A Commitment to Inclusion

The IHP continues to transform its campus, culture, and curriculum.

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We welcome collaboration.
We welcome curiosity.
We welcome pioneers.
We welcome the future.

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First Words
President Paula Milone-Nuzzo looks forward to the new academic year amidst the sobering reality of gun violence that’s become a public health crisis.

Five Questions
The Institute’s new chief development officer talks about reaching potential donors whose interests align with the school’s mission.

Along the Waterfront
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COVER STORY
A Commitment to Inclusion
The Institute continues its efforts to incorporate diversity, equity, and inclusion throughout campus and beyond.

Learning Self-Care Using Mindfulness
Attending graduate school can be stressful, so the Institute’s faculty is teaching students how to handle their workload in a positive way.

Alumni
Sheila Davis, DNP ’08, and Michael Sullivan, DPT ’02, are in new positions in which they can improve patient care, Tom Doucette, PAS ’18, fulfills a boyhood dream, and other news about IHP graduates.

Last Words
An Eye-Opening Experience in Belize, by Alyssa Savery, CSD ’19.
By the time you read this, we will have welcomed our new cohorts of speech-language pathology, master’s in nursing, and master’s in health professions education students to campus. Our first cohort of Genetic Counseling students will also be on campus, and we are thrilled to be able to have these incredible students join our IHP community [story, page 10]. In addition, we will be welcoming our largest cohort of DNP students, our largest cohort of PhD in Rehabilitation Sciences students, and our first cohort of students in the PhD in Health Professions Education (HPeD) program (the Winter 2020 magazine will have more on the HPeD). This is always an exciting time of the year because we get to bring new learners with new passions and new ideas to our IHP community.

As president, I look forward to welcoming these new students who have taken the bold and courageous step to join the health professions community, not just as members but as leaders who are willing to work to advance access and quality of care for all.

The last academic year was a busy one, addressing the areas of the strategic plan that we wanted to focus on initially: strengthening our research and scholarship portfolio, creating an Office of Diversity, Equity, and Inclusion, building infrastructure in our signature educational approach of interprofessional education, and defining opportunities for future growth. Several of these areas are highlighted in this magazine to provide a glimpse of how we are executing our strategic plan and addressing critical issues in higher education and society.

We also graduated our largest class of students in May, adding 594 health professionals who are prepared to care for the most vulnerable in our society and stand up against the injustices that make our communities less safe and welcoming for all. We stand together to recognize and address the challenges of caring for marginalized communities and those most vulnerable among us.

As the IHP builds its research and scholarship in literacy, stroke rehabilitation, swallowing and speech, climate change, and many other areas, we will bring the power of science to changing the trajectory of health care for patients.

We also recognize the significant challenges facing our society that directly and indirectly have an influence on the care we provide in the towns and cities we serve. More than I wish to count, I have written to the IHP community about a shooting incident that has rocked our country and touched some of our alums. With each incident, the sense of safety and confidence in our community is eroded, stress increases, and our overall health is diminished. Yet as a country, we continue to do the same thing over and over again and expect a different outcome.

It is past time to treat the issue of gun violence as a public health crisis and bring the benefit of science to the issue, just as we did for smoking many years ago. Currently, there is a proposed bill in the House of Representatives that would provide $50 million for gun violence prevention research at the CDC and NIH in fiscal year 2020. We have seen the power of empirical and translational research in improving health care. I am confident that if we bring great minds and rigorous science to the issue of gun violence, we can create models of prevention and intervention that will change the trajectory for our country.

The IHP continues to be a transformative force within the Boston community, a significant contributor to our clinical partners, and a stellar academic institution. I hope you will continue to stay connected through our continuing education offerings, our many celebrations for the IHP and the Boston community (see information about our fall event on the back cover), and through our outreach to our alumni and friends. We look forward to welcoming you back to the Institute if you are in the region. Our new Director of Alumni Relations, Katie Mulcahy, would be happy to show you around our campus.

I wish you a peaceful fall.
Clare McCully, who joined the MGH Institute in January as chief development officer, has over 25 years of development experience in the Greater Boston area. In 2005, McCully was recognized by Women in Development of Greater Boston with the Community Cornerstone Award for her work in education fundraising.

You've been at the MGH Institute for about six months. What are your initial impressions?

