Between reviewing discharge medications and prepping your patient to go to the OR it might be the last thing on your mind to consider agreeing when someone comes up to you and asks, “Hey, would you like to let a high school student shadow you around while you work?” Now, before you give your answer, please finish this article.

Mount Sinai’s Center for Excellence in Youth Education (CEYE) led by Dr. Lloyd Sherman, has a very energetic educational coordinator, Eboni Jones, as their scout for finding healthcare professionals in the hospital to serve as mentors for New York City high school students. For over 40 years, CEYE has partnered with area schools to help students who have an interest in healthcare careers get real life experiences in a hospital setting. Students go through an application and interview process and then best attempts are made to place each student in an area of the hospital in which he or she has expressed a specific interest.

When I was approached by Ms. Jones, at first I thought to myself, “Oh I have several research projects and the Magnet committee, do I have time for this?” Then I thought, “Will a high school student really be interested in what I do?” Despite my initial hesitation, I am so glad that I decided to say yes.

“I realized that taking a student with me through the day offers many opportunities to share what it is we actually do and how different a nurse’s role is from one area to another. I found myself helping students translate what was learned in the labs and classrooms into daily patient care. I could enable students to witness firsthand how complex healthcare can be.”

I enjoyed the challenge of finding new experiences to engage the students. I thought about what I, myself, would have liked to learn about before working in a hospital and I asked the students what it was that they hoped to get from this experience. Goals and objectives for the students were planned out. By being a good role model and promoting students’ interaction with patients and other members of the healthcare team I hoped it might lead students into careers in healthcare. This mentoring opportunity made me see that one can be a leader without working in a traditional leadership position. I wanted to see how the students were influenced by their mentors and learn how the nurses felt about their experiences as leaders. As graduation was approaching, I talked with them and I was touched by the responses.

Leon, a student in GI, said that he learned about the aspects of being a nurse (cont. on page 3)
Joseph F Cullman Jr Institute for Patient Care  
& The Patient Service Center  
Submitted by Sylvie Jacobs, RN, BSN, CPAN

Exemplary Professional Practice

The Joseph F Cullman Jr Institute for Patient Care and the Patient Service Center is a department set up to support patients and their families, to promote a patient-centered culture of care, to ensure safety, service and compassion throughout the patient’s entire hospital encounter. The Cullman Institute works in partnership with the Board of Trustees, hospital leadership, doctors, nurses, social workers, dieticians and staff members from all disciplines to raise awareness that we all play a role in how the patient experiences their hospitalization or outpatient care. They use volunteers and community members in addition to help maintain programs such as The Ambassador Program and assist in waiting rooms.

Their office is located in the space many of us know as the “old gift shop” on first floor of the Guggenheim Pavilion across from the Starbucks kiosk. Under their umbrella of ‘Commitment to Quality’, they address patient safety, infection prevention, hand hygiene (there is a fun video on hand hygiene made by the Division of Training and Education on the Mount Sinai Internet page, I’m waiting for it to go viral!) as well as patient complaints and comments. Patient Representatives and a stellar administrative support team work together with other departments such as security to deal with lost patient property and an interpreter coordinator to assist in providing appropriate language and communication assistance. They work with the Recognition Committees to provide acknowledgement and support for the many Mount Sinai employees.

The Cullman Institute works in partnership with the Board of Trustees, hospital leadership, doctors, nurses, social workers, dieticians and staff members from all disciplines to raise awareness that we all play a role in how the patient experiences their hospitalization or outpatient care.

Safe Patient Handling Program  
Submitted by Sylvie Jacobs, RN, BSN, CPAN

Structural Empowerment

Ever meet a nurse that doesn’t get back pain from time to time? I thought not. Let’s face it, our job entails physical and emotional wear and tear while needing to be mentally alert and ready to rock and roll at an instant’s notice. The need for education, training, specialized equipment and support to prevent health care worker injury as well as safeguard the patient was identified by the American Nurses’ Association who has been “leading the fight on behalf of RNs, health care workers and patients to eliminate manual patient handling” for almost two decades.

In 2008, NYSNA proposed a Safe Patient Handling Program. This was negotiated and an agreement was reached with Hospital Administration. Our present NYSNA-Mount Sinai contract covers this on pages 39-40. In 2008 a task force was created which evolved to a committee by November 2009. Mount Sinai Queens Campus joined the committee in 2010. It is a collaborative, interdisciplinary effort involving many departments.

