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The opportunities for interprofessional education at the MGH Institute have broadened my understanding of other health care professions. This adds to my ability to integrate and use all of the resources available to help patients.

—MARCUS WHEELER
Master of Physician Assistant Studies
Class of 2019

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As Leslie Portney, PT, DPT, PhD, FAPTA prepares to retire in June, the dean of the School of Health and Rehabilitation Sciences looks back on her amazing 28-year career at the MGH Institute. It includes launching a new school, starting several new programs, and providing leadership in interprofessional education.

When you started working at the Institute in 1990, did you ever think you would be here for 28 years?

Leslie Portney: No. During my first year, I had a one-year appointment in the post-professional physical therapy program to teach research and statistics, filling in for someone who had received a grant. The following year, I was kept on to take over the geriatrics track because it didn’t have strong enrollment, but within two years we closed the track! Then, in 1993, we started talking about the possibility of developing an entry-level physical therapy program, and I was appointed the program director. And when the School of Health and Rehabilitation Sciences [SHRS] was formed, I had the chance to become the inaugural dean. The one thing I recognized early on about the Institute was that innovation was embraced and there is always another opportunity on the horizon. It’s amazing to think of all we’ve accomplished—the years have really flown by.

“The one thing I recognized early on about the Institute was that innovation was embraced and that there is always another opportunity on the horizon. It’s amazing to think of all we’ve accomplished.”

What were some of the challenges you faced when you were named dean of the School of Health and Rehabilitation Sciences?

LP: After the School of Nursing was developed, we needed to define a home for PT, Communication Sciences and Disorders, and the Medical Imaging certificate program. As the new School of Health and Rehabilitation Sciences, our biggest challenge was growing beyond three programs, to give ourselves an identity as a school. I needed to create a suite of programs that would complement each other, address health care needs, strengthen our interprofessional focus—and be as distinctive as PT and CSD already were. Due to changes in the market, the Medical Imaging program eventually closed.

I wanted to start with a doctoral program in occupational therapy to complete the rehabilitation triad, making us the first entry-level OTD program in the Northeast. Next, we developed the Physician Assistant Studies program, which has distinguished itself by its innovative team-based learning curriculum. The PhD in Rehabilitation Sciences became part of SHRS two years ago, and we are in the process of launching the Genetic Counseling program, addressing a major need for the future of health care. We have been truly fortunate to find talented faculty to lead and teach in these programs—faculty who welcomed the opportunity to be part of something new and different. So we now have six programs, more than 600 students, and over 60 faculty in SHRS.

Another challenge was getting the programs to feel like a school, because while we were all colleagues and interacted regularly, the programs had always operated in their own silos. I knew the physical therapy profession well but had to learn about the other fields. Every program had its own professional culture, accreditation standards, and faculty and clinical education issues. We started having joint faculty meetings, created a leadership council, and I am proud of the interprofessional identity we’ve established. I have been so privileged to work with supportive Institute leadership and remarkable faculty and staff who together have truly built the school.
What accomplishments are you most proud of?

LP: First, of course, is the establishment of SHRS and the development of new programs, as well as creating a school-wide culture. Tied to that would be the interprofessional initiatives I have worked on. The new IMPACT Practice Center grew out of our desire to integrate the clinical centers in PT, OT, and CSD and to develop a space where students from all programs would have the opportunity to work together and learn how to deliver team-based care. I am also proud to have led the development of the entry-level DPT program, which has been listed in the top 10 programs by U.S. News & World Report since its inception. All of these accomplishments represent a legacy that I am so honored to have been part of.

Any predictions on how health care will continue to change and evolve in the coming years?

LP: None of us knows what the future of health care will look like down the road, but we do know that we need to be more efficient and evidence based. Changes in payment systems will require us to demonstrate we are effective in providing care. Understanding the relationships among various health care fields will be paramount as we strive to provide team-based interprofessional care—especially developing stronger recognition for the contributions of rehabilitation professions at all levels of care. The need for the rehabilitation therapies is going to grow over the next 20 years as the Baby Boomer generation ages. We are also going to need to be creative in how we get into the community to make our services available, particularly in the area of wellness. I believe our commitment to interprofessional education will prepare our graduates to be leaders in this change.

What are your plans for retirement?

LP: I am looking forward to moving with my husband to our retirement home on Cape Cod. Life has a whole different pace on the other side of the bridge! I have a long list of things I want to do, like playing with my granddaughter, reading for pleasure, traveling, and having time to pursue lots of hobbies. I do hope to stay active professionally, maybe doing some consulting. I also want to keep my connection to the Institute, perhaps through teaching or working on projects. The Institute will always be an important part of me, and I hope I can remain a part of it. I have established the Leslie Portney Fund for Interprofessional Leadership to support faculty and students in the pursuit of interprofessional education (IPE) and scholarship, which I hope will be supported through contributions to strengthen the Institute’s commitment to IPE. This is an extraordinary institution to which I have devoted more than half of my professional life, and I look forward to seeing many of the initiatives I started continue to grow and flourish. ■
Institute Expands Its Diversity Efforts

Kayla Wheeler considers herself a translator and an advocate for MGH Institute students.

As the school’s new Assistant Director of Multicultural Programming and Inclusion, her hiring is the most recent of several efforts the school is making to better address the racial and social justice issues that have become increasingly prominent throughout the United States.

“I understand what it’s like to be an underrepresented person,” says Dr. Wheeler, who was only the second black woman to receive a PhD in Religious Studies from the University of Iowa. “I see my role as helping students of color carve out their own space so that they can concentrate more on what they’re here to do, which is to become health care professionals who can care for patients in an increasingly diverse world.”

Wheeler is a member of the school’s newly renamed Diversity, Equity, and Inclusion Council. Known as the Diversity Council since its inception several years ago, it became clear to new President Paula Milone-Nuzzo that expanding its scope and purpose was needed.

“It seemed to operate more like a think tank that addressed important ideas, but some people on campus didn’t know what its role was,” says Dr. Milone-Nuzzo. “We wanted to broaden its scope to make sure it reflected our commitment to respect, inclusion, and equity for everyone in the Institute community. We can’t—and won’t—ignore these issues that are so crucial to the school’s core values.”

A major component of the school’s mission is to have a diverse, academically talented community of students, trustees, senior leaders, faculty, and staff, and to promote an inclusive and welcoming environment where every person is treated with dignity and respect.

One notable change to the council was the decision to ensure the inclusion of students at every meeting and in the overall strategic direction of the group. Several student groups dedicated to social justice have formed over the past two years, playing an important role by, for instance, sponsoring speakers from the local Black Lives Matter chapter. However, a diversity council without students was missing essential input from the largest percentage of the IHP community.

“To me, that was a very important decision,” says Wheeler, who as part of the Office of Student and Alumni Services is working with students on several separate activities, “because it demonstrates that student voices will be heard at the table where decisions that will affect them are made.”

The council will focus on exploring ways to recruit more faculty from underrepresented populations, examining curricula, and improving teaching strategies across programs to ensure every student learns about cultural competence—all part of the Institute’s mission statement to “[prepare] health professionals and scientists to advance care for a diverse society through leadership in education, clinical practice, research, and community engagement.” A day of conversation is being planned for next fall where students, faculty, and staff can discuss social justice issues.

Wheeler noted that several activities aimed at making the campus more inclusive are already happening on campus, including the annual Dignity and Respect campaign in January and February, and the planned completion this spring of a reflection room in the Shouse Building where people can pray, meditate, or recharge. “There needs to be a space like this to make it more of a complete campus,” she says. “Students are here to learn, but also to live and grow as humans.”
Imagine a concert pianist coming down for breakfast, pouring a cup of coffee, and going over to the piano bench. She raises her hands to play a familiar piece, but two of her fingers curl involuntarily and she’s unable to perform. Her hands work fine for all other tasks, but more practice or effort at the piano just makes it worse.

It’s called dystonia, a rare condition when a person becomes unable to perform a repetitive motion that they’ve done literally millions of times because their brain has spontaneously disorganized. This goes to the core of the research on which the MGH Institute’s newest faculty researcher, Teresa Jacobson Kimberley, is focusing: How can injured brains be reorganized?