Clare McCully: I have spent a great deal of my time really listening to our community—the faculty, students, alumni, and friends of the school—and that has helped in formulating short- and long-term goals. The key is to diversify our donor base, so we are focusing on foundations, corporations, philanthropic organizations, and individuals whose interests align with our mission of educating tomorrow’s health care leaders. It’s a matter of raising the school’s profile with the right people in the right circles.

How do you find people and companies who have those interests and, more importantly, how do you convince them that they should give to the IHP?

CM: Health care is such an important topic, especially in today’s environment, that finding them is not as difficult as getting on their radar. I believe there is a major interest in making systemic changes in health care delivery through education. Our job is to make a connection with potential donors who recognize they can support a school that produces the individuals who will make those changes. I’d like to think those potential donors would want to make an investment in a graduate school that educates health care practitioners who one day might help them or a family member.

How has this approach resonated with people?

CM: We have named gifts at the Sanders IMPACT Practice Center in honor of individuals who have made systemic changes in their fields—the Ruth Sleeper Nursing Center for Clinical Education and Wellness, and the Marjorie K. Ionta PT Center for Clinical Education and Health Promotion. The Kay Bander Matching Gift program has allowed us to fund 10 new student scholarships this year, and it will continue in 2020. We also have several nationally known funded researchers who are making a powerful impact in their respective fields, and their research has the potential to connect with philanthropists’ interests because their findings can improve patients’ lives.

Where does alumni support fit in to your plans?

CM: I am sensitive to the fact that our alumni have significant educational debt by the time they graduate, and that they may have had a different experience here than at their undergraduate institution. But they received the knowledge to pursue their career path and that connects them to the Institute in a meaningful way.

We want to keep alumni engaged in ways that they prefer. We have hundreds of alumni who give back as preceptors, who serve on career panels, or who are classroom guest speakers. We are working closely with director of alumni relations Katie Mulcahy on developing programming that alumni have told us is relevant to them—career development counseling, webinars, and networking opportunities. The Students Today, Alumni Tomorrow (STAT) initiative assists with building those connections while students are still on campus. My department needs to translate graduates’ connection to the IHP into financial support—making the case that current students need alumni to support scholarships.

What are you focusing on next?

CM: Our annual fall fundraiser, Making an Impact — the IHP Today, is on October 3. Dr. Jon LaPook, chief medical correspondent for CBS News, will be the keynote speaker. It’s exciting that such a nationally known medical professional who understands the Institute’s mission will be here.

We will also continue working to increase alumni participation and start a class-giving initiative for graduating students and alumni cohorts. I’m looking forward to helping expand the Institute’s visibility and importance in Greater Boston and beyond while helping to ensure the school’s financial viability.
After 38 years of invited guests addressing new graduates at commencement ceremonies, the MGH Institute this year invited a student to give the keynote address. Baothy Huynh, who earned her Doctor of Occupational Therapy, was tapped to be the speaker at Commencement 2019, and she proved to be an exceptional choice.

During her speech on May 13 at the Boston Convention and Exhibition Center, Huynh spoke of how while each of the new 594 graduates had a specific reason for choosing their particular field, their collective decision to become health care professionals was based upon a common goal to make the world a better place.

“We are here today, after all these years of dedicated work, because we are deeply drawn to the service of others,” she told the audience. “It’s incredible to reflect on how much we have accomplished and to understand that we are building upon a foundation for the future of health care professionals. We have founded organizations, run the Boston Marathon, presented at international conferences, and so much more. We have helped to give voice and agency for those who long could not. We have given independence back to those who have lost it. We have inspired others to do the same.”

The story of how Huynh ended up in America is similar to one that tens of millions of people have experienced over the past 243 years. Born in 1993 in Ho Chi Minh City in Vietnam, she was four when her family traveled more than 8,000 miles to Illinois to pursue a better life. Tragedy struck soon afterwards when her father passed away unexpectedly, forcing the family to move to Chicago to make ends meet. She held various jobs in high school and often worked two jobs during her undergradate years at Loyola University Chicago to help pay for tuition.

Huynh graduated in 2015 with a major in biology and minor in psychology but was undecided about what to do next. After volunteering at several hospitals, she discovered a passion for occupational therapy and moved another 1,000 miles to Boston where she found a community of like-minded people.

“We chose the IHP and the IHP chose us because we were bright, we worked hard, and we had the drive, skills, and background necessary to help us succeed academically,” said Huynh, who helped launch a student Best Buddies chapter and joined a team of MIT students in designing an assistive technology device that was a finalist in the Spaulding Rehabilitation Innovation Project.