Representatives from Nursing, Rehabilitation, Transport, Building Service, Radiology, Risk Management, Infection Control, Environmental Health and Safety, NYSNA, 1199 and Hospital Administration all work together to ensure the safety of its workers. The Safe Patient Handling Committee is a subcommittee of the Medical Center Safety Committee. The goals of the program are to reduce the risk of staff and patient injuries, educate staff, evaluate equipment and devices for moving and transferring patients, and make recommendations for purchase of equipment. A look at pages 39-40 of our NYSNA-Mount Sinai contract will bring you to Health and Safety Employer and Employee Obligation.

The committee began by conducting an equipment survey to identify what was needed in different areas. They developed Safe Patient Handling Guidelines and Education. Purchases for lifts and transfer devices were made. A training PowerPoint is now available on the Mount Sinai Intranet. Members of the Safe Patient Handling Committee have visited several areas in the hospital for specific onsite training of personnel. They are available for consults for areas in need. Committee members have participated in the Safety Day Fair. Safety Advocates have been identified for several clinical service areas. Their role is to assist in educating staff at the unit level and serve as a resource. Anyone interested in becoming a Safety Advocate is encouraged to inform your manager and contact Lavonia Francis (x57211 or lavonia.francis@mountsinai.org). Lavonia Francis, Senior Director for Ambulatory Care Nursing is the Site Coordinator for the hospital and Audrey Ludmer, Clinical Nurse, Endoscopy Unit and our NYSNA president is the interim co-chair for the committee. Program goals for the upcoming year are to continue to raise awareness, increase the number of Safety Advocates and integrate Safe Patient Handling with Falls Prevention and Skin Care. Becoming a Safety Advocate would give you the information, skills and resources you need to avoid injury, help you to assist your colleagues avoid injury and empower you to provide safe handling for your patients.
Taking the Lead (cont. from page 1)

manager. He saw how busy the job is and how the manager needed to be strict and strong when it came to issues of scheduling and staffing. He also saw this paired with a need to greet each patient by name and give each patient a hug or embrace at discharge time, small gestures that really meant so much to each patient.

Another student, Koi, said that when he expressed an interest in learning about Hepatitis C, the nurse practitioner sat down with him and discussed this condition and explained how it affects the body. He was surprised that nurses knew and did more than he ever imagined.

Jessica, a student in psychiatry, said originally she had hoped to get a rotation in pediatrics but was open-minded when presented with a rotation in inpatient psychiatry. She was excited that she learned about the admission processes of patients to psychiatry (from history taking to body searches) from the nurses. She said that she improved her communication skills with patients and even said that this experience changed her outlook on what she wants to do. She is now considering a career in pediatric psychiatry.

Shakira, a student I worked with, reflecting upon her experience said, “I thought I would be shadowing doctors and seeing surgeries and when I found out I wasn’t, I was disappointed. But when I met you, you changed my opinion about roles in the hospital.”

A student in GI, Esther, saw the sadder and more difficult parts of caregiving and how staff work together to deal with these moments. She was on the unit when a patient was leaving for what she believed to be the last time the staff would see the patient and how sad, teary and upset the whole unit felt. She saw how the staff worked to cheer each other up with a joke or hug here and there. Esther said she realized that caring for patients could get very personal.

The students had example upon example of the things that were learned from the mentors. From understanding the importance of nurses counting up gauze pads during a C-section to determine blood loss, recognizing the importance of paperwork and documentation to patient care, comprehending patient’s rights, to learning how to confidently approach a patient, it was clear that through observing the nurses and other mentors, their perceptions of nursing care had been transformed.

Connie Tadeo, RN on KCC 6 South was very enthusiastic to talk about her experiences working with Jessica. Connie said that she believed nurses are asked to help students because we are “nurturing and approachable.” When she worked with Jessica she tried to help her student understand that the label of “psych” patient is very misleading. She wanted to help her student see that the patients in psychiatry are really all like the rest of us but have had difficulty dealing with a particular crisis.

Connie said that she enjoys teaching the students and getting to see the difference in perspective brought by each of them. Her goals when mentoring are to teach students how to approach patients, to improve the students’ communication skills, and to teach students how to diffuse situations.

Gretchen Hodge-Penn, RN of GP 10 East said that her goal is to get the students “interested and passionate about nursing and healthcare.” When the students come to the floor and see how we take care of the sick and how much people depend on us, then come back to say to her that they want to do the same thing, that’s “gratifying.”