“My research is trying to find ways for the brain to form better connections,” says Dr. Kimberley, a physical therapist whose work has helped to pioneer the use of neuroimaging and non-invasive brain stimulation in the investigation of rehabilitation-related areas, and has had her work funded through the National Institutes of Health, private foundations, and industry partners. “What we want to do is use stimulation as an adjunct to physical rehabilitation by targeting the areas of a brain that need to be enhanced, in essence rewiring them so they work better.”

With dystonia, the goal is to understand exactly which brain areas aren’t connecting properly and then work with the dysfunctional brain pathways to make them work properly—so, for example, the pianist can play music again. Over the next four years, Kimberley will use an NIH grant to investigate how neuroimaging and non-invasive brain stimulation can help people recover from dystonia.

“We are only beginning to understand what the best ways are to regain function.”

Other disorders requiring brain “rewiring” are found in people who have had a stroke. In these patients, the brain areas where the stroke hit have been destroyed, so Kimberley looks to identify other existing pathways as a kind of workaround for their brains to adapt new ways of doing everyday tasks.

Kimberley has brought her innovative approach of using brain stimulation combined with rehabilitation to the Institute as the director of the school’s new Brain Recovery Lab. Just months after arriving in the fall of 2017, she is launching the first on-campus clinical trial in the Institute’s history.

Clinicians at the IHP and 15 other institutions—including the Mayo Clinic, the Medical University of South Carolina, and Emory University—will combine physical therapy with vagus nerve stimulation (VNS) in an effort to improve patient outcomes after a stroke. This study involves stimulating the vagus nerve with a small electrical pulse from a cuff that’s wrapped around a nerve and powered by a unit implanted in the patient’s chest. The stimulation is paired with rehabilitation. Preliminary studies, of which Kimberley has been a part, have shown the treatment is safe and may help people get better function in their arm and fundamentally improve how they recover from a stroke.

Regardless of which condition is affecting a patient, their brain connections and impairments are unique. The future of medicine, she says, is going to be tailoring rehabilitation and care to each person’s specific needs. “We are only beginning to understand what the best ways to stimulate the brain are to regain function,” Kimberley says. “We hope brain stimulation is going to enhance the impact that rehabilitation has on people with neurologic disorders, leading to dramatically improved recovery.”
The end of 2017 brought goodbyes from two influential department chairs who collectively spent 27 years at the MGH Institute: Gregory L. Lof, who for half of his 20 years led the Department of Communication Sciences and Disorders, and Pamela K. Levangie, who chaired the Department of Physical Therapy for five of her seven years.

“The Institute is losing quite a bit of knowledge and expertise,” says Provost and Vice President for Academic Affairs Alex Johnson. “Gregg and Pam played a major role in substantially improving their respective departments as well as the Institute as a whole, and they will be greatly missed.”

Gregg Lof became a speech-language pathologist because of a simple request when he was a high school senior in rural Minnesota. The infrequent speech pathologist who served his tiny school district asked him to work with a kindergartner who had a lisp. Lof tried to help, but lacked knowledge, and that frustrated him. “I knew nothing about what I was doing,” he says, “but I had discovered what I wanted to do instead of taking over my family’s lumber business.”

Dr. Lof studied speech-language pathology at Minnesota State University Moorhead, and took his first job as an SLP in a public school after graduating with a bachelor of science degree in 1979. Two years later, he had completed his master’s at the same university, and pivoted to academia. He spent the next several years teaching and supervising student clinical experiences in South Dakota and Wisconsin. After earning his PhD in Communication Disorders in 1994 from the University of Wisconsin-Madison, he decided to leave the Midwest and accepted a position at Northeastern University.

At a 1997 convention, Lof bumped into IHP professor Charley Haynes, who told him that the Institute was looking for faculty members willing to be trailblazers at the recently accredited CSD program. After visiting the school, which was then located at 101 Merrimac Street near the Boston Garden, and meeting the students and faculty, Lof was hooked. “There has always been something special about the Institute, even back then,” he recalls. “There were only about five CSD faculty members, fewer than 25 students, and we did everything in the department and the Institute together to make it succeed. It was a terrific opportunity to be part of building a program and expanding the Institute, something that we’re all very proud of.”

Since Lof became chair 10 years ago, the CSD department has grown in size and stature. Today, there are almost 30 faculty members, each graduating class has more than 60 students, and faculty research efforts have national renown. In 2017, the CSD program was ranked 7th in the country—its highest level—and 1st in New England, by U.S. News & World Report.

Lof has gained national and global prominence as well. He has authored or co-authored dozens of papers, written a book, and has given invited and peer-reviewed presentations in 38 states and five countries. He credits his successes to the myriad opportunities the Institute provided to pursue things that were important and motivating to him. “Who would have thought that a kid from northern Minnesota, a first-generation college student, could have had such a wonderful career?” he asks. “It’s all because of what I was able to do, thanks to the support, the nurturing, the resources, and the exceptional people here at the Institute. I will be forever grateful.”
When Pam Levangie joined the physical therapy department in 2010, one of her first tasks was to assess the Doctor of Physical Therapy’s curriculum, which had been used since the degree began in 2002 as one of the first entry-level doctorates in the country. The program was well respected, having consistently been ranked in the Top 10 by *U.S. News & World Report*, so she assumed it would need some minor tweaks.

“We thought maybe it just needed a Band-Aid,” she says, “but instead we decided to blow it up and do something completely different that would be a much better way of teaching our students.”

Dr. Levangie and her team spent the next several years developing a brand-new curriculum in which students would take a series of case-based courses, each one four weeks in length, designed to give them an integrated understanding of how course content is applied to clinical decision-making. Gone were the days of faculty lectures, replaced by at-home reading assignments that would be discussed, applied, and reinforced during class.

“It was a challenge for the faculty to completely change the way they taught but we got full buy-in, and now we have a curriculum in which students are getting a more thorough understanding of the material and how to apply that to patient care,” she says.

Levangie was drawn to health care from a young age, evidenced by her excitement as a 10-year-old when her Merchant Marine father brought back from Japan inexpensive copies of the *Merck Manual* and *Grey’s Anatomy*. She attended Northeastern University, and despite being a PT student, worked as a nurse’s aide at Norwalk Hospital in Connecticut during one of her co-op experiences. “I was exposed to a side of health care that I wouldn’t ever have seen if I had been a PT aide,” she recalls. “It was an invaluable addition to my education.”

After earning her bachelor’s degree in 1970 and working as a PT, she was a faculty member for 20 years at Boston University, where she earned both a post-professional master’s and a doctorate in epidemiology. She then taught for 13 years at Sacred Heart University, staying near its Connecticut campus four days a week and returning home to Bedford, MA, on weekends.

The long commute and family considerations finally took a toll, and in 2010, when Leslie Portney, then chair of the Department of Physical Therapy, asked her—for the second time in just a few years—about joining the Institute as associate chair, she jumped at the chance. There was just one caveat, she says: “I told Leslie I didn’t want to become chair.”

Two years later, Dr. Portney became the first dean of the School of Health and Rehabilitation Sciences, and Levangie had a new job—one that she came to embrace and love.

“At that point in my life, I didn’t anticipate leading a department, but coming to the Institute was a particularly fortuitous event in my life,” she says. “What’s impressed me most is the collegiality of the faculty, staff, and administration that I hadn’t experienced anywhere else. It was a wonderful place to finish my career.”

— Pamela K. Levangie
Scholarships to Students Continue to Increase

The MGH Institute increased its commitment during Fiscal Year 2017 to providing scholarships to help students fulfill their goal of becoming health care professionals.

Students received $5.5 million in financial aid for the fiscal year that ended on June 30, 2017. This represents a 50 percent increase over the past five years as the school continues its pledge to assist the educational costs of its students.

“The Institute is proud to provide our students the opportunity to become tomorrow’s health care leaders,” said President Paula Milone-Nuzzo. “The Board of Trustees is committed to ensuring this critical support continues in the coming years.”

