

# Nursing NETWORK



*Creating Connections*

## Building collaboration between nursing students and nursing staff

By Lori Solon MSN,  
PMHCNS-BC  
Clinical Instructor  
Boston College  
School of Nursing



Lori Solon with her nursing students. (back row L-R) Amanda Terzian, Anne Fitzgerald, Victoria Weiss (sitting L-R) Hillary Seniuk, Lori Solon, Sabianca Delva, and Margaret Veroneau

**B**oston College places many nursing students at McLean, no matter the season – the students are coming! Let’s be honest. On any busy psychiatric unit, students in nursing or other disciplines are a burden to staff. They ask a ton of questions, they can’t administer medications or do checks, and they need time with staff to understand the nurse’s role. Yet, we know that there is no other way to become clinically trained; theory and knowledge can be acquired through lectures, but clinical training must occur by working with patients. The process is time-consuming, but we are committed to this productive educational method.

Observation of the nursing staff is an important component of student learning. Students observe staff interacting with patients and regularly attend patient groups and team meetings, but they rarely participate actively. One-to-one patient interactions with the students (active learning process) provide an opportunity

to gain significant clinical skills. I have found that when students are actively involved in treatment, the better the learning experience. A challenge for nursing instructors is to creatively enhance the learning experience without causing an additional burden to staff. An example of a creative enhancement is the collaboration with the staff of the Short Term Unit (STU) staff at McLean Hospital that resulted in the formation of a student-led group.

Patient groups are sometimes cancelled when the unit is busy or short-staffed. I saw the opportunity for collaboration between the hospi-

*continued on page 2*

### Contents

- Building collaboration between nursing students and nursing staff . . . . .page 1
- From the Desk of Linda Flaherty . . .page 2
- Cocooning . . . . .page 3
- Phyllis Moore receives Living Nursing Legend Award . . .page 3
- Nurses Day Seminar . . . . .page 4
- The Awards Corner . . . . .page 5
- McLean Team Consults in Abu Dhabi . . . . .page 6
- Recruiters Corner . . . . .page 7
- Night Owls . . . . .page 8
- Staff Highlights . . . . .page 8

## FROM THE DESK OF LINDA FLAHERTY, RN/PC

Senior Vice President for Patient Care Services

# Patient/Family Advisory Council

I am pleased to provide an update on the Patient and Family Advisory Council (PFAC). To meet the Department of Public Health's mandate that all hospitals and long-term care settings have a PFAC in place by October 2010, we convened a planning work group in January last year, consisting of McLean staff from the administrative and clinical areas, representatives from DBSA, the Cole center, Waverly Place, and a former patient. The group was charged with developing goals, objectives, and membership criteria; a selection process for applicants; and orientation materials for members. With this work accomplished, we solicited members, beginning in August 2010. I am delighted to say that we have recruited for all the family member seats on the Council, and have filled fifty percent of the patient seats. McLean clinical and administrative staff members hold the other seats.

The PFAC, which now meets monthly, will schedule quarterly meetings once membership selection is complete. Our initial focus has been welcoming new members



Linda Flaherty

and hearing what areas of interest they might wish to pursue as part of the group. In addition, a subcommittee formed around interest in describing the "lived experience" of being admitted and treated on McLean inpatient units. Chaired by Dr. Joseph Powers, group members spoke of the help and care that they received, but identified suggestions to improve the hospital experience. The broad themes included a more robust orientation to the hospital, managing unstructured time on the units (particularly on weekends), and advocating for the role of peers/people with 'lived experience' as a component of the care team. The PFAC, along with hospital staff,

will soon develop other subcommittees to address these issues.

As we are still recruiting for former patient members, please encourage interested individuals to apply. Should you need more applications, please let me know. Thank you for your assistance. ■

### ***Building collaboration between nursing students and nursing staff*** *continued from page 1*

tal and our students. First, I asked if a group was needed that I could run with the nursing students on a weekly basis throughout the semester. The staff expressed interest. Together, we assessed that a Wellness Group, which would be ideal for nursing students, would benefit patients. I developed didactic material that was approved by the Clinical Nurse Manager and the STU's Expressive Therapist. The group is structured to impart information

about what wellness means, and handouts help patients to develop their own wellness plans. The format encourages health promotion and self-advocacy, and facilitates interpersonal learning and communication. My goal is to teach students how to lead a group and to encourage them to take an increasingly active role as their comfort and competence increase.