Each one of the students in this program was changed by their experiences. Each one learned valuable skills that will be taken on whatever career path he or she chooses. Nurses don’t necessarily recognize what it is that we are doing that really makes us leaders. I hope that you can see how each gesture, each medication you teach about, and each student you introduce to your patient and get involved in patient care is seeing a leader in action. So the next time someone says, would you mind if you choose to take the lead.

Students participate in summer, fall and spring programs. For information on getting involved as a mentor, please contact Alyson Davis at the Mount Sinai Center for Excellence in Youth Education (CEYE) at 212-241-7655 or alyson.davis@mssm.edu. The CEYE program website is www.mssm.edu/ceye.

This article was written prior to the untimely death of Dr Lloyd Sherman. We feel the huge loss of not only a great physician, but a champion for youth involvement, opportunity, education and supporter of our nursing community. Our heartfelt condolences go out to his family and friends.
Chatting with Maria: A Look at Leadership
Submitted by Sylvie Jacobs, RN, BSN,CPAN

Transformational Leadership

Dr Maria Vezina, our Senior Director of Nursing Education and Professional Practice, met with me in her office at 35 E 102nd Street. This is the home of Nursing Education where you probably know it best from recertifying in BCLS, ACLS, PALS or Conference and Tuition reimbursement. She shared with me her journey in nursing that brought her talents and wisdom to us.

Maria was introduced to nursing by her mother, who was a teacher and an OR Nurse. She showed me a picture of her in mask, cap and scrubs alongside several surgeons. What little I could see showed me a beautiful woman standing very comfortably over the OR table. In her teaching capacity, her mother would bring home case studies, which Maria would read and sometimes “grade” as a school age child. This informed me that Maria’s mind was always precociously ahead of her time. Her father was a physician, although ill most of his adult life. Her mother cared for him too, alongside her family. Caring became a family theme.

Maria began her own career as a medical surgical nurse and I identified with her reminiscences of feeling overwhelmed coming out of a BSN program in the 1970’s in upstate New York. We were well prepared in theory and concept, less so in the day to day, hands on of medical surgical nursing. She said how she desperately wanted to be a proficient, expert nurse and to never harm anyone. Once she got her grounding, though, she described her captivation with the “detective” work it takes in dealing with unknown diagnoses and the wide variety of patients and their presenting symptoms. She fondly described enjoying her hard work alongside a group of supportive and fun nurses who all decided to return to school to pursue their masters, once arriving in New York City. Maria chose to follow in her mother’s footsteps and obtained her masters in Nursing Education taking courses part-time while working full time at New York University. She describes loving teaching and how it took her to new levels of competency and a higher level of learning. Her years teaching undergraduates at Lehman College made her acutely aware of the great responsibility she had to her students and the rigor of an undergraduate degree in nursing.

(Continues on Page 9)

Horizontal Violence - Bullying in the Workplace
Submitted by Darcian O’Sullivan, BSN, OCN
Transformational Leadership and Structural Empowerment

When one envisions a bully, it conjures up images of a schoolyard child taunting and pummeling a weaker, besieged child. The prototypical behavior of bullies is to prey on the vulnerable. What happens when it is not on the playground, but in the workplace? This is called Horizontal Violence.

The purpose for this article is to bring awareness to the socialized culture of Horizontal Violence which is defined as a conflict among nurses within the workplace. It can involve belittling a fellow staff member, withholding pertinent patient information or freezing a colleague out of group activities. Horizontal Violence is considered to be a form of disruptive behavior by the Joint Commission for Accreditation of Health Organizations (JCAHO) (Joint Commission, 2008). It emanates as superiority and dominance which creates disenfranchised work practices, invoking negative emotions of low self - esteem in victims (Weinand, 2011). Oftentimes, when issues arise where there is a victim and a perpetrator, it is human nature to try and assign blame to the victim – often done by victims themselves - “what did I do to bring this upon myself?”

Feeling threatened and unsupported around certain coworkers affects one’s interaction with all nurses. To combat Horizontal Violence, we need to become empowered to seek understanding on how this became a socialized culture within the professional body of nursing. This phenomenon seemed so far removed from the profession established by Florence Nightingale in 1854 to provide quality care to casualties of war (Hood, 2010). It seems as though nurses began to wage war amongst their own ranks, creating casualties of Horizontal Violence. These casualties are high staff turnovers, nurses leaving the profession, burnout from inadequate staffing, sleep disturbances and sometimes suicide. Horizontal Violence adversely affects patient care with occurrence reports of medical errors of 71% and patient mortality of 27% (Seller, 2009).