The Institute’s overall fiscal health also improved during the past year. According to Atlas Evans, the vice president for finance and administration, operating revenues grew 3.7 percent to nearly $51 million, while total assets topped the $100 million mark for the first time in history.

Notably, Evans said the Institute’s strong financial condition enabled it to use cash to fund the costs to build the new IMPACT Practice Center. (See story, page 14.)

Campaign to Endow New Chair Reaches Its $2 Million Goal

MGH Institute of Health Professions has successfully concluded a $2 million campaign to create and endow the Matina Souretis Horner Professorship.

Named in honor of the school’s 27-year member of the Board of Trustees who led its governing body from 1995–2005, the endowed chair will be used to recruit and support a leading clinical scientist who will focus on interdisciplinary research. The incumbent will also serve as a research mentor for junior faculty and students.

“The Horner Professorship will directly support key aspects of the Institute’s mission as an interprofessional graduate school, a cause about which Dr. Horner is very passionate,” said Alex Johnson, the provost and vice president for academic affairs. “It will help the Institute further realize its commitment to train the next generation of scientists to conduct high-quality, interdisciplinary clinical research, thus ensuring that improvements in health care and rehabilitation care continue to advance.”

Horner’s career accomplishments are extensive, and include being named in 1972 as the youngest president of Radcliffe College; appointed by President Jimmy Carter to the President’s Commission for the National Agenda for the 1980s; recognized by the American Civil Liberties Union and the National Conference of Christians and Jews; honored with the Distinguished Bostonian Award and Ellis Island Medal of Honor; and presented the Distinguished Service Award in Trusteeship by the Association of Governing Boards of Universities and Colleges for her service on the MGH Institute board.

To view more details on the Institute’s FY17 financial report, go to www.mghihp.edu/FY17.

Dr. Horner has had a significant impact in the success of the Institute.

“It was my distinct pleasure to help honor Matina’s service at the IHP and to help raise these important funds for the school’s future. It’s a well-deserved recognition for her.”

– Jack Connors, Jr., who along with Dr. Samuel Thier, served as an honorary chair of the Matina Horner Fund Committee.

A complete list of donors is available at www.mghihp.edu/HornerFund.
Susan Fasoli’s goal is to help people who have had a stroke get a better grip—literally—on the many physical tasks they do throughout the day.

For people who have lost mobility in their hands and arms, simple tasks such as opening a refrigerator or picking up a glass can seem impossible. One powerful solution, Dr. Fasoli says, is robot-assisted therapy.

“I’ve always been interested in trying to identify therapy interventions that are most effective in helping people with stroke recover movement,” Fasoli, an associate professor of occupational therapy at the MGH Institute since 2014, says of her work. These are not the kind of flashy robots one might see in Hollywood. Picture instead a machine that looks like a high-tech armrest and a set of finger levers. The levers are connected to a monitor that displays video games. Playing these games helps patients work on the isolated finger movements it takes to do routine tasks like type at a keyboard or grip a pencil.

Another robot is an exoskeleton that’s strapped onto a patient’s arm and looks like half of a health club’s upper body weight machine. It also connects to a monitor featuring games that prompt patients to move their weaker arm and hand after stroke.

What makes robotic therapy unique is its ability to provide highly repetitive movement therapy. Patients can complete up to 1,000 movements in an hour-long therapy session, far more than during traditional therapy. Robots can support the weight of a patient’s arm or assist with motion, making it easier to practice. And, like their movie-star cousins, therapeutic robots have a fun factor: their video games are motivating and help patients focus on accomplishments instead of doubts. “The goal isn’t just to reduce motor impairment,” says Fasoli. “The goal is to increase function.”

Fasoli currently is conducting a robotic therapy pilot study at Spaulding Rehabilitation Hospital, funded by an MGH Institute faculty research fellowship grant. In addition to receiving intensive robot therapy, participants are taught to use cognitive strategies, like problem solving and guided discovery, to improve use of their weaker arm and hand during everyday activities, like opening a door or grasping a cup handle. “Our initial findings suggest that this combined treatment approach has great potential to improve participant outcomes and optimize functional use of the weaker arm at home and in the community after a stroke,” she says.

Fasoli’s work has not gone unnoticed. This past fall, she received the Catherine Anne Trombly Award for Contribution to Occupational Therapy Education and Research from the Massachusetts Association for Occupational Therapy, given to “an exceptional occupational therapy educator and/or researcher who has made outstanding contributions to the profession.” She also was a faculty member and speaker at the International Symposium on Wearable & Rehabilitation Robotics in Houston, and presented in February at the World Congress of Neurorehabilitation in Mumbai India. But the real satisfaction, she says, comes from patient responses.

“I often hear from them that they go home, use the problem-solving strategies we’ve practiced when using their weaker arm, and tell me, ‘I had no idea I could do that,’” Fasoli says. “It’s such a great feeling to know that they’re more satisfied with their performance and better able to accomplish activities that are important in their lives.”
Connecting Reading and ’Rithmetic

By Joanne Barker

For parents, it is common to read a story to their child at bedtime. But when was the last time you heard about putting a child to bed after doing a math problem?

A team of researchers that includes Department of Communication Sciences and Disorders Assistant Professor Joanna Christodoulou wants to turn the spotlight on students who struggle with math, a proficiency that is just as important to future success as strong reading skills.

“We’ve developed a good understanding over the years of dyslexia and the brain mechanisms behind it,” says Dr. Christodoulou, who has taught at the MGH Institute since 2010, “but children who struggle with reading can often struggle with math as well and we are behind in answering the question of ‘why.’ That’s what we want to find out by pairing brain imaging tools with performance on reading and math tasks.”

Although up to half of children with dyslexia have the math learning disorder called dyscalculia and vice versa, it’s not well understood how brain patterns compare in students with one or both of these disorders. Christodoulou and MIT neuroscientist Dr. John Gabrieli hope to crack this puzzle using a three-year, $1.5 million grant from the National Science Foundation to compare brain activity in children with dyslexia, children with dyscalculia, children with both conditions, and those with typical reading and math proficiencies.

They are working with children ages 10 to 12 years old who complete paper and pencil reading and math activities, as well as reading and math games while having their brain activity recorded by an MRI scanner. "Studying both reading and math together is especially important because traditionally each is studied in isolation despite the high co-occurrence in struggling learners. Math disability is also understudied in the lab and not as woven into children’s daily lives outside of the classroom as reading is," says Christodoulou.

“This could help us better understand the underlying functioning of these difficulties and whether this may be explained with a shared underlying brain pathway driving difficulties when processing reading and math.”

“Our understanding of dyscalculia is a decade or two behind dyslexia in..."
terms of science and the implications for educators,” explains Gabrieli, an associate member at the McGovern Institute for Brain Research at MIT. “Culturally, we have an idea of math people and non-math people. This has masked the fact that some people struggle much more than those who simply don’t like math.”

**Lingering Effects**

Myths about dyslexia continue to flourish. It is not, for instance, a simple matter of mixing up the words on a page—a misperception that causes many parents and even some educators to miss its early signs. This was the case with Henry Norman.

As early as preschool, Norman couldn’t recognize letters or pick out words that rhymed. “These are signs of dyslexia, but we didn’t know that at the time,” says his mother, Katrina Norman. When he entered first grade, other kids in his class could read simple sentences like “the cat is black,” but Henry still struggled to recognize the individual letters and quickly fell behind. “By second grade, he was really despondent. He’d come home from school and hit himself in the head, repeating, ‘I’m so stupid, I’m so stupid’.”

“Dyslexia is most commonly rooted in a problem processing the sounds of language,” explains Christodoulou. “The foundation for reading begins long before kids learn to read, with oral language development.” Children with dyslexia often show early warning signs such as struggling to grasp the concept that letters of the alphabet correspond to specific sounds—that the letter k corresponds to the sound kuh, for example. Without this foundational knowledge, the idea that letters form words and words form sentences remains a challenge.

