A special event was hosted June 5 by MGH Human Resources and MGH Military Veteran Partners in the O’Keeffe Auditorium for Andy Gottlieb to share about his recent deployment in Kabul, Afghanistan.

ON MAY 27, 2017, Andy Gottlieb attended his daughter’s graduation from West Point. Two days later, he shipped out to Kabul, Afghanistan, where he was deployed for 351 days as part of Operation Freedom’s Sentinel and Resolute Support.

Gottlieb, NP, FNP-BC, a lieutenant colonel in the U.S. Army Reserves and director of MGH Occupational Health – who joined the Reserves in 1992 – served as acting commander of the Hamid Karzai International Airport Coalition Hospital, a Role 2 NATO hospital for trauma and resuscitation care.

“My job here – and there – is to make sure people can do their jobs in a safe and healthy way,” says Gottlieb, who returned to the MGH in April. “Among many differences, though, was as hospital commander I was on call 24/7. I slept with my phone under my pillow – I needed to always know what was going on. Over there, there are no days off.”

Included in his many responsibilities as hospital commander, Gottlieb sent daily reports to his superiors, organized weekly presentations, managed personnel, dealt with equipment supply issues – like when an air conditioning unit in the hospital broke during the summer – and,

(Continued on page 4)

### New plain language emergency codes introduced

**CLEAR, CONCISE AND CONSISTENT COMMUNICATION** is key during any emergency. As part of the MGH’s ongoing efforts to improve and strengthen its emergency program, a new set of plain language codes has been implemented.

“This new structure enables our staff, patients and visitors to more quickly understand that an emergency is occurring,” says Paul Biddinger, MD, director of the Center for Disaster Medicine and vice chairman of Emergency Preparedness. “It also clearly states what they need to do, such as avoid or evacuate a certain area or be on alert for a missing infant or child. We believe this system will ensure that staff, patients and visitors immediately receive the information they need in an emergency without ambiguity.”

The new standardized language follows a national best practice model and is the result of an in-depth review of emergency practices of health care institutions throughout the country. The MGH Emergency Preparedness team also collaborated with other Partners HealthCare institutions to develop the structure to ensure consistency across the system.

“The former code system included the use of colors to differentiate emergencies, which were found to cause confusion,” Biddinger says. “Because there is no set of universal color codes, hospitals were using different colors to represent different situations. Instead, the new alert type is now divided into four categories – Security Alert, Weather Alert, Facility Alert and Medical Alert.”

Employees are encouraged to pick up an updated orange emergency card – to be worn with their MGH ID badge – weekdays from 7:30 am to 5 pm at Police, Security and Outside Services on Wang 2.

For more information, visit apollo.massgeneral.org/emergencypreparedness.
Taking charge: Female leaders voice of new podcast

THE MGH THIS WEEK launched a new podcast called “Charged,” featuring some of the hospital’s leading female voices. The podcast is devoted to showcasing the passion and talent of MGH staff, while uncovering stories of the relentless daily pursuit to break boundaries and provide exceptional care.

In the first episode, Katrina Armstrong, MD, physician-in-chief, discusses how she strives to lead with empathy and what she learned her first day on the job – the day of the Boston Marathon bombing.

“Medicine has become so complex,” Armstrong says. “These stories help to shed light on what goes on behind the scenes. No matter how advanced the technology is, in the end, medicine is about the connection between patients and their care teams. We strive to keep that on what goes on behind the scenes. No matter how advanced the technology is, in the end, we are working with people’s lives.”

The first season also includes:

- Sarah Wakeman, MD, medical director of the Substance Use Disorders Initiative, discussing her dedication to improving the treatment of substance use disorders and how it is revolutionizing the way the disease is thought of and talked about;
- Denise Gee, MD, bariatric surgeon in the Department of Surgery, on advances in surgical training and how she balances the busy life of a surgeon with three young kids at home; and
- Malissa Wood, MD, co-director of the Corrigan Women’s Heart Health Program, talking about the complexities of heart disease in women versus men, and what that means for the care and treatment of the disease.

Upcoming interviews include stories from Marcela del Carmen, MD, MGPO chief medical officer; Misty Hathaway, senior director for International and Specialized Healthcare Services; Pamela Jones, MD, of the Department of Neurosurgery; and Asewita Tan-McGrory, deputy director of the Disparities Solutions Center.

