which included a helpful demonstration of the proper use of walkers and other devices. They and family members also learned how to better ambulate frail patients after attending the class with the physical therapist.

As fall prevention awareness has increased on the unit, staff members are more actively checking on patients to minimize their risk of falling and ensuring they have basic safety features items, including glasses, hearing aids, well fitting shoes or anti slip socks, walkers or canes and call lights. It has also been noted that staff has been attending more promptly to patients' bathroom needs, a key issue in fall events in elderly adults.

With ongoing staff and patient education, combined with family involvement, McLean should be able to decrease the injuries associated with this very preventable danger to our vulnerable population. ■

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would later come under the umbrella of Partners HealthCare.

My unit assignment was East House, known as the maximum security women's unit. Unlike the Codman House of my childhood, there was no fine furniture, paintings, Oriental rugs or drapes. The hall looked quite barren: games, books and art supplies were locked away. It was heavily staffed with mental health workers, who read to patients, took walks and engaged in activities or quiet talks. There was much to learn: how to diffuse patients, manage emergencies and use restraints as a last resort. One technique that was discontinued soon after I arrived was the "application of cold wet packs." This procedure was used when certain patients became very agitated, acted out or were suicidal. In a special "tub room," many sheets were soaked in icy water and then wrapped around the patient almost in papoose fashion, with each limb separately wrapped. The goal was to prevent any skin from touching another skin surface. A warm blanket would then be placed over the "mummified" person on the stretcher and belted. A "special" was always assigned and for every patient I sat with, the calming effects from the slow warming led to complete relaxation and usually sleep, which was very restorative.

My "case study" patient was Ruth W., a 34-year-old mother of three girls who was diagnosed with catatonia. I struggled to relate to her, but had a tough time. Finally, in addition to giving her full nursing care, doing passive exercises and feeding her, I began to relax enough to try to engage her in activities. I decided to bring in music, read books to her, and talk about motherhood and fashion — subjects her husband told me interested her. She was quiet, acted exhausted and seemed totally uninterested in life and at some point I accepted where she was. I told her she was safe, that I was there for three months on the unit and that "I would sit with her and just let her be" or be available if she wanted to talk.

The clinical nursing supervisor for East House was Marguerite Conrad! Marguerite lived upstairs in an elegantly appointed apartment on East House III. She was studying for her doctorate at B.U., which totally impressed and inspired me. She was always beautifully dressed, well-informed and eloquent, as she met with her students on East House for weekly supervision. We all learned so much from her, especially empathy. Whenever the Marguerite Conrad Award is presented here at McLean, I realize how much of my career and life was influenced by her.

After graduating from Children's School of Nursing and working in recovery room nursing in St. Louis, med-surg nursing in Florida, maternity in Springfield, MA and pediatrics in New Bedford, I was again living in Belmont in 1974. The good feelings that I had over many years about McLean came flooding back. When I called the hospital to inquire about part-time positions, I was shocked to hear that they only hired for full-time nurse positions. I called the Director of Nursing directly because I was so astounded. She made it very clear that the nursing philosophy supported the nurse-patient relationship so strongly that they wanted each patient to be assured of the best consistency of care. I expressed my disappointment and surprise.

About three weeks later, human resources called me about a research nurse position on an alcohol and drug research unit in Oaks Building. Subjects were admitted for four-week stays as staff studied the effects of medications on drinking habits. I learned how to draw blood (every shift!), administer alcohol as a medication — the nursing care at that time of severely inebriated subjects — and how to diffuse the anger of young males. I also learned how important teamwork and collaboration are on locked research units where tempers rose quickly. A mother of two pre-schoolers, I learned a lot of "bad" words and how to separate my job from family life. This unit closed and I became involved in a new research trial on Bowditch II, where Nancy Valentine was the clinical supervisor. I did not miss Oaks or my experiences there.

Nancy was an enthusiastic manager and through supervision helped me and others view our subjects more clinically. She educated us about addiction, the research mission, nursing protocols and psychodynamics. She just totally sparked my interest. Bowditch II was studying heroin-addicted subjects to test the effectiveness of a narcotic-blocking drug. The study involved administering naltrexone to subjects who were randomized in a double-blind trial. Once the four men had been on naltrexone or a placebo, they had the opportunity to "purchase" government-issued heroin with points earned on the unit. The heroin was delivered directly to the McLean pharmacy by a courier from the National Institutes of Health in Washington. It was labeled at the pharmacy and the courier, accompanied by McLean security, brought it to the unit nurse for sign-off. It was all very hush-hush, I felt like I was in a spy movie! Administering IV heroin was interesting. After practicing with saline, the other nurses and I felt somewhat more prepared. On day 15 of the trial, I had my first request by a subject for a PRN dose. I followed the medication policy and brought the filled syringe, the alcohol wipe and tourniquet on a tray to the subject. I was a very

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A family member says thank you

Dear Dr., Nurse, Staff, and gentleman who met us at the ER door,

I want to thank you from the bottom of my heart for helping my son. And for the manner in which you helped me — during what was the most difficult day of my life.

Your professionalism, compassion and understanding were palpable. Your empathy for me and professional manner got me directed at what I needed to do — be strong and prepare to help my son, by being strong for my family. I could not bear leaving him, were it not for your encouragement. You made me understand why.

I started out religious, growing up Catholic in East Boston, but my life had me drifting away from God. This event in my life re-opened the door, and now I clearly see that Jesus is here, on earth, and in YOU. For the past week I have taken up prayer once more. My focus has been for my son's recovery, but also, I pray, and thank God for people like you. The world is such a better place with such kind people as the staff I met last weekend.

May God (every god) bless you all, and keep you strong and healthy so you can help all those who are less fortunate.

With all my heart, THANK YOU!

McLean HOSPITAL
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Department of Nursing

Senior Vice President for Patient Care Services
Linda Flaherty, MS, PMHCNS-BC

Managing Editor Nursing Staff Development
Julie Fannon, MS, RN, PCNS

Network Contributors
Vicki Ritterband, *Contributing Editor*
Stephanie Marshall, *Editorial Assistant*
Lynne Foy, *Graphic Designer*

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professional and prim and proper nurse! I was pretty shattered when the subject grabbed the syringe, ignored the alchohol pad and tourniquet and whipped his own belt off and found his vein in less than 15 seconds! I was very proud, many years later, to help write the Suboxone protocol. But at the time, although the research was fascinating, I knew that was not even close to where my heart lay!

Next issue: Part II of the McLean journey!

Staff Highlights

The following nurses presented their posters at the American Psychiatric Nurses Association in October, 2016, Hartford, Connecticut

Paula Bolton, MS, APRN-BC, Julianna Currier, BSN, RN, and Teresa Henderson, BSN, RN

"Dispelling the Stigma: Development of an ECT Support Group Co-led by Nurses and Persons with Lived Experience"

Paula also sat on a panel to discuss neuromodulation and nursing education Issues.

Kelly Carlson, Ph.D., PMHNP-BC

"Narratives of Neonatal Abstinence Syndrome"

Linda Flaherty, MS, PMHCNS-BC

"The Interdisciplinary Recovery to Practice Committee: Building Partnerships to Advance Recovery Oriented Practice..."