As the most commonly diagnosed reading disability, dyslexia can impact up to 17 percent of the population. “Every parent of a dyslexic child I’ve ever talked to worries about their child’s self-esteem,” says Norman, who watched her joyful, outgoing child become increasingly depressed and withdrawn through his first few years of elementary school. “There’s a lot of anxiety over how feeling like a failure every day at school affects children long-term.” This concern prompted she and her husband to send Henry to a private school for children with dyslexia. “It took a while, but his self-esteem slowly returned.”

Decades of brain research have demonstrated that reading activation differs in the brain for people with dyslexia compared to people without reading issues. “Brain scans of children in the earliest stages of learning to read show both the left and the right sides of the brain are recruited,” explains Christodoulou. “As a typically developing reader becomes more skilled, the activity shifts to the left network of the brain. Readers with dyslexia continue to rely on both hemispheres into adulthood, reflecting a less efficient reading system.” This is not to say that people with dyslexia never master the skill of reading. Many do, including the prolific novelist John Irving. “It’s just that they will have to work differently while doing it,” she says.

Research’s ability to have a tangible impact on children, families, and educators motivates Christodoulou. She points to a study conducted with her colleagues showing how prevalent myths remain, including the myth that dyslexia is about letter reversals. “While we work to discover more about the science of learning, we are equally invested in communicating that science in a clear and useful way to the public.”

And, in a few years, thanks to efforts by Christodoulou, Gabrieli, and others, perhaps doing math problems at bedtime won’t be such a rare occurrence, and their work can be the start of a new path to help more children understand—and enjoy—math.
New Center Makes an IMPACT

By John Shaw

It was about an hour before Jack Snowden was scheduled to see his next client, and the second-year speech-language pathology student was thinking about solutions to the client’s writing difficulties which had recently cropped up. Walking down the main corridor of the MGH Institute’s new IMPACT Practice Center, he bumped into Dr. Mary Hildebrand, an associate professor of occupational therapy. Was there an available OTD student, he asked her, who could sit in on his session for a consult?

“I knew my client was experiencing something that I needed an occupational therapist to help with, and it made it a lot easier because we were all in the same clinical space,” says Snowden. “It worked out great.”

This impromptu collaboration between students in two different programs was exactly what academic leaders envisioned when they first conceived of the IPC, as the new facility is commonly called. Located on the first floor of 2 Constitution Center, beneath the classrooms and student lounge the Institute has used since 2012, it is the latest move in the school’s strategy to solidify its role as a leader in interprofessional education.

“The center gives the Institute a space where students can learn from and with each other and faculty experts while providing more comprehensive care to our clients,” says Alex Johnson, the provost and vice president for academic affairs. “It represents yet one more significant step forward in preparing students for the future of health care, where most care delivery will be carried out by teams of professionals.”

The IPC is unlike any other facility on campus. The bank of high-definition flat screens in the check-in area, the wall of glass along much of the main corridor, a spacious common area where students can collaborate, and the brightly colored walls and furniture are among the aesthetics that give it a certain “wow” factor. Yet it is the formal and informal interactions between students and faculty in all programs that have created a real buzz.

“We wanted to create an area that was inviting and comfortable for clients while providing opportunities where students and faculty from different disciplines could interact organically,” says Denis Stratford, the chief information and facilities officer who oversaw the construction. “It’s only been operating a few months, but you can see those collaborations happening more and more.”

“We are developing learning activities that are specific to the Institute’s core competencies of interprofessional education,” adds Leslie Portney, dean of the School of Health and Rehabilitation Sciences. “It gives students a chance to experience what team-based patient care really looks like.”

The 15,000-square-foot center more than triples the Institute’s available space for clinical practice. The center is now home to the Aphasia Center, the Physical Therapy Center for Clinical Education and Health Promotion, and the Speech, Language and Literacy Center, which together had a total of 4,000 square feet in the Catherine Filene Shouse Building. Combined with the Center for Learning, Participation, and Rehabilitation, which the occupational therapy department has operated on the second floor for the past three years, and the new Nursing Center for Clinical Education and Wellness, the IPC is an integrated facility that promises to significantly increase the 10,000 hours of free care—valued at more than $1 million—that students
under faculty supervision provide to Charlestown and Boston-area residents.

It includes dedicated rehabilitation spaces for adults and children, a children’s sensory room, 25 client treatment rooms, student and faculty collaborative work areas, mock exam rooms, and a 70-seat community health education classroom where academic courses, community education classes, and caregiver workshops will be offered.

The IPC also provides ideal spaces for student practice and assessment activities that are essential to their learning. “Our students have an outstanding opportunity to work with standardized patients [actors who present having an illness] that prepare them for patient care in a variety of health care settings,” says Lisa Walker, the program director for the Master of Physician Assistant Studies program.

In the light-drenched adult rehabilitation gym, physical therapy students work with clients with physical disabilities. Located away from the IPC’s main area, the gym can accommodate up to eight clients at any given time. It boasts several treadmills and incumbent bikes, parallel bars with an accompanying wall-to-wall mirror, a patient-carry lift, and five rehabilitation exam tables.

For many clients, their therapy includes using the 90-meter-long gait-analysis carpeted hallway outside the gym. Marked every three meters, the space provides clients an unencumbered area to work on walking and balancing issues without interruption—an improvement from its former third-floor location in Shouse, where clients often had to dodge groups of students entering and leaving classrooms.

For speech-language pathology students who see clients in the speech and aphasia centers, gone are the previous cramped quarters with tiny rooms, replaced with multi-purpose rooms of various sizes and configurations that can be used for one-on-one sessions as well as larger groups of up to 12 people.

Throughout the IPC, students are observed working with clients in real time by faculty via high-definition cameras in each of the rooms. This major technology upgrade also allows caregivers to follow a family member’s sessions on supplied iPads while waiting in one of two comfortable lounges.

Other services include expanded rehabilitation therapy for adults with neurological impairments, new pediatric rehabilitation therapy for children with language and sensory issues, and educational programming on topics such as opioid addiction, diabetes care, weight management, mental health, and domestic violence.

For the first time, nursing students will be able to treat clients on campus with the opening of the nursing center that will offer screening, referral, education, and support to promote living with chronic conditions, as well as addressing general health improvement and wellness. “Not only will the nursing center provide local residents with a new place to receive care,” says Inez Tuck, dean of the School of Nursing, “but it offers critical new clinical placements in the community setting environment that health care increasingly is moving towards.”

Already, the IPC is working as planned. During the 2017 fall semester, students from all five academic programs participated in three new interprofessional learning initiatives with clients. The S-IHP’s CAP program, where SLP and OT students assist people with aphasia in conjunction with Spaulding Rehabilitation Hospital, used the space daily for several weeks. The
May Chin has had an exemplary nursing career since graduating in 1958 from the former Massachusetts General Hospital School of Nursing, but it was the Adult Physical Therapy Gym in the new IMPACT Practice Center that really caught her attention.

“We have benefited from the care given to us by the Institute’s Doctor of Physical Therapy graduates in recent years,” says May Chin, who with her husband, Charlestown native Tom, made a donation to name the space, “and we were excited that the center would have a multidisciplinary approach to providing services in the neighborhood.”

Madeline Keaveney has honored her mother, a 1940s graduate of the MGH School of Nursing, by supporting the annual Josephine Mangio Keaveney Memorial Nursing Prize for the past decade. But when Madeline Keaveney saw the drawings for the center, she was inspired to make a new gift.

“My mother enjoyed teaching as well as caring for patients, so being able to support a center that combines both was a really cool connection to make,” says the California resident.

Others who have made naming gifts include Peggy and Dan Blitz, Charles River Realty National Development, Bill and Kristin Geary, Mark and Trish Joyce, Pete and Irene Kershaw, Massachusetts General Hospital, Putnam Investments, Dr. Charles and Mrs. Ann Sanders, Spaulding Rehabilitation Hospital, and George and Barbara Thibault.

Naming opportunities remain available at the IPC. Please contact Betsy Rigby at 617-724-6399 or brigby@mghihp.edu.

The Chins (right photo) made a donation to name the Adult Physical Therapy Gym.