“It is my hope that listeners hear these stories and tap into the collective energy and wisdom of the leaders interviewed,” Wood says. “Each speaker has found her path to leadership in a unique way, and the lessons learned apply to leaders not only in health care, but in many other disciplines as well.”

“Charged” is available on Apple Podcasts, Google Play, Stitcher and TuneIn. For more information, visit www.massgeneral.org/charged/.

MGH INVESTIGATORS ON THE CUTTING EDGE OF ALS RESEARCH

Lou Gehrig’s disease – or amyotrophic lateral sclerosis (ALS) – is a debilitating neurodegenerative disorder that impacts motor neurons in the brain and the spinal cord. Eventually these nerve cells die, affecting a patient’s ability to move, eat, speak and breathe.

While there is currently no cure for ALS, researchers at the MGH Neurological Clinical Research Institute (NCRI) are taking a team approach to tackling the disease in the hopes of identifying ways to slow or reverse progression.

The team of more than 60 staff members is dedicated to developing, facilitating and conducting multicenter clinical trials in ALS and other neurological diseases. They use a combination of technological applications, brain imaging and genetic insights to advance the development of new ALS treatments and improve clinical trial methodology.

Technological applications

James Berry, MD, MPH, of the NCRI, says speeding up the clinical trial process involves identifying and tracking measurable biological indicators of disease progression, known as biomarkers, at the beginning and end of a trial to gauge a drug’s effectiveness.

He is seeking to identify new biomarkers by integrating mobile technology into his research. Berry and NCRI colleague Sabrina Paganoni, MD, PhD, are using a cellphone app to collect real-time information on ALS patients’ behavior, function and strength. The app tracks a patient’s daily movements, providing insight into behavioral changes which could indicate disease progression.

Berry is working with Jordan Green, PhD, CCC-SLP, a speech language pathologist at the MGH Institute for Health Professions, to use voice recordings to measure and track changes in patients’ speech.

And, Berry and Pagnoni are using technology to improve patient care in the short term. For example, Paganoni is collaborating with Conor Walsh, PhD, from the Wyss Institute at Harvard University, on a wearable robotic glove that can assist patients with basic motor functions, such as helping them open and close their hands.

Brain imaging

New techniques for imaging the brains of ALS patients could also vastly reduce the time and costs required for clinical trials, while also improving the accuracy of study results.

Nazem Atassi, MD, of the NCRI, and his team have developed a new imaging protocol, using an injectable radioactive tracer called PBR28 to measure neuroinflammation in the motor cortex of ALS patients. The motor cortex controls voluntary muscle movements and is the area of the brain most affected by the disease.

The new protocol can reduce the number of patients needed for a clinical trial from 400 to 30, shorten the duration of the trial from one or two years to two or three months, and provide an objective biological measure of treatment effects.

Genetic insights

Although hereditary forms of ALS only account for 10 percent of all cases, Katharine Nicholson, MD, of the NCRI, believes studying these patients may help identify the earliest molecular and clinical signs of the disease.

Nicholson has launched a multicenter study that tracks the first-degree relatives of individuals with a familial form of ALS who do not yet show symptoms of the disease. The overall goal of the study is to gather information that can inform new treatment strategies and timelines for familial ALS, which could include gene therapy treatments designed to stop disease progression.

Research Roundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.
MGH Police, Security and Outside Services offers several courses via HealthStream for employees to better equip themselves to deal with varying safety situations in the workplace. They include Active Shooter, Workplace Conflict: Violence Prevention, SAVE (Security Awareness and Vigilance for Everyone) and MOAB (Management of Aggressive Behavior.) The department also offers a myriad of in-person, customized staff trainings on a variety of topics.

“If you haven’t mentally conditioned yourself to be able to do what you need to do in the midst of conflict, then I guarantee that in the sheer panic of the moment you won’t remember to do what is needed,” said Michelman. “These courses and trainings can help with that mental conditioning.”

During the presentation, Michelman and Rob Langhorne, investigator in MGH Police, Security and Outside Services, demonstrated difficult workplace scenarios, reviewed when and how to contact Police and Security, and gave examples of the best ways to manage contentious patient interactions.

One consistent theme throughout the discussion was the importance of being clear with language, not tentative.

“When I came here 27 years ago, I saw a lot of bullying and aggression from employees,” said Michelman. “We’ve come a long way from that. We cannot, and should not, tolerate it. As leaders we have to be part of the solution.”