Any victim of Horizontal Violence should seek immediate help. Mount Sinai has the Employer Assistance Program (EAP) where they can get therapy. The New York State Nurses Association (NYSNA) and nursing and hospital administrators are available for advice and assistance. Family and friends can be a lifeline for assisting emotional and spiritual healing. Nurse mentors, usually respected senior nurses, can be a source of guidance.

Nurses spend approximately twenty percent of their time dealing with conflict and acquiring conflict management skills (Weinand). However some nurse leaders have not mastered these skills, which can escalate the problem, leaving the victims to suffer in silence (Porter-O’Grady & Malloch, 2011). The opportunities that arise from these situations are to learn conflict resolution skills, to empower each of us to stand up for a change and to create an environment of zero tolerance for the mistreatment of others.

One out of every three nurses subjected to Horizontal Violence will leave the profession (Weinand, 2011). I have made it my mission and commitment to bring attention to the unsettling and sociized culture of Horizontal Violence. To any nurse experiencing Horizontal Violence - Bullying in the workplace, I leave with you an inspirational story from my late father Augustus O’Sullivan regarding one of his favorite legends, Winston Churchill, a man known for his rousing speech. Mr. Churchill was asked to speak to a graduating class. Everyone waited with great expectations, and to their surprise Winston Churchill stood on the podium and bellowed two sentences; “Never, never, never give up! Never, never, never give in!”

References

The Mount Sinai Magnet Newsletter Fall 2012
While we are going about our daily routine, miracles happen all around us. This miracle was created by the CCU (Coronary Care Unit) Nurses who, in their interpretation of Relationship Centered Care, affected the lives of their patient and his family forever.

The patient was a 66 year old male who had received a Ventricular Assist Device in February 2012. He was transferred to the CCU from 5C sometime in March 2012. He was still there in August and with no improvement in prognosis, his girlfriend of 29 years and he decided to get married in the hospital. This decision was made on a Friday afternoon, around 1:30 pm. The bride obtained a marriage license and retained a judge who would come to Mount Sinai to conduct the ceremony. Kathleen McCollum, Clinical Nurse Manager, reached out for help. Linda Paxton, Senior Director of Mount Sinai Heart, in turn, contacted Laureen Nowakowski, Administrative Manager of Nursing Operations, who caught the ball and ran with it. Laureen bought a cake, sparkling water, balloons, flowers, decorations and everything you’d need for an impromptu celebration. She even bought a card and a gift of a picture frame for the staff to give the newlyweds to preserve the memory. Then the CCU nurses got to work. They decorated the unit. They prepared the groom with a bath, shave and shampoo.

The momentous day arrived. Several staff members came in on their day off to attend. Family members arrived from out of town. The wedding party, which consisted of the groom’s sister and niece, family members, hospital staff, presiding judge and the bride, all wore Isolation Yellow. The bride tossed the bouquet and everyone avoided catching it.

They even had a wedding crasher as the visitor of a neighboring patient enjoyed the event as well as a piece of wedding cake. Everyone cried. The patient passed away approximately three weeks later. The ‘bride’ continues to stay in touch with the staff. She has invited them to her home and has corresponded with Kathleen, CNM. She was traveling into Manhattan the third week of September and Kathleen was planning to meet with her to share photos and memories.

This is a striking illustration of how Relationship Centered Care can lead us to playing life changing roles in people’s lives. Because the staff and leadership allowed their hearts to open to these people, they were able to elevate the care they gave to way beyond “standard and customary”. The length of stay allowed a strong bonding, allowed the nurses to include them in their family composite and allowed them to do what one does for family: bring meaning, love and joy into their lives. The couple will never return to their favorite past time of sailing together or share the sufferings of old age, but the bride and the remaining family will always have the experience of this couple joining their lives together amongst loving family and friends. Thank you, CCU, for being those caring friends.
For those of us unfamiliar with endowments, this is a position permanently funded by an individual or group. In this case, the endowment is a bequest from Edgar M. Cullman, Sr, who was an enthusiastic supporter of nurses at Mount Sinai. Edgar Cullman, Sr had a special affinity towards Mount Sinai’s nurses. He appreciated and valued nursing that would help patients and families feel well cared for and safe. His family has continued his vision through their generous support.