One of the two dozen treatment rooms is now named for Josephine Mangio Keaveney by (l-r) Madeline; her granddaughters, Paige and Lauren Murphy; and her daughter, Elizabeth Murphy.

Helping to Launch the IMPACT Practice Center

Office of Continuing Professional Development held one of its first courses in the new community room. During the spring semester, Harvard Medical School students will join IHP students in simulations and standardized patient experiences at the center.

Barbara Brandt, director of the National Center for Interprofessional Practice and Education at the University of Minnesota, had an early look at the IPC in June when she visited the campus. An international expert on interprofessional education, she has long been an advocate of team-based patient care, which has been identified as a solution to many errors in care delivery, as well as to improve outcomes.

“Most [health profession] schools can teach interprofessional education in the classroom, but very few can do it well on the practice side because it’s very hard to implement,” says Dr. Brandt. “The Institute is really doing it the right way with this approach.”

The ground-level entrance makes it much easier for clients to access the IPC.
President Paula Milone-Nuzzo brings a record of accomplishment and excellence to the Institute.

By Joanne Barker
Paula Milone-Nuzzo is no ordinary leader. The newly installed sixth president of MGH Institute of Health Professions has already built a world-class College of Nursing at Pennsylvania State University, using the inclusive leadership style for which she has become known.

When she joined Penn State in 2003, nursing was a largely overlooked program within the College of Health and Human Development. “A lot of people didn’t even know Penn State had a nursing program at the time,” says Milone-Nuzzo, PhD, RN, FHHC, FAAN. “It was a small program housed within another college and had almost no research.”

Janice Penrod, longtime Penn State professor and current interim dean of its College of Nursing, has vivid memories of Dr. Milone-Nuzzo’s early days. “I will never forget the meeting when Paula told a group of nursing faculty that we should be a college,” recalls Dr. Penrod. “Those of us who had been here for a long time thought she was dreaming.”

Over the next 14 years, under Milone-Nuzzo’s patient but persistent leadership, that dream became a reality. In 2008, nursing became an independent academic unit, and Milone-Nuzzo became its first dean. She proceeded to increase the size and number of graduate programs and launched the Doctor of Nursing Practice program. Five years later, in recognition of its academic excellence and thriving research, the nursing program became the College of Nursing.

“When Paula came on board, nursing was decentralized on 12 campuses throughout the state,” says Darrell G. Kirch, president and chief operating officer of the Association of American Medical Colleges, who in 2003 was senior vice president of health affairs at Penn State. “Paula pulled the disparate programs into a cohesive whole. She brought together faculty, researchers, and outside collaborators and built nursing into a college with status and credibility.”

Working with the associate dean for undergraduate programs, Dr. Raymonde Brown, Milone-Nuzzo replaced the College of Nursing’s associate’s degree program with a Bachelor of Science in Nursing program in 2014 and encouraged faculty to pursue terminal degrees. “Paula knew that the quality of faculty influences the quality of the college and its students. It was very strategic thinking on her part,” says Penrod. “Penn State is a huge university. She was able to effect significant organizational change, yet as faculty, we felt like we were working toward a shared vision.”

**Breaking Down Barriers**

Even while building programs, Milone-Nuzzo worked to break down barriers. “Very early on, it was obvious to Paula that the sooner medical students and nursing students started talking to each other, the better they would work together on clinical teams after graduation,” says Kirch. He and Milone-Nuzzo created interprofessional learning experiences for the two groups of students, addressing each other’s classes and offering shared presentations on topics such as ethics and patient-centered care.

Milone-Nuzzo and Penrod established the Center for Nursing Research in 2011, allowing them to recruit renowned faculty and develop a support infrastructure for the success of faculty research. All of these initiatives produced results: During Milone-Nuzzo’s tenure, Penn State’s College of Nursing rose from 92nd to 17th among nursing schools in funding from the National Institutes of Health, and it was ranked 20th in the most recent *U.S. News & World Report* list of best graduate nursing programs.

“The transformation of nursing at Penn State was some of the most exciting and substantive work I’ve ever done,” Milone-Nuzzo says. “By becoming an independent academic unit, we were able to be a part of policy discussions at the university level. And by becoming a college, we had equity with the colleges of medicine, engineering, and liberal arts. That was so important for solidifying nursing’s role as a contributor to the Penn State community.”

She also led efforts outside the university. In 2003, shortly after she moved to Pennsylvania, then-Governor Ed Rendell appointed her to the Pennsylvania Center for Health Careers. She spent six years on its Leadership Council, leading an initiative that gathered data on whether there would be enough nurses in 2025 to meet the commonwealth’s aging population. She also joined and eventually became chair of the advisory board for the Pennsylvania Action Coalition of the Future of Nursing, an organization whose goal is transforming the nursing profession to better meet the nation’s health needs.

“We were very involved in increasing the diversity of the nursing population, increasing the number of baccalaureate-prepared nurses, doubling the number of doctorates—which we already achieved—and building residency programs to educate more nurses,” she says.
Learning to Love Education

If Milone-Nuzzo had had her way growing up in Connecticut, she never would have attended college. Her mother owned a driving school, her father was a police officer, and, as she neared her high school graduation, she told her parents she wanted to get a job instead of attending college, largely because she didn’t know what she wanted to do with her life. Her appeal fell on deaf ears. Her three older siblings had all gone to college, and her mother urged her to follow in the footsteps of her aunt, a registered nurse, and her uncle, a physician.

“I knew I had to appease my parents, so I chose the fastest possible route to a degree, a two-year associate’s program,” Milone-Nuzzo recalls. Within weeks of starting the nursing program at Quinnipiac College, her opinion about education took a sharp turn. “I fell in love with the science courses, and I loved the stature of what a nurse represented.” Two years later, with her associate’s degree in hand, she landed a job as a staff nurse in a post-surgical unit at New Haven’s Hospital of St. Raphael.

She soon realized how much she still had to learn about nursing, so within a couple of years she moved to Massachusetts to pursue a bachelor’s degree at Boston College. It was there she got her first taste of teaching, leading community programs on nutrition and exercise at the Belmont-Watertown VNA, an intersection of interests that compels her to this day. “Helping people take charge of their health was a powerful experience,” she says. “It really did shape me to be interested in communities and populations and giving people the information they need to be better consumers of health.”

After graduating with her BSN in 1976, Milone-Nuzzo returned to St. Raphael, this time as a faculty member, and the roots of her academic career took hold. By her mid-thirties, she had earned both a master’s degree in community health nursing and a doctorate in higher education administration from the University of Connecticut, and was ensconced as a tenured faculty member at Southern Connecticut State University.

A Risk Pays Off

With tenure, she could have played it safe and settled in to a lifetime appointment. She and her husband, Joseph, had a comfortable life with their two young children in Hamden, but she became intrigued by a job at nearby Yale
University. The Ivy League university’s nursing school was looking for someone to administer a $1 million grant from the Baxter International Foundation to start the country’s first graduate program for advanced practice nurses specializing in home care. “The position was a three-year soft money position with no chance of renewal, and I thought, ‘Oh no, I can’t do this,’” recalls Milone-Nuzzo. But her husband and a few supportive colleagues encouraged her to apply. “The dean made sure I knew I would not have a position there when the grant ran out, but I took the job anyway. It was too good of an opportunity to pass up.”

The risk paid off. Milone-Nuzzo spent those years developing and teaching a new curriculum and, just as the grant was ending in 1993, was hired as an assistant professor of nursing management and policy. A few years later, she was named chair of the community health division. “Being on the faculty at Yale gave me the opportunity to develop a program of research, engage in research with other colleagues, and advance my policy work in the community—all things I wouldn’t have had the opportunity to do if I’d stayed in my tenured position at Southern Connecticut,” she says.

Milone-Nuzzo would spend a total of 15 years at Yale, eventually being promoted to associate dean of academic affairs by Dean Catherine Gilliss, who became a lifelong friend and mentor. Dr. Gilliss, a former president of the American Academy of Nursing, encouraged

Milone-Nuzzo to pursue a leadership role in the professional organization. She also helped turn Milone-Nuzzo’s nascent interest in higher education administration into a passion by modeling Gilliss’ collaborative style of leadership Milone-Nuzzo uses to this day.