Students are naturally apprehensive when I inform them about the group, so I assure them that they can participate in leading as they feel comfortable. I encourage students to signal when they are ready for me to assume a more passive role. Of

course, students' readiness does vary. The one downside is that running the group is time-consuming, especially at the beginning of each semester, when the students need more of my time. I have six students on two units and run back and forth each shift to supervise. Being organized helps me to get everything done each week. When I feel too rushed, we shorten the group from 45 to 30 minutes.

Each week, we have a pre-group meeting to discuss the patients and to choose a handout to use. I depend on the students to assess this

*continued on page 7*

## Cocooning

By Paula Bolton RN/NP

**A** cocoon is a casing that protects the caterpillar from the harsh conditions of the outside world while it matures into the butterfly it is meant to be. When babies are born, we do something similar by swaddling and carrying them close to us, and by cushioning them from physical dangers. We also use this principle with our patients, who are admitted because they lack the ability to care for themselves. We provide the protective environment

they need to remain safe until they are able to re-engage with the outside world. Caterpillars and human parents instinctually manipulate the environment to protect their young, while we must learn these skills of cocooning to keep our patients safe.

Successfully “cocooning” our patients involves several components, one of which is infection control. Parents, grandparents, siblings, and others in a baby’s milieu are vaccinated to prevent the infant from coming in contact with harmful – even potentially fatal – diseases that the not yet fully

developed immune system cannot handle. Applying the same principle to inpatient care, when workers are properly immunized, they do not spread vaccine-preventable infections to the patients they come in contact with in units, hallways, and dining areas.

For example, pertussis, or whooping cough, is caused by the bacteria, *Bordetella pertussis* that strikes both adults and children. Pertussis, which is spread through saliva, causes violent, prolonged

*continued on page 8*

## Phyllis Moore receives Living Nursing Legend Award

By Curran Konarski, MHS

“I was so taken aback that I started to cry and my husband asked who died, and then I said I’m getting the living legend award,” said Dr. Phyllis Moore during a recent interview, squeezed in among a multitude of tasks while at work. Phyllis Moore, DNSC, PMH, CNS, BC, who currently teaches and works at Mclean Southeast’s acute adult unit, has been honored for her life’s work by the Living Nursing Legend Award, which acknowledges her extraordinary efforts as an accomplished caretaker, researcher, mentor, and teacher. As the title implies, her work has been nothing less than legendary. This award, given to only two or three people each year, recognizes significant lifetime contributions to the profession of nursing on a state, national, or international level.

“I’ve always wanted to be a

nurse,” Moore said almost bashfully, with an ever-present, soothing smile. She recalled the early days of her career when, as a young candy striper, she read the Cherry Ames book series. These novels reflected the experiences of nurses and the difficulties they faced, beginning around the era of World War II. The series was known for empowering females who hoped to establish themselves in the professional work place.

From there, she went to nursing school, missing only one day of classes in four years. After graduating in 1959, she took a position at Jackson Memorial Hospital in Florida. Dr. Moore mentioned in the interview that



*Phyllis Moore, DNSC, PMH, CNS, BC*

this was before the period of integration in American history, and Moore found herself as the first white nurse on a black unit.

Continuing her education, she worked at nursing while earning a series of degrees at the University of Michigan and Boston University. She then held an awarded chair position at Simmons College for 12 years. Moore later moved on to leadership positions in ANA, NLN, NEON, MNA, ENRS, MARN, and SGMA Theta Tau, eventually serving as President of the Massachusetts Nurses Association and the Massachusetts Nurses Foundation. Her other awards and honors are too numerous to list here.

