



The four sculptures in the series, from left, "First Cut," "Consoling," "Believing" and "Rebirth".

'Passion of a Surgeon'

HE MAY HAVE TRADED his forceps and retractors for a hammer and chisel, but Robert Martuza, MD, chief emeritus of MGH Neurosurgery, hasn't left his love or knowledge of neurosurgery behind. His recently completed series, *Passion of a Surgeon*, blends together his passions: surgery, science and sculpting.

"At some point in every surgeon's life, we must stop operating, which can often be daunting for a surgeon," says Martuza, who still maintains an active research lab at the MGH. "But many of the same skills acquired by the surgeon over decades can be applied to other areas. For me, one such area is sculpting."

Ten years ago, Martuza began taking classes in clay and bronze sculpting, and progressed to stone sculpting. In 2001, he donated one of his larger pieces, the 800-pound Comforter marble sculpture, to the MGH. The artwork – on display in the Lunder Building – honors the

MGH Comforters group who have made and donated quilts to patients at the hospital for the past 16 years.

Martuza's latest sculptures – the first three created in bronze and the final in marble – reflect the life of an academic surgeon with a focus on hands. "Hands can be so much more emotionally expressive than faces and are a lot more action-oriented; they gesture, shake, comfort, cut, sooth and so much more," says Martuza. "As a surgeon, hands are very meaningful to me. Thus, I chose to portray the life of a surgeon through hands."

The *Passion of a Surgeon* features the "firsts" in the career of a surgeon, starting with teaching, followed by patient care, research and ending with retirement.

"First Cut" depicts the initial time Martuza cut into human flesh. (Continued on page 4)

Ready at a moment's notice: Planning and preparing for emergencies

'DISASTERS DON'T PLAN AHEAD. YOU CAN.'

Last week the Category 4 Hurricane Harvey – the first hurricane to hit the state of Texas since 2008 – made landfall. Its intense tornado-like winds and powerful rains have caused catastrophic flooding and severe damage. Federal Emergency Management Agency (FEMA) Director Brock Long has called the storm the "worst disaster in the state's history." Here in New England, the past few years have brought devastating weather-related events including blizzards, coastal flooding and unprecedented tornadoes.

"These terrible situations have really highlighted the importance of emergency preparation efforts," says Paul Biddinger, MD, director of the MGH Center for Disaster Medicine. "Disaster can strike at any moment. We encourage our employees, patients and visitors to make sure they are ready to respond to a disaster both at work and at home. September is National Preparedness Month and there is no better time to discuss with your family what each person's role is in an emergency, how you will get to a safe place and how you will communicate once you are there. You should also create an

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BUILD A KIT

Include enough food, water, and medical supplies for your needs in your emergency kit to last for at least 72 hours.



Ready

READY.GOV/MYPLAN

Mass General Waltham opens Foot and Ankle store

THE MISSION OF THE NEW Foot & Ankle Store at Mass General Waltham is to provide orthopedic care for patients and their families for any condition “below the knee.” Located alongside the MGH-NWH Orthopaedic Foot & Ankle Center and the MGH Waltham Physical Therapy center, the store provides patients access to high-quality medical products, as well as footwear to meet their foot and ankle needs – whether they have had surgery or are simply seeking a foot and ankle consultation.

“While MGH has long prided itself for its world class foot and ankle care, we find that patients often struggle to find the equipment they need for recovery, be it a specialized running shoe or a knee-scooter for after surgery,” says Christopher DiGiovanni, MD, chief of the MGH Foot & Ankle Service. “Medical supply stores often are hard to find and difficult to reach, and the online landscape is inconsistent in quality and often means waiting weeks for an order. The MGH Foot & Ankle Store is specifically designed to meet the clinical requirements and expectations of our diverse patient population, as well as the community, right at the point of care.”



The area is divided into three sections:

- Medical products and accessories, including mobility aides, podiatric supplies, driving adapters, cold therapy and compression socks.
- Athletic, dress and casual footwear addressing foot and ankle conditions such as flat feet, high arches and painful ankles.
- Off-the-shelf orthotics and in-house 3D printing of custom orthotics, which will be offered in the near future.

“All of the products have been individually vetted and hand-selected by MGH foot and ankle care providers to ensure appropriate choices,” says DiGiovanni. “Whether undergoing an ankle replacement or finding a shoe for the Boston Marathon, patients can find all they need under one roof.”

All proceeds from the Foot & Ankle Store will be used to support the clinical, educational and research missions of the MGH and its Foot & Ankle Service for the benefit of patients and improving care.

The store is located at MGH Waltham, 40 Second Ave, Building 52, first floor. For more information visit, <https://www.thefootandanklestore.com/>. ■

Exploring and improving veteran outreach

REPRESENTATIVES FROM the U.S. Department of Labor (DOL) Veterans’ Employment and Training Service (VETS) recently visited the MGH to discuss ways of providing more resources for veterans, military communities and their families seeking employment. To encourage more companies to hire veterans and their families, representatives met with staff from MGH Human Resources, Partners Human Resources and the MGH Military Veteran Partners (MVP) Employee Resource Group.