“The fact that Paula is so deeply committed to the people she serves enables her to create bonds and a deep level of trust with those she’s leading,” says Gilliss, now dean of the School of Nursing at the University of California, San Francisco. “She is remarkably skilled at looking at the big picture, seeing where the talent is, and understanding where she needs to build strength and capacity.”

“She Has a Quiet Confidence”

It was Gilliss who encouraged Milone-Nuzzo to apply for the presidency of the MGH Institute. “No one stands out the way George Thibault does in relation to health care teams and interprofessional activities,” says Gilliss, referring to the IHP’s long-time chair of the Board of Trustees and president of the Josiah Macy Jr. Foundation, who spearheaded the search committee. “I think he recognized in Paula someone who could carry on the legacy that he and [recently retired President] Jan Bellack created.”

“We were very impressed by Dr. Milone-Nuzzo’s experience,” says Dr. Thibault, citing her success in program building, fundraising, and interprofessional education as important factors in the committee’s decision. “But most of all, we were impressed with her style. She has a quiet
confidence. You get the sense you’re in the presence of someone who is self-assured without having to promote herself. It was that combination of experience and temperament that we thought was a perfect match for the IHP at this time.”

“We need to make sure our alumni community, friends, and the community of Boston understand the great work we’re doing and why they should invest in our future.”

— President Paula Milone-Nuzzo

After a career of program building, Milone-Nuzzo has taken on a role that once again removes her from her comfort zone. “I’ve always been engaged in interprofessional education but have never been responsible for such a wide range of health disciplines,” she says. “I saw this position as an opportunity to expand my leadership skills and have a broader impact on health care education.”

Milone-Nuzzo has arrived at a key moment in the Institute’s 40-year history. The school is about to embark on a new strategic planning process that she envisions will build on its many strengths formed over the past decade: an expertise in interprofessional education, a growing research climate, and an increased prominence within Partners HealthCare as the system’s only degree-granting affiliate. “The IHP is on the leading edge nationally for interprofessional education and health care,” she says. “Many of our faculty are conducting important research. We need to continue to build on the Institute’s excellence in these areas while stimulating growth in other strategic areas.”

One thing she has stressed since arriving in August 2017 is the need to increase financial aid for deserving students, something she believes can be accomplished by raising the Institute’s visibility: “We need to make sure our alumni community, friends, and the community of Boston understand the great work we’re doing and why they should invest in our future.”

She also has begun outlining her vision for the school as it enters its fifth decade of existence. Among those are furthering an ethical community grounded in respect, dignity, justice, and compassion; expanding an environment of curiosity, innovation, and creativity in the improvement of health care and health care delivery; and building upon the legacy of the school’s founders, Dr. John Hilton Knowles and Dr. Charles Sanders of Massachusetts General Hospital.

On a personal note, Milone-Nuzzo is thrilled to have returned to the city where she received her BSN. She lives with her husband in Charlestown, just a short walk from the school’s Navy Yard campus. “It’s very exciting to be back in a small, nimble environment where we can address the pressing issues in health care delivery,” she says. “I feel very lucky to be here.”
“Why Would I Lead?”
The Inaugural Address of Dr. Paula Milone-Nuzzo
before I begin my formal remarks, there are several people that I want to recognize and thank for being part of this special event.

I would like to thank the Board of Trustees members here today who provide the guidance, broad focus, and direction for the Institute. I am so appreciative of the support of the Board over the last four months and look forward to their continued support during my tenure as president.

I would like to thank Dr. Darrell Kirch for joining us today and providing the keynote address for the event. Knowing him for so long and having him give this address at my inauguration is very meaningful to me.

I would like to recognize the many visiting dignitaries and honored guests who join us today including my colleagues in the higher education community in New England and my colleagues from Partners HealthCare administration.

I am honored to be joined by many IHP faculty, staff, and students who represent the heart and soul of this great academic program. They have welcomed me warmly into the IHP community and for that I am so appreciative. I am thrilled to share the stage with two former Institute presidents, President Emerita Ann Caldwell and President Emerita Janis Bellack.

Finally, I am grateful for the love and support of my family and friends without whom I would not be in this position today. Although my parents are no longer with us, my mother and father set this whole scenario in motion many years ago. They taught us to always do more than people expect of you, a lesson I know we have instilled in our own children. Joining me today to celebrate this important occasion are my sisters Joanne and Pam, and my brother John, and my cousins Judi and Louie, and niece Jeanne. My friends Sally and Roger and Kay and Ernie are also here to celebrate with me today. I am lucky to have incredible children in JohnPaul and Jessica who have chosen loving and wonderful spouses in Liz and Chris. I am so proud of all four of them. And it goes without saying that my husband Joseph has been the wind beneath my wings for my whole career. He has given up so much so I could be standing here today, and I thank him for believing in me.

So, how did the daughter of a policeman and the owner of a driving school come to lead MGH Institute of Health Professions? And what will be important to that daughter as she leads the IHP during the coming decade?

As I have made the transition to this new role, I have reflected on the question: Why would I lead? I would like to use my time with you today as an opportunity to address three questions:

1. What are the values I bring to leading the MGH Institute today?

2. Why lead today?

3. Why lead at MGH Institute of Health Professions?
What Are My Values?

When I was young, my father, in addition to being a policeman, worked as a caterer and helped my mom with her driving school. They both worked all the time to make sure their children had a better life than they did. Education mattered to both, but neither had the opportunity to attend college after high school. My father’s commitment to his family contributed to his postponing his own education. My father went to college as an adult and graduated from college on the same day I graduated from nursing school.

People mattered to my parents and so did community. I saw this in the way my father would contribute to the local charities with his time and his talents. He spent years on the library board which successfully fought for the expansion of our local public library. My mother’s business was the first woman-owned business to sponsor a Little League baseball team in our hometown. Watching my parents, I saw that caring and leading were vehicles for community improvement. I chose that same pathway early on. First, I chose to become a nurse. Later, I chose to lead.

Early in my nursing career, I learned the value of hard work and the importance of a commitment to improve the lives of people around me. As I cared for patients in acute care settings, I was struck by the importance of understanding who the patients were beyond the hospital room. What did their life look like before it was interrupted by illness? Who relied on them, and how are those people managing their lives without assistance? After several years of working in a hospital, all of these questions brought me to the career choice of focusing on community health. In the community, I was able to work with my patients and families, one on one, with a full understanding of who they were and the impact of illness on their lives and the lives of their significant others. I was committed to improving the quality of their lives by helping them get well and stay well.

I am a graduate of Boston College, a great Jesuit university and our Boston neighbor. The Jesuits believe that the moral imperative to act is crystallized by the knowledge that action can make a difference. The moral imperative to act to make a positive difference has shaped my role as a professional nurse, as an educator, and as a leader.

Early in my career, together with a colleague from the School of Social Work, I co-developed a program to provide care to residents of the New Haven YMCA. It was the height of the AIDS epidemic, and many of our clients were active drug users. While we didn’t know all we know today about HIV transmission and care, we did know that drug users were getting HIV from contaminated needles that they shared. We worked toward a collaborative model of care addressing the residents’ physical needs and conditions, providing assistance and support to improve their living conditions in an effort to stem the spread of HIV/AIDS. This formative experience taught me the importance of providing care to people where they live. And I witnessed, for the first time, the power of interprofessional practice to make a difference for the people we serve and on each other as professionals. Making a difference was what mattered.

A commitment to knowing the people you are serving makes a profound difference in the care you provide. Patients need an advocate, as do students, faculty, and staff. The public needs well-prepared health professionals, and the Institute has a long tradition of meeting that need. I lead to make a difference, a “true north” instilled in me by watching my parents and shaped by a Jesuit education.
**Why Lead Today?**

I have taken on this presidency at an interesting time in the history of higher education. The public has voiced a growing distrust of colleges and universities, questioning the value of higher education. What’s the return on investment? Will the graduates be employable? Does sustained support of higher education result in sustained public good?