Michelman added, “At the end of the day, what can we do? Only the things we can do. Don’t ignore the cues. Words are only a small percent of our communication. This is why the nonverbal and paralanguage – tone of voice, volume of voice, latent part of speech – are so important. Always trust your instincts and listen to how something is being said, not what is said. The bottom line is we’re all in this together.”

MGH Police and Security can be reached 24/7 at 617-726-2121 for main campus concerns or 617-726-5400 for the Charlestown Navy Yard.
Star students

ON MAY 31, the MGH hosted its 23rd annual Workforce Education Program Celebration of Achievement, honoring employees from 25 different countries of origin, speakers of 15 languages and 20 departments across the hospital.

“This is truly a testament to the hospital’s commitment to diversity and inclusion,” said Carlyane Prince-Erickson, director of Employee Education and Leadership Development. “Diversity is counting heads, inclusion is making those heads count.”

Through this year’s Workplace Education Program, 17 employees received their U.S. citizenship and more than 100 employees received completion certificates recognizing their participation in computer or English language classes.

“We are all very proud,” said Peter L. Slavin, MD, MGH president. “In creating more opportunities for yourselves and your families, you are also creating more opportunities for our patients and visitors. Thank you for continuing your great work and for your growing contributions to the MGH.”

MGH Training and Workforce Development partners with JVS, an organization that provides workforce education services, to create classes that allow employees to further their education and learn new skills at work. Students, teachers and volunteers meet from September through May and the program offers convenient early morning or late afternoon sessions to allow staff to attend before or after their work shifts. Program leaders also noted that many students come to the MGH to attend class on their days off or while they are on vacation.

“As someone from the outside looking in, MGH is not just a leader in patient care, but a leader in workforce development,” said Kira Khazatsky, JVS chief program officer. This is the longest running workforce education program in the country and shows that MGH is putting its money where its values are.”

During the celebration, organizers recognized the success of recent Workplace Education Program computer classes for members of MGH Materials Management and Buildings and Grounds who wanted to familiarize themselves with iPads after the department incorporated them into their workflow.

William Stilwell, Jr., of Materials Management, encouraged staff who were interested in taking classes to give it a try. “I am proof that you can teach old dogs new tricks!” he said.

Nominate staff for PCS Awards

NOMINATIONS ARE BEING ACCEPTED for the annual Patient Care Services Awards, honoring the highest quality of patient care. Staff are invited to recognize a clinical or support staff colleague for their dedication, commitment and excellence. The seven awards highlight the qualities of advocacy, caring, compassion, leadership, creativity, flexibility and collaboration. All nominations are due June 29 by 5 pm. Nominations are available online at http://www.cvent.com/id/4gqlq.

For more information, or a paper nomination form, contact Julie Goldman at jgoldman2@partners.org or 617-724-2295.

- Afghanistan

(Continued from page 1)

hosted training and education drills. He also completed mandatory training that U.S. soldiers must take part in while deployed and traveled to other hospital sites.

“I missed home. I missed my wife, my family and my job here,” Gottlieb says. “But it was a good job. If I was a single guy without all this to come back to, I would have stayed there.”

Still, Gottlieb says there are many challenges in the NATO hospital. Though French and English are the official languages of NATO, many people there do not speak either one. Medical practice standards differ from country to country, so mandating and enforcing best practices in the hospital also posed a challenge, says Gottlieb.

“We try to be as culturally sensitive as possible to the different nationalities we care for, and work with, in the hospital.”

Gottlieb speaks highly of his Turkish commanding officer. “I have to give him credit, he put such value on building relationships with people. With any conversation, he insisted on sitting down to have tea and coffee together – it’s part of the culture. I learned that you can sometimes disagree but still work together. He taught me how essential it is to build relationships.”

While Gottlieb says he generally felt safe in Afghanistan, indirect fire still is one of the biggest threats. “When you hear the sirens go off, you just get down,” he says. There also was threat of vehicle attacks – one form of an IED (improvised explosive device) – and snakes, bats, mosquitos and cats, which can carry malaria and rabies.

Gottlieb now has two years during which he won’t be redeployed. And though he doesn’t think he’ll return to Afghanistan, he urged others to seize any opportunity for an adventure as life-changing as this was for him.

“This really was an eye-opening experience,” Gottlieb says. “Not that I have any plans to write a memoir, but if I did, I feel like the title would be ‘I woke up in Afghanistan.’ I see the world through a whole new set of eyes now.”

STILWELL

GRADUATION DAY: Gottlieb and his daughter, Samantha

STILLWELL

06.15.18