This first endowed chair of the Department of Nursing in Mount Sinai’s 160 year history is in honor of the late Edgar M Cullman, Sr. Carol Porter plans to use it to support nursing research and education, leading to initiatives, policies and improvements in providing quality health care.

The very first endowed chairs were established in ancient Rome and given to Plato, Aristotle and their contemporaries. The practice continued up through the ages and was adapted to the modern university system in the 1500s at Oxford and Cambridge.

Receiving this Chair will not only honor Mr Edgar M Cullman, Sr and his family, but will also bring opportunities for nurses to affect health care. These nursing driven improvements, innovations and new knowledge will impact not only our patients, but will reach around the world to enhance health care globally.

The collaboration between the Mount Sinai School of Medicine and the Department of Nursing led to the creation of the Center for Nursing Research and Education (CNRE). Carol Porter’s innovative vision for this Center is to engage nurses in translational research as part of multidisciplinary research teams and to integrate these research findings into nursing education, innovations and best practices.

We will soon need to add FAAN to this title as Carol Porter is to be inducted into The American Academy of Nursing on October 13, 2012 as a Fellow. The American Academy of Nursing is an independent affiliate of the American Nurses Association.
On-Boarding for New Nursing Staff

Structural Empowerment

As a way for nursing staff to welcome and support new nurses, the onboarding program is being introduced by Nursing Recruitment. In addition to orientation and preceptorship, this program is designed to welcome new nursing staff and help them feel that they are connected and accepted to our community. The goal is to provide a supportive structure that reaches beyond the clinical platform, and includes such elements as local resources, social information and generalized information of life in and around Mount Sinai. Diane Poulious, Manager of Nurse Recruitment, shares a beautiful poem which most accurately describes the intention of this new program:

The Bridge Builder by Will Allen Dromgoole

An old man, going a lone highway,
   Came, at the evening, cold and gray,
   To a chasm, vast, and deep, and wide,
   Through which was flowing a sullen tide.
The old man crossed in the twilight dim;
The sullen stream had no fear for him;
   But he turned when safe on the other side,
   And built a bridge to span the tide.
   “Old man,” said a fellow pilgrim near,
   “You are wasting strength with building here;
Your journey will end with the ending day;
   You never again will pass this way;
You’ve crossed the chasm, deep and wide-
   Why build you this bridge at the evening tide?”
The builder lifted his old gray head:
   “Good friend, in the path I have come,” he said,
   “There followeth after me today,
   A youth, whose feet must pass this way.
   This chasm, that has been naught to me,
   To that fair-haired youth may a pitfall be.
   He, too, must cross in the twilight dim;
   Good friend, I am building this bridge for him.”

CALLING ALL NURSES

Mount Sinai Committees are searching for your support.

Joining a committee is the best way to get to know people who work at Mt Sinai other than the ones you work with day to day. You will be able to see the structures that have been thoughtfully put in place to support your daily practice. Being a committee member does not mean you will have extra work to do, it is voluntary and your participation is valued and appreciated. Your presence at meetings and your opinions are what are important. You may join a committee by filling out an application form from the committee tab on the Intranet’s Nursing site. Most meet monthly and it is a wonderful way to find out what is going on at Mount Sinai and get to learn how very special and dedicated our nursing leaders are. It will inspire and energize you and open your eyes to the many foundational structures provided to support and guide our nursing practices.

Nursing Practice Committee: examines our nursing practices, our policies and standards of care that reflect best practice, current regulatory standards and evidenced based nursing care. They are instrumental in creating the procedures and policies that guide the clinical nurses’ and administrators’ daily practice.

Nursing Peer Review Committee: reviews and assesses Occurrence Reports in the Nursing Department, adverse events and outcomes and citations from regulatory and review agencies for deviations in standards of care and related professional performance.

Nurse Recognition Committee: creates programs that recognize professional achievements by nurses and other professionals for outstanding contributions to the Hospital and the Community. They also develop strategies to promote nurse retention. All nurses know the work of this group through the many Nursing Week activities they organize.

RN SATISFACTION SURVEY

Mount Sinai Nurses participated in an anonymous, voluntary survey to learn more about the “climate” in which we work and patients receive care. The Department of Nursing values the clinical nurses’ opinions and feedback.