I would submit that education, long believed to be the great equalizer and a force for social mobility, and especially higher education, has never been more important than it is today. Ours is a society characterized by divisiveness and growing incivility. The ability to think critically and create habits of the mind are essential to prepare students for engaging in democracy. Dialogue that extends understanding is not possible when people do not understand how to listen and engage. These are among the outcomes we expect from higher education today.

Higher education in the health professions must similarly address the social capabilities to understand, and work tirelessly to help build a civilized society that improves the conditions in which we live.

**Why Lead at the MGH Institute?**

As the President of the Institute, I see an opportunity to make that difference. Our extraordinary students, faculty, and staff are committed to making a difference, and I want to help them in this journey. Leading the organization with integrity and in a manner that is consistent with the values I learned early in my life, and guided by the moral imperative of acting when action will make a difference, is what I bring to this role and to higher education.

The IHP environment is uniquely poised to make a difference. As a graduate program in health professions education, we are partially sheltered from the challenges facing higher education today. Health professionals enjoy a high level of trust and respect from the public. Our graduates are likely to be employed in a growing sector of our economy. Ours is a faculty well prepared to educate, to conduct research, and to offer cutting-edge clinical care. Ours is a staff committed to operational excellence. Ours is a diverse and talented student body, eager to take on the health care challenges of tomorrow.

Yet, some challenges to preparing health professionals exist regardless of the academic institution. How will we prepare our students for a world in which health care resources are not infinite? How can we prepare them to help define value and create rational, value-based policies that govern the delivery of health care and design of systems for optimal care? How can we prepare students to be agents of change for the good of the people they serve? And like their counterparts in other institutions, our students face the challenges of understanding a complex world and identifying where they best fit into that world.

The country is facing the reality that our zip code has more to do with our health than almost any other variable. I am proud to be part of an academic institution that is working to change the picture of health care for all people. In my first four months, I have seen a real and impassioned concern for issues of social justice and health equity in the students, faculty, and staff of the Institute.
My Commitment to You

Over the course of my presidency I hope to model values that advance our reputation as an exemplary academic institution preparing the health care leaders of tomorrow. Here is my commitment to the IHP community:

1. I commit to fostering an ethical community, grounded in respect, dignity, justice, and compassion for all of our members, enabling them to do their best work. I will be intentional in working toward improving the circumstances of all members of the IHP community and those with whom we interact in the community at large. Recently I was at a conference addressing social justice in health care. One of the speakers made a comment that resonated with me. She said, “You can’t talk your way out of something you behaved your way into.” I hope to model the values I hold in both my words and my actions, fostering a respectful, engaged, and compassionate IHP community.

2. I commit to fostering an environment of curiosity, innovation, and creativity in the improvement of health care and health care delivery. Health care providers are exceptionally good at creating “work arounds” as temporary fixes for challenges found in clinical practice. My goal is to build a culture of curiosity and innovation that excites our faculty and staff and prepares our students to be the innovators of the future. We intend to prepare graduates who will make permanent improvements in the delivery of care. We will foster an environment in which we create knowledge and translate that knowledge at the bedside, improving health and health care delivery. Our ability to shape health care and education through research and innovation will build our reputation as a leader in health professions education.

3. I commit to sharing the inspiring stories and accomplishments of the people who make up MGH Institute of Health Professions. Like the young woman who came to the IHP from Portugal to become a physical therapist so that she can return to Portugal to improve the lives of the children who suffer from physical disabilities. Or the faculty member who is deployed to the islands to help rebuild the community after Hurricane Maria. Or the launch of the new IMPACT Practice Center which provides over a million dollars of no-charge health care and rehabilitative services to the residents of Boston and the surrounding communities when their insurance will no longer support their continued rehabilitation.

Ours is a narrative that must be told. We have a strong future because we have a rich past. Our Institute was founded by the Massachusetts General Hospital, one of the premier health care institutions in the world. Two physicians, Dr. John Knowles and Dr. Charles Sanders, created the IHP 40 years ago with a vision that was far ahead of its time. Their goal was to educate health professionals collaboratively so that they would practice together when they graduated. Today, this is the goal of most health professional education programs; 40 years ago, this idea was revolutionary. Our distinction as the only degree-granting entity within Partners HealthCare, one of the largest and
Building on our values and employing our strengths, we will continue to prepare future generations of health professionals who are poised to change the world. We will innovate in education, in the development of new knowledge and the application of that new knowledge in health care delivery, all within a supportive and nurturing community. Together, we will work to continue to make lasting differences that matter.

4. I commit to respecting and honoring the legacy that Dr. Knowles and Dr. Sanders provided for us, and to build upon that legacy. Excellence in education with a cutting-edge interprofessional curriculum defines us. It is who we are. Although begun by Drs. Knowles and Sanders, the work of leading this institution has continued through the vision and tenacity of others, including some with us today. President Emerita Ann Caldwell brought the Institute back from the brink of closure and created a new home for our Institute campus in the Navy Yard. Her work provided the foundation for the future of the Institute. Over the last 10 years, President Emerita Jan Bellack grew the Institute and solidified our reputation as the leader in interprofessional graduate education for the health professions. The degree to which this could be accomplished was magnified because of her partnership with a visionary in health professions education, Dr. George Thibault. As Chair of the IHP Board of Trustees for the past 10 years, Dr. Thibault has passionately advocated for improving health care through the development of health care providers who can communicate effectively and work in teams. He and President Emerita Bellack built the exemplary educational environment that I assume responsibility for today.

When I arrived here four months ago, I knew that I was coming to a place where there was a strong foundation for educational excellence, an engaged community of scholars, highly motivated and accomplished students, and a commitment to a respectful and caring community. You drew me in and called me to lead.

Building on our values and employing our strengths, we will continue to prepare future generations of health professionals who are poised to change the world. We will innovate in education, in the development of new knowledge and the application of that new knowledge in health care delivery, all within a supportive and nurturing community. Together, we will work to continue to make lasting differences that matter.

I am humbled to serve in the role of the sixth president of MGH Institute of Health Professions. I thank you for being a part of today’s ceremony and for your support of this great institution.

View a recap of Inauguration Day festivities at www.mghihp.edu/InaugurationDay.
Donor Honor Roll

We give sincere thanks to the many alumni, friends, faculty, staff, students, trustees, foundations, corporations, and organizations who invested in MGH Institute of Health Professions during our 40th anniversary year.

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“I donated to the Master of Science in Health Professions Education 5th Anniversary Fund because I value the incredible work done at the MGH Institute to promote interprofessional learning. My degree has served me well as a hospice and palliative medicine physician and clinic educator. I am proud to have been part of its inaugural class and glad to be one of the inaugural donors to help expand its good work.”

—Holly Yang

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—JOHN WONG, PhD
Assistant Professor
School of Nursing
Department of Occupational Therapy
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“Previous donations to the MGH Institute have provided opportunities for me as a student. I enjoy regularly contributing what I can to do the same for future clinicians.”

~ DONNA MOXLEY SCARBOROUGH
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As a student, I experienced the high caliber of education and sense of community commitment encouraged by the Institute. I feel it is important to help the next generation fulfill their goal of becoming a well-prepared health care professional with the power to become a leader in their field.”