The visitors included Ivan Denton, DOL director of the Office of National Programs; Matthew Miller, DOL VETS senior advisor, and Paul Furbush, DOL Regional Veterans’ Employment coordinator.

“I’m excited about our potential partnership,” said Furbush. “The systems MGH has in place, in particular the Employee Resource Group, are a great start. The wheel is there, our hope at the DOL, is to connect those spokes to make it whole through resources, training and education.”

The visit included a discussion of veteran-related initiatives and strategies, lunch and a tour of the MGH.

“The goal of the meeting was to look more critically at what we do as an organization for our veterans through existing programs, and learn more about programs available through the Department of Labor,” said Angela Wynder, RN, president of MGH MVP and a veteran. “We want to employ more veterans and help transition their military experience into their civilian career.”

For more information, visit www.veterans.gov.



Back row from left: Sam Woods, Partners HR; Wynder; Christine Cugini, MGH Development and MGH MVP communications director; Katherine Melanson, Partners HR; and William Davidson, Home Base Program director of Peer Outreach and Support. Front row from left: Steve Taranto, director of Human Resources; Miller; Denton and Furbush

Profiles in Education: *Healthcare Simulation Week*

This profile is part of a series designed to highlight the importance and impact of the hospital's teaching mission and the work of the MGH Executive Committee on Teaching & Education (ECOTE).

In recognition of the inaugural National Healthcare Simulation Week Sept. 11-14, this profile features four employees focused on simulation teaching: Erik Clinton, MD, departmental simulation officer in Obstetrics/Gynecology; Maureen Hemingway, DNP, RN, CNOR, Nursing Practice specialist; Rebecca Minehart, MD, MSHPEd, Operating Room simulation officer in Anesthesia; and Elizabeth West, RNC, MSN, WHCNP, Nursing Practice specialist.

DESCRIBE YOUR RECENT SIMULATION COURSE.

WHO WAS TAUGHT AND WHAT DO YOU HOPE THEY LEARNED?

This simulation program introduced a new team training curriculum for interprofessional education. The training course consisted of two separate scenarios. The first involved an emergency obstetrical postpartum hemorrhage, and the second involved an obstetrical patient admitted to the operating room following a multi-trauma motor vehicle accident. There were four sessions geared toward Obstetrical/Maternal Fetal teams, Anesthesia providers, the Trauma Surgical Service, Perioperative Nurses and Transfusion Medicine/Blood Bank Service.

Takeaways from the course included ideal clinical management, leadership and role clarity, barriers to effective communication, challenges related to the availability of providers, the coordination of patients' care and emergency use of blood products and transfusion management for massive hemorrhage. *-EC*

WHAT CLINICAL PROBLEM WERE YOU TRYING TO SOLVE IN THIS COURSE AND HOW DOES IT IMPROVE PATIENT QUALITY AND SAFETY?

The goals of this program were to learn how decisions are made in cases involving maternal patients with emergency medical conditions and to positively affect patient care by improving teamwork behaviors among caregivers from a wide range of specialties. In the field of Obstetrics, as with many other patients throughout the hospital, the situational acuity can change rapidly. For patients being evaluated in a hospital setting, determining a plan of care may require communication and decision making between multiple providers and services in a very short time. Care providers not only have different attitudes in the way they approach a crisis, but also in the way they communicate. Differing patterns of communication and priorities in care can result in the loss of critical information needed for effective care. Some information may not be communicated effectively or is not perceived as intended by the recipient member of the health care team.

We used these simulation experiences to improve our processes for collaboration, coordination and communication during maternal crises. We hope that through improving team communication and educating a

diverse team of care providers our care will become more effective and efficient, thus creating a safe and seamless experience for the patient. *-RM*

WHAT WAS IT LIKE TO WORK ACROSS PROFESSIONS TO PLAN THIS COURSE? WHAT CHALLENGES DID YOU OVERCOME?

The faculty developed scenarios with the perspective that each member of the care team fulfills an important role in the care of the patient. As the team came together, there was an unspoken commitment to emulate the behaviors that we were discussing. Planning physicians and nurses listened respectfully to one another and incorporated differing perspectives into the experience. Truthfully, there were very few challenges as everyone came together with a commitment to create the best possible experience for participants. One challenge involved the educational team's commitment to accuracy and to creating a safe and educational experience, while understanding the simulation may have limitations with what experiences can

be safely and consistently recreated. *-MH*

TELL US ABOUT A MAGICAL TEACHING MOMENT DURING THE COURSE OR THE DEBRIEFING.