The survey was conducted by Healthstream Research from September 10 to October 7, 2012. Aggregated results of this survey will be shared with the Department of Nursing, so stay tuned.
The first class was a Webinair led by Patti Page Cannonier from NYSNA and the computer voice was Betsy from Latham, New York. Betsy is on the Education, Practice and Research (EPR) Committee which is run by Advanced Practice Nurses. We played a fun game, similar to Cash Cab, where we each got to answer and discuss a question. The subjects covered the legal scope on Nursing in New York State, how it applies to clinical practice and how accountability enters into delegation and assignment. I was reminded to review my Policies and Procedures (found on the Mount Sinai Intranet), to take care with documentation (workshops are available), keep current, be an active NYSNA member and carry personal liability insurance.

My second class was an Evidence Based Practice Workshop held in Levy Library. Michele Galbo, Nurse Education Specialist, did an excellent job in explaining how EBP differs from research and why it is crucial to our nursing practice in 2012. The old “because we’ve always done it that way” doesn’t fly anymore. It is essential as Nursing continues to evolve, that our practice produces the best outcomes for all patients. Evidence Based Practice has proven to yield those outcomes.

EBP also stimulates us to ask more questions, find better ways to do things and continue growing as professionals. The second part of this class was taught by a Nurse Librarian named Polly Beam. She is the Information and Education Services Librarian. She showed us how to search the literature for research that uses strong study designs and produces valid answers about meaningful outcomes. Useful evidence should be easy to access, current and relevant to our clinical setting. Books are one source of evidence and Levy Library houses 30,000 print books, but also has over 100,000 ebooks. We learned how to use STAT!Ref and Books @ Ovid to find specific information from books. More current sources of evidence are obtained from clinical topic reviews such as UpToDate and DynaMed. Clinical Topic Reviews are authored by experts, peer reviewed and regularly updated. A third source of evidence is found in journal literature and we found information using PubMed, Google Scholar and CINAHL which is the Cumulative Index to Nursing and Allied Health. I was amazed at the vast amounts of information available at the click of a button.

The third and last class I attended was Culturally Competent Nursing Care given by Deon, originally from Namibia and Paule, originally from Venezuela. They are both nurses. Deon currently works here at Mount Sinai and Paule returns to the Mount Sinai Nursing Education monthly to give these classes. They made the learning fun through use of games and gave us the opportunity to interact with everyone. The class covered the value of diversity, cultural self-assessment, and awareness of the dynamics when cultures interact, cultural knowledge and the importance of addressing every patient individually. We LEARNed to Listen, Explain, Acknowledge, Recommend and Negotiate in our patient interactions. We were reminded of the meaning of culture and its influence in patient care, how to effectively use interpreter services, be aware of four own biases and assumptions, the importance of respecting patient’s beliefs, values, meaning of illness, preferences and needs. We were reminded that the care we provide affects patients’ outcomes, quality of care and patient’s satisfaction. The final message was, “Patients should never feel like we are passing judgment.” I loved the opportunity to interface with the other nurses. I met many new graduate nurses on orientation. They jogged my memory of what it was like to come to the melting pot of Mount Sinai when I was a new grad from a homogeneous place in Ohio. They were like sponges soaking up the information. Having attended school so recently, they are impressive in their knowledge of theory and concept. It was refreshing to have so many bright, energetic nurses eager to jump in and test out the water. There were also a few others of us, some were transfers, some were advancing their positions and then there were nurses like Melody and me. We were there to learn, to grow and to nourish our practice.

Just so you don’t think I’m some kind of Nerd who just takes classes and writes newsletter articles I will tell you what else I did on my summer vacation. I saw the new Woody Allen movie which left me feeling like I had traveled to Rome for a day. I read the latest John Irving novel, In One Person, which allowed...
Chatting with Maria: A Look at Leadership
(Continued from Page 4)

In pursuing her doctorate, Maria found an even greater progression in critical thinking. She attended Columbia University’s Teachers College and learned strategies and tools which changed her thought processes, finishing a second Masters in Education in Communication and Instructional Technology and then a Doctorate in Nursing Education. The content she had previously learned came together in a more insightful form in terms of scope and universality. She found it to be an important part of growth to explore beyond her comfort zone and diversify her talents. In 2006, Carol Porter promoted her to her current position as Senior Director of Nursing Education and Professional Practice. Dr. Porter has also provided Maria with a variety of challenges and opportunities for growth and expansion of responsibility ever since and provided mentorship in understanding the accountability involved in executive leadership and how a complex medical center really operates. She appreciates the opportunity to be able to work with other nursing, physician and hospital leaders and continues to learn new things every day.