Moore has nearly retired six times, but inevitably returned to her life’s calling. When asked how young nurses might follow in her monumental footsteps, Dr. Moore simply replied that, “The things that are human: that is what I care about, that is what is important.” ■

# Nurses Day Seminar 2011

Friday, May 6th

Francis de Marneffe Building, Room 132

8:00 a.m. – 4:00 p.m.

The Benson-Henry Institute for Mind Body Medicine

*presents*

“Enhancing Resilience”

“The New Mind Body Medicine”

*with Margaret Baim, RN, NP*

Presentation of the Margaret C. Tibbetts Award

for Nursing Leadership to

JILL STANDISH, RN



*Margaret Baim, RN, NP*



*(L to R) President Dr. Scott Rauch, Marisa Shuman, RN; Dr. Maureen Malin; Holly Armstrong, RN; Jill Standish, RN; Lesley Adkison, MSN, RN; Linda Flaherty, RN/PC, Senior VP Patient Care Services; Stephen Mahan, RN; and Sheila Evans RN/PC*

## The Awards Corner

by Sheila Evans, RN/PC



Sheila Evans

**S**erving on the Awards Committee at McLean, which I co-chair with Michele Bartick, is rewarding, fun, and awe-inspiring. The other members – Paula Bolton, RN/NP, Joan Kovach, RN/PC, Lynn Kopeski, RN/PC, Ann Rapoport, RN/PC, and Karen Terk, RN, MS – form a diverse group from across the McLean nursing spectrum, so our discussions are as lively and spontaneous

as our decisions are carefully considered. We try to choose award winners who represent various units, philosophies, and practices.

Two awards have been given to date this year. Linda Flaherty, SVP for Patient Care Services, joined Joan Kovach, Nurse Director for MSE, and the MSE nursing staff to congratulate Elizabeth Murray, RN, this year's winner of the Excellence for Entry into Psychiatric Nursing Practice. Liz joined Americorps and served as a CNA in an emergency room before she became a nurse. She began psychiatric nursing when she joined the MSE nursing staff in March 2010. Her life and work experience have contributed to the excellent care and teamwork on MSE. As a new member of the Falls Committee, she designed "CALL DON'T FALL" cards for patients at risk for falls. Liz's "can

do" attitude raises the level of excellence on the shifts she works, and this young nurse keeps positive patient outcomes at the forefront of her practice.

The winner of the *Night Staff Recognition Award*, Chester Parasco, was honored at a Night Staff meeting as a "wonderfully unique McLean treasure." Linda Flaherty presented the award as Diane Davey, RN, Program Director for the OCDI, and Brock Maxwell, LMHC, OCDI Milieu Manager, applauded. Brock noted that Chester has a way with words that is warm, humorous, and insightful. Although he works at night, patients often wake early, and he takes time to share his compassion and common sense approach with them over a cup of coffee. For nearly 40 years now, Chester, who is known as a problem-solver, has been working with staff and patients at McLean to arrive at healthy solutions. ■

## ....More celebrants of Nurses Day



(L to R) Conrad Duncker, RN; Antoinette Carchedi, RN; Kjersten Johnsen, RN; Annemarie Thompson, RN; and Nina McCloskey, RN



Lovella Slusser RN/PC; and Kirsti Booker, RN



Dorothy Sebakka, RN; and Anne Kenney, RN

## McLean Team Consults in Abu Dhabi

By Julie Fannon RN/PC

At the request of the National Rehabilitation Center (NRC), a McLean multidisciplinary team visited Abu Dhabi, the capital and the second largest city in the United Arab Emirates (UAE) in January 2011, to begin consultative services on substance abuse treatment. In this modern city, built on an island, where futuristic skyscrapers rise from the desert coast of the Persian Gulf, there is a growing need for treatment centers.

During this trip, Nancy Merrill, RN/PC, program director for the Alcohol and Drug Abuse Treatment program, and Christine Tebaldi, RN/NP, Director of Psychiatric Services for McLean programs in community hospital settings, focused on reviewing current disciplines and services at NRC, and identifying gaps in the rehabilitative process as their first step.