—Arlette Frederick
Doctor of Physical Therapy, 2002
Master of Science in Physical Therapy, 1995
**Class Notes**

**Communication Sciences and Disorders**

**MELISSA FELLER, MS '04, MARGARET KIELGAARD, MS '97, MEREDITH O'DEA, MS '03, SUZANNE PENNINGTON, MS '04, and several IHP faculty members presented “Specialty Concentrations: Added Value for Graduate Students” at the annual convention of the American Speech-Language-Hearing Association.**

**Nursing**

**VIRGINIA CAPASSO, CAS '94, was a co-author of “Examining Knowledge Levels and Attitudes of Nurses Caring for Patients with Substance Use Disorders: A Pilot Study.” The research presentation won first place in the Emerging Researcher category at the MGH’s 2017 Nursing Research Poster Awards.**

**CAREN HARRIS, MS ’98, the manager of the Pediatric Trauma Program and a pediatric nurse practitioner at the MGH Pediatric Trauma Center, co-authored “Cyberbullying: Tips on Response and Prevention” for the hospital’s Health and Wellness News section.**

**SARA LOOBY, MS ’00, recently presented at the annual Yvonne L. Munn Nursing Research Lecture at MGH: “The Power of the Patient’s Voice in Research: Stories from the Bedside and Beyond.”**

**CATHERINE GRIFFITH, MS ’02, PATRICE NICHOLAS, MS ’94, MADELINE O’DONNELL, MS ’94, AND MARGIE SIPE, DNP ’13, along with IHP faculty Inge Corless and Lisa Quinn, presented the poster “Someone to Watch over Me: Feeling Safe and Cared for in Clinical Settings” at the International Nursing Research Congress in Dublin, Ireland.**

**STEPHANIE AHMED, DNP ’08, wrote “Take the Chains off Nurse Practitioners” in Commonwealth magazine.**

**JOANNE PRENDERGAST, BSN ’09, recently received her certification in pediatric nursing. She currently works at MGH.**

**ERIN KELLY, BSN ’09, an adult diabetes educator at Joslin Diabetes Center in Boston, was quoted in the story “’7 Ways to Conquer Your Fear of Injections’ on Lifescript.com.**

**DANA SHEER, MS ’09, director of clinical programs for Partners HealthCare at Home, was quoted in the U.S. News & World Report article “Good Doctoring Will Mean Keeping Patients Well” regarding the benefits of proactive monitoring for home health care patients to help keep them healthy and to keep costs down.**

**HOLLY MILCH, MS ’14 AND LIEBA SAVITT, MS ’06, were among the co-presenters of “Scripted Pre-Operative Patient Education Module Reduces Length of Stay and Surgical Complications, Even When Added to an Existing Enhanced Recovery After Surgery Pathway.” It won first place in the Quality Improvement category at MGH’s 2017 Nursing Research Poster Awards.**

**LINDA KELLY, DNP ’15, was appointed a member of the Commonwealth of Massachusetts Board of Registration in Nursing. She is nursing director of ambulatory gynecology at MGH/North Shore Center for Outpatient Care in Danvers, MA.**

**MAUREEN HEMINGWAY, DNP ’16, a nursing practice specialist at MGH, co-authored the article “Designing Effective Simulation Programs” in the AORN Journal.**

**Occupational Therapy**

**Sophie Bellenis, OTD ’17 (above), is part of a team that is launching a new non-profit organization called Asali. It is focused on bridging the gap between funding and resources and the missions of grassroots organizations in developing countries in order to support education, arts, health care, and program development.**

**Physical Therapy**

**JUSTIN PARADIS, DPT ’06, was named as associate executive director at Brooksby Village, an assisted living facility in Peabody, MA.**

**CASEY VANDALE, DPT ’07, a senior physical therapist at MGH’s Adult Down Syndrome Clinic, co-authored “Physical Therapist Thinks Outside the Box to Motivate Young Patient” in MGH’s Caring Headlines.**

**JESSICA RIGGS GARTON, DPT ’08, wrote the clinical narrative “Therapist Tailors Treatment to Help Patient Overcome Pulmonary Limitations” in MGH’s Caring Headlines.**

**LENORE HERGET, DPT ’09, was quoted in a San Francisco Chronicle article, “If Warriors Star Steph Curry Gets a Head Injury, Virtual Reality May Be in Play” about innovative ways for sports teams to handle athletes’ concussions. A senior physical therapist at the MGH Sports Medicine Center, she also is a concussion rehabilitation consultant to the MGH Sports Concussion Clinic, Boston Bruins, and New England Patriots.**

**NICOLE SKRZYNIARZ, DPT ’10, wrote the clinical narrative “Evidence-Based Practice and Post-Polio Syndrome” in MGH’s Caring Headlines.**

**KIRSTIE BENNETT, DPT ’13, wrote the clinical narrative “Relationship-Based Care, Collaboration, Foster Positive Outcome for PT Patients” in MGH’s Caring Headlines.**

**AUDRA WALLACE, DPT ’15, wrote the clinical narrative “Physical Therapist Helps Complex CF Patient Return Home” in MGH’s Caring Headlines.**

**ANA SANCHEZ JUNKIN, DPT ’16, wrote two articles, “No Fall for Falls” and “Ring in the New Year with Exercise: Benefits of Exercise for People with Parkinson’s Disease,” that were published in the MetroWest Daily News and throughout the WickedLocal.com news site. She works at Spaulding Outpatient Center in Framingham, MA.**

**We invite you to submit your news and photos to alumni@mghihp.edu, or at www.mghihp.edu/alumni.**
Throughout my pediatric clinical experience, I cared mostly for teenagers who could speak and convey their feelings. This was a comfortable place for me, and I felt confident in my care. But ultimately, the time came when I was assigned a 3-month-old baby. I had never held a baby or changed a diaper before, let alone cared for an infant. I was both terrified and excited. Babies seemed so fragile, and the thought of what could happen if I made a mistake was very scary.

Once I began taking vital signs and doing my assessment, my nerves started to subside—I was caring for a patient who needed my complete attention. The infant had been admitted for respiratory issues, so monitoring lung sounds and breathing was my primary focus. The mother was very helpful, telling me about his lung sounds prior to arriving at the hospital. She was very comfortable using medical terminology, so I asked what she did for a living. She said she was a Neonatal ICU nurse. My nerves came charging back. I was a student nurse who’d never cared for a child before, and my patient’s mother cared for sick babies for a living.

By the end of the day, I had learned some of the most valuable lessons of my nursing-school education at the IHP. Primarily, I learned what it takes to be a nurse and the caregiver you want to be. This mother could very easily have been upset to find her sick baby being cared for by a student nurse. But it was the exact opposite. She showed me how to take vital signs effectively on a restless baby, how to change a diaper, and how to administer oral medication to a baby who doesn’t want to swallow. One of the strongest values of a nurse is the care and help they’re willing to give others. This mother couldn’t help but guide and teach me, and that really made an impression on me.

After this interaction, I was much more relaxed and excited to care for this patient. The mother was very knowledgeable and able to engage in discussions about her son’s treatment plan. When it came time for him to be discharged, we had an open dialogue about her thoughts. She was happy with how her baby had progressed and confident that it was time to go home.

**This clinical experience allowed me to learn so much more than caring for an infant; I learned about the nursing profession as a community.**

The second virtue of this interaction was humility. I went into this situation with such a small understanding of what’s involved in caring for an infant. My instructor had coached me on certain skills. But when I found out the mother was a NICU nurse, I was completely open to the opportunity to learn. I realized the mom wasn’t here in her capacity as a nurse; this was her child, so I needed to have an unbiased approach. My ability to put aside thinking I knew more than I did allowed me to learn so much more throughout the day. I could provide the best care possible for this patient.

This clinical experience allowed me to learn so much more than caring for an infant; I learned about the nursing profession as a community. I saw how open nurses are to teaching one another so the profession can continue to grow and get better. If everyone works together like this with students and new nurses, the profession will be incredibly strong. It energizes me to know this is the community I’m joining.

Michael Tanguay, who recently began his first job as a registered nurse at Tufts Medical Center, wrote this reflection for his Maternal Child Health course.

Interested in sharing a health care experience you’ve had? Please contact us at news@mghihp.edu.
“MGH Institute of Health Professions provided me in-depth, practical training on how to do clinical research from internationally and nationally renowned scientists and clinicians. Through these valuable opportunities, I have gained the necessary tools for becoming an independent NIH-funded clinical researcher.”

—Jarrad Van Stan, PhD ’16, Speech-language pathologist, Massachusetts General Hospital Center for Laryngeal Surgery and Voice Rehabilitation Instructor of Surgery, Harvard Medical School

Educating Tomorrow’s Health Care Leaders
A Mayoral Visit

Boston Mayor Marty Walsh, posing with student ambassadors, was among those in attendance at the grand opening of the IMPACT Practice Center. Story, page 14.