She shared that she takes time, daily, to reflect and evaluate if there were things she could have done differently. This struck a note with me since I know this is something intrinsic to my day as well. I recognize this process in the tired faces of nurses I pass on their way home from a long night at work. Maria shared her borrowing of President Obama’s quote in his 2009 inaugural speech when she makes mistakes to “pick yourself up, dust yourself off and begin again…”. Maria had directed the Student Nurse Intern Graduation earlier this particular August day and spoke of the joy and rewards she felt in hearing both the Nurse Mentors as well as the Student Nurses share their experiences and learning. She mentioned the exceptional speeches that were heartwarming and touching, sharing how the Nurses and Students “made a difference” and how the experience of mentoring brought a higher level of professional fulfillment.

I asked Maria what she would like to say to the Mount Sinai Nurses and she thoughtfully responded how very important it is that we take pride in our work. That to have a sense of professionalism we have to earn it, grab it and give our whole self to it. That every minute counts and in order to achieve and maintain a professional status we need to train for it similar to any professional player. That nurses transform health care, but that we need to be focused and disciplined.

I found myself feeling very close to Maria. I’m thinking it’s because we share a mutual Mount Sinai longevity; she will celebrate her 30th anniversary at Mount Sinai in December and I am here 33 years. That she is also launching two sons into manhood, one of whom was in the same preschool/day care with mine 20 some odd years ago. And her mother, for whom she had a great love and respect, had also passed away. But it was more than the coincidence of circumstances that made me feel this way. I felt as though Maria is willing to share so fully because her heart is as big as her brain.

While Maria is one of our longest steadfast, dedicated nursing leaders, my impetus for interviewing her in the first place came after overhearing her saying “Learning is not an Event, it’s a Process”. To me this was an amazing thought, ringing true in all phases of life. I have a feeling that Maria has more of these Maria-isms up her sleeve.

What I Did On My Summer Vacation (Continued from Page 8)

me to visit the lives of transgender and bisexual people. I saw the Spider exhibit at the Museum of Natural History which helped me appreciate their beauty and recognize that my “fear of spiders” was really just a fear of not knowing if they would jump on me. I enjoyed a barbeque with a group of people who I didn’t know (the host was a colleague of my husband’s), were a generation younger and who lived a different lifestyle than me (suburban/exurban versus metropolitan). In all these situations I stumbled on cultural diversity. Perhaps this came to mind because of the recent workshop I had just attended. Certainly reading about horizontal violence and bullying as well as watching bits of the televised Republican and Democratic Conventions brought the awareness of cultural diversity to a head, so to speak.

It’s really about respect. Sing it, Aretha! R-E-S-P-E-C-T. How very important it is to be aware of differences, appreciate the world’s diversity and to come to a place of mutual understanding, acceptance and respect. It’s something that sounds good on paper, but I think fall short of accomplishing this. I think that sometimes our own needs seem to supersede those of people in other areas, that we view the performance of other people from how it looks from our perspective and that our pressures, real or perceived, always seem to need more immediate attention than those of others. It’s my hope that we can take the time to appreciate the hard work of our coworkers, perhaps acknowledge that they, too, have pressing needs to address and that we can arrive at a place of understanding and negotiation. That we can separate the person from the circumstance and listen, explain, acknowledge, recommend and negotiate in ways that don’t include bullying, blaming, frustration or deception.

Irving finished his novel by addressing that we can separate the person from the circumstance and listen, explain, acknowledge, recommend and negotiate in ways that don’t include bullying, blaming, frustration or deception.

Information and Education Services Librarian
Polly Beam

as practitioners we do much better with accepting and respecting our patients and their families. It’s something we are trained to do from day one. We are taught that we must respect the cultural differences of our patients and their families in order to be able to help them reach their goals in their health care experience. We are reminded that this is the ethical way to practice. But when it comes down to our colleagues, the team members we are supposed to be supporting, I sometimes think we
In 2007, with input from a broad representation of stakeholders, the COM developed a Model for Magnet that reflected current research on organizational behavior. This Model guides the transition of Magnet principles to focus healthcare organizations on achieving superior performance as evidenced by outcomes. Evidence-based practice, innovation, evolving technology, and patient partnerships are all evident in the Model.