We witnessed the repeated opportunities our participants had to engage with other caregivers during a period designed to encourage reflectivity. It is very special to witness caregivers who agree to put themselves into a vulnerable position in front of their colleagues in the name of patient care, which felt as a true testimony to the commitment of the simulation staff to create a

safe learning environment. All the providers who participated have extremely busy schedules; it was renewing to see and feel their dedication to excellence in patient care and to hear them support their colleagues.

One concept that was illuminated at the debriefing table is that simulation brings about a cultural turning point where a group can acknowledge that health care is a team sport and we all need to work together to bring the best to the patient. *-EW*

DO YOU HAVE RECOMMENDATIONS OR LESSONS LEARNED FOR OTHER TEAMS OF EDUCATORS? HOW COULD THIS BE REPEATED OR TRANSFERRED TO OTHER AREAS OF THE HOSPITAL?

We have learned from our successes and our failures that a fundamental respect for our co-workers is at the center of all effective teamwork. Other teams planning these simulations should tailor their educational experiences to the learners, figure out what is important to each group and incorporate those concepts into the debriefing sessions. Transferring this to other areas of the hospital begins with a commitment from the patient care units and leadership. Next, trained debriefing experts are critical to educational and fulfilling simulation sessions. Enthusiastic participants enrich the experience for everyone. *-EC*

To nominate learners or educators – from any profession and any career stage – for future profiles, email Andrea Paciello, executive director of Teaching & Education, at apaciello@partners.org. ■



PRACTICE MAKES PERFECT: Care teams during the simulation course

— Emergency

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emergency kit with essentials for 72 hours, or review the contents of your kit to ensure expired items are replaced and all electronics and equipment still work.”

Detailed resources and printable templates are available on the www.ready.gov site, created by FEMA. Some helpful guidelines are below.

HOUSEHOLD PLANS

Start your emergency plan by discussing these four questions with your family, friends or household:

- How will I receive emergency alerts and warnings? Remember text messages are often more reliable in an emergency, given service disruptions, and whenever possible, keep cell phones and mobile devices charged.
- What is my shelter plan? Remember to establish meeting locations both locally as well as out of state.
- What is my evacuation route? Remember to establish alternate routes in case certain areas are impassable or plans must change quickly.
- What is my family/household communication plan? Remember also to establish an out-of-state communication contact in case cellular service becomes unavailable.

From these answers, draft the emergency plan and keep it in an easily accessible location. Practice the plan with your family.

EMERGENCY KITS:

- In an emergency kit, important supplies include the typical three day's supply of water and non-perishable food, a first-aid kit and flashlight with extra batteries. Remember to have necessary medications on hand.
- To assemble your kit, store items in airtight plastic bags and put your entire disaster supplies kit in one or two easy-to-carry containers such as plastic bins or a duffel bag.

AT THE MGH:

- Know your MGH department's disaster plan and where to report in the case of an emergency. Plans can be found on apollo.massgeneral.org.
- Keep your contact information up to date with your department and in PeopleSoft.
- Take your employee ID home to have immediate access to your badge when you are not at the hospital.

Keep an eye out for more about National Preparedness Month in the MGH daily announcements. For more information about emergency preparedness at the MGH, visit the Center for Disaster Medicine at www.massgeneral.org/disaster-medicine. More information for preparing at home can be found at www.ready.gov/kit.

— Passion

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“This teaching event is seared into my memory and is one of the first steps in the making of a surgeon.”

“Consoling” represents the first time meeting with a patient after a surgery, explaining how the procedure went and discussing future steps.

“Believing” portrays two hands holding a petri dish showcasing the power of believing in something at the start of a research project, such as a cure for a disease, before it becomes reality.



Martuza in his studio

The final piece in the series, representing Martuza's most recent career change, was created in white marble. This slab came from West Rutland, Vermont, a nod to where Martuza took his first sculpting classes. Titled “Rebirth,” it depicts the ability to rebuild and grow throughout life.

Though Martuza has moved from sterile operating rooms at the MGH to a stonedust-covered studio behind his Marblehead home, his desire to create and comfort remains clear.

“People always say seeing is believing,” says Martuza, “but in art and science, the believing comes first.”

View more of Martuza's work at <http://www.twelvelanterns.com/>. ■



Nominate your colleagues or co-workers for the 2017 Partners in Excellence Awards

NOMINATION CRITERIA:

- **PARTNERS 2.0**
(optimizing efficiency and growth opportunities across Partners HealthCare)
- **QUALITY TREATMENT AND SERVICE**
(patient care, respect for individuals, customer focus, etc.)
- **LEADERSHIP AND INNOVATION**
(patient care, teaching, research, management, etc.)
- **TEAMWORK**
- **OUTSTANDING COMMUNITY CONTRIBUTIONS**
- **SUSTAINABILITY**
(positive environmental impact)

Nominations due September 15, 2017



Nominate online at:
<https://pulse.partners.org/pienominations>
 For questions, contact Partners Human Resources at
 857-282-9743 or partnersinexcellence@partners.org