The NRC is currently a 40-bed inpatient/residential and outpatient facility for the male citizens of Abu Dhabi. However, according to NRC Director General Hamad Abdallah Al Ghaferi, MD, MPH, a state-of-the-art, 200-bed NRC is being developed to meet the increasing demand for treatment throughout the UAE. The new NRC will include a continuum of care for men, women, and adolescents.

Merrill and Tebaldi met with various healthcare professionals, including doctors, nurses, social workers, and psychologists. Although the NRC administrative team spoke English, the official business language



*Downtown Abu Dhabi*

in Abu Dhabi, some health care workers speak only Arabic, and the patient groups are conducted in Arabic. The nurses, most of whom are male, have different levels of nursing education, and it was not clear whether the educational requirements for their various disciplines were comparable to western standards. Many nurses are expatriates.

While in Abu Dhabi, the team encountered cultural differences for which they were prepared. Attire is conservative for both men and women. Women wear long skirts or loose pantsuits. Low necklines and flashy jewelry are discouraged. One is expected to listen, show humility when giving advice, and keep comments brief. Telling jokes may be

misinterpreted as a lack of seriousness about one's work.

Merrill and Tebaldi reviewed policies, procedures, and documentation, and they discussed patient cases, using a tracer methodology, which follows a patient from the point of entry through post discharge. "At the end of the day, no matter where nurses come from, we share a universal caring for our patients," Nancy Merrill remarked of her interactions with NRC staff.

To continue the consultative process, NRC staff will visit McLean Hospital's Alcohol and Drug Abuse Treatment Programs, where they will work closely with McLean personnel as we share our best practices with our Middle Eastern colleagues. ■

## THE RECRUITER'S CORNER

By Michele Bartick, RN

**R**ecruiting is dedicated to providing the most qualified candidates to meet the hiring needs of McLean's clinical programs. Our work requires flexibility because unit needs, status changes, and work requirements determine the availability of positions, which are posted on our website [mclean.harvard.edu](http://mclean.harvard.edu) as soon as they open. Anyone interested in a position, whether new to



Michele Bartick, nurse recruiter

McLean or a present employee, should apply online as the first step. The system continues to provide many applications, which are reviewed on a first applied, first reviewed basis. Qualified applicants are plentiful, making it impossible to

respond to every submission. Although competition is strong, we still consider new graduates, whose prospects are improved by life experiences, prior work, or internships. Beyond the mechanics of including a well-written resume when applying online, timely responses, enthusiasm, and professional interview skills distinguish the serious candidates. Attending job fairs, doing informational interviews, talking to prospective candidates, and helping applicants navigate the system are important components of our focus on the hiring process. These efforts pay off. We hire excellent staff in a timely manner, and set a welcoming tone for all potential employees. ■

### ***Building collaboration between nursing students and nursing staff*** *continued from page 2*

information. After a group session, we process the dynamics, and the students write a summary in the unit's "group book" and verbally communicate information directly to the charge nurse. Three students are assigned to the STU, but I have only two students participate in the group each week so that the staff-to-patient ratio is not too high. The group usually runs for 45 minutes, and we typically spend from 10-15 minutes before and after to discuss the session.

We have just completed the sixth cycle of students running the group, and the results have been gratifying. The staff appreciates that we assume responsibility for a group, while students are excited about learning to

lead. They see their own group skills develop throughout the semester. Many students remark that actively learning to lead a group and developing their own leadership styles are skills they will use, no matter what types of nursing they choose. They learn valuable skills about how to encourage a quiet member to participate; how to set limits on a patient who monopolize; and how to facilitate interaction among members. They assume responsibility for documentation and interact with staff in a meaningful way about problems that arise in the group. The staff often concurs with the students' assessments of the patients or expresses understanding of the struggle to facilitate participation in a "quiet" group. This validation has a positive impact on the students. Throughout the semester, they feel that they are collaborating with the staff in treatment, and

they develop a real sense of their value on the unit.

The collaboration between nursing students and nursing staff is not an easy or effortless relationship. It needs to be fostered, and all collaborators must feel that they are getting benefits for their efforts. This group experience has helped us achieve an important goal: the nursing students are gaining confidence and competence, and the nursing staff is getting a patient support group, freeing them up for other important tasks.

*Acknowledgements: I would like to thank the STU staff for collaborating and supporting us in this effort, especially Clare Sellig, RN/PC, and Caroline Strimaitis, LMHC.*



## NIGHT OWLS

*Night Owls features news of interest about McLean's Nursing night staff. Send submissions to Pat Brain, MHS, AB2.*

### **Evelyn Namuwonga, MHS/PH2:**

Evelyn recently transferred from the STU to a 40-hour position on Proctor 2. She is also studying finance at Bunker Hill Community College.

### **Virginia Gaudet, RN/PAV:**

Virginia took a trip to Georgia for a family reunion this past April.

### **Joe Kebartas, CRC/PAV:**

Joe has recently completed a course in comedy and acting at Boston University.

### **Kenneth Greathead, MHS/AB2:**

Kenny has been accepted to the

Brockton Hospital School of Nursing. He will start the program this August.

### **Kay Scott, RN/RT:**

Kay traveled to Egypt this past March for a two-week vacation. ■

## Staff Highlights

### **Sarah Van Saun, NP/MSE:**

Formerly a staff nurse on Proctor 1, Sarah was certified as a Psychiatric Nurse Practitioner this past January. She is now practicing at McLean Southeast.

### **Donna Tito, RN-BC/STU:**

Congratulations to Donna who, after earning her BSN from Salem State in 2010, continued on to sit for and pass the ANCC exam as a Board Certified Psychiatric and Mental Health Nurse Clinician. Donna's growth, motivation, and initiative have been an inspiration to all her colleagues on the STU over the eight years she has worked there.

The McLean community congratulates Sarah and Donna! ■

## Cocooning

*continued from page 3*

coughing and while irritating to everyone, can be deadly to infants. Pertussis is preventable by vaccination and infants usually start the immunization series when they are two months old. Prior to vaccination, infants are unprotected against these bacteria. If exposed, an infant could develop a serious, perhaps fatal, infection.

Immunity to pertussis wanes over time, and without booster doses, adults also become susceptible to pertussis infection and can spread the bacteria to others. Tdap, a new vaccine available to adults, provides booster dosing to keep immunity levels high. When adults who are in contact with infants are immunized, they are, in effect, protecting the infant from exposure – cocooning the babies and keeping them safe. That is why couples should get immunization updates before they become pregnant. Grandparents and other caregivers should do the same. This is a key aspect of creating the “cocoon” that infants need.

Similarly, health care workers can help “cocoon” patients by updating their own vaccination status. The spread of vaccine-preventable infections (Measles, Mumps, Rubella, Chicken Pox, Pertussis, and even the Influenza Virus) will be severely limited when health care workers are immunized against these diseases. Every staff person who has contact with patients is responsible for knowing his or her vaccination status and for updating immunizations. Anyone who works in a hospital setting should have documented proof of two MMR (Measles, Mumps, and Rubella) vaccines, a booster dose of Tdap (Tetanus, Diphtheria, and Pertussis), the Varicella (Chicken Pox) vaccine, unless he or she has had chicken pox, and yearly Flu vaccination. The benefit to the individual is protection against these infections. The benefit to our patient population is the cocooning effect. ■



## Department of Nursing

### **Senior Vice President for Patient Care Services**

Linda Flaherty, RN/PC

### **Managing Editor Staff Development**

Julie Fannon, RN/PC

### **Network Committee**

#### **McLean News, contributing articles**

Pat Brain, MHS, *Contributing Writer*  
Sheila Evans, RN/PC, *Contributing Editor*  
Michele Bartick, RN, *Contributing Writer*  
Stephanie Marshall, *Editorial Assistant*

Linda Hewitt, *Editorial Consultant*  
Lynne Foy, *Graphic Designer*

McLean Hospital's *Nursing Network*, is published by the Department of Nursing to focus on patient care issues and approaches, and to showcase the accomplishments of staff members. Comments and story suggestions are welcomed and should be directed to *Nursing Network*, Dept. of Nursing, Administration Building, c/o Julie Fannon, or email [jfannon@partners.org](mailto:jfannon@partners.org).