“But as I neared the end of my didactic coursework, as I buried myself in the clinical rotations, and as graduation loomed, I was slowly coming to the realization that our education, our training, and our time here had been about something else entirely—love.

“It was a love of the profession that brought us all to the Navy Yard from every corner of the country,” she continued. “It was a love of the education that kept us knocking on faculty doors every week for office hours, and a love of the craft that kept us up until 3 a.m. studying. It was a love of our patients—past, present, and future—that carried us all the way to the Dominican Republic, Guatemala, Jordan, India, and Capitol Hill in the name of service, education, and advocacy.”
Alumni and Trustee Are Recognized at Commencement

Two graduates received the IHP’s annual alumni awards, while a former chair of the Board of Trustees received an honorary degree.

Stephanie Wilkie Ahmed, DNP ’08, FNP-BC, DPNAP, received the Bette Ann Harris ’83 Distinguished Alumni Award. The executive director for Clinical Effectiveness at Brigham and Women’s Hospital, Dr. Ahmed was recognized for her role as president and legislative co-chair of the Massachusetts Coalition of Nurse Practitioners, during which time she championed the removal of physician oversight with the hope of granting full practice authority to nurse practitioners and greater access to health care for the most vulnerable. She also has been recognized for her work by the Organization of Nurse Leaders of Massachusetts, Rhode Island, New Hampshire, Connecticut, and Vermont, and by the American Nurses Association of Massachusetts.

Jarrad Van Stan, PhD ’16, CCC-SLP, received the Emerging Leader Alumni Award. Dr. Van Stan is a speech-language pathologist at the Massachusetts General Hospital Center for Laryngeal Surgery and Voice Rehabilitation. Just three years after graduating from the Institute, he has become a national leader in voice disorders, based on his significant contributions in developing systems for classifying rehabilitation treatments and the application of motor learning theory and principles to the design of new voice therapy approaches.

George E. Thibault, MD, who was chair for 12 of his 21 years serving on the Board of Trustees, received an honorary Doctor of Humane Letters, the fourth honorary degree in the Institute’s history.

They’re a Real Sister Act

The possibility of Kaila and Brianna Ryan finishing graduate school together once would have seemed like a wild dream. But there they were at Commencement 2019, Brianna walking across the stage as a graduate of the Master of Science in Speech-Language Pathology program, and older sister Kaila following her less than a half-hour later as a Doctor of Physical Therapy graduate.

It all started in 2013 when Brianna was a sophomore speech-language-hearing major at Loyola University Maryland. Kaila had just graduated from Colorado College with a major in math and a minor in education studies, and her work as an adaptive ski instructor for children prompted an interest in physical therapy. In 2014, Brianna announced that her goal was to return home to Weston, Mass., to get her master’s degree from the MGH Institute. Kaila thought she should find out about the place on which Brianna had set her sights. Less than two years later—before Brianna even finished her undergraduate degree—Kaila was enrolled at the Charlestown Navy Yard campus, ready to welcome her sister into the IHP community.

“I found that one of my greatest interprofessional resources was my sister.”

– BRIANNA RYAN, SLP ’19

They discovered that they had a lot to learn from each other, despite having different academic foci and schedules. “Having a sister in another field helped to open my eyes to the value of interprofessional care,” says DPT graduate Kaila, noting that she took an early intervention course taught by speech-language pathology faculty and collaborated with an interprofessional team of students to develop and run a six-week wellness group in the Aphasia Center. “These experiences were some of the most valuable during my IHP education, as they emphasized the value and power of what we can accomplish when we work together to improve patients’ experiences and outcomes rather than working as separate disciplines.”

“Interprofessional experiences also permeated our conversations at home, where we learned from each other and discussed various disorders, treatments, and new research in the field,” adds Brianna. “I found that one of my greatest interprofessional resources was my sister.”

“It’s nice to have someone who understands the ups and downs of starting a new career and will always be there to support you,” says Kaila, who is a pediatric PT at Spaulding Rehabilitation Hanover. “As sisters, peers, and now colleagues, I’m excited to see where our paths lead us next,” adds Brianna, who is studying for her licensing exam. “And who knows? Someday we could end up working in the same practice.”
An All-Campus Focus on Diversity

It will take the entire MGH Institute campus, says Kimberly Truong, to make diversity, equity, and inclusion initiatives work most effectively.

“My goal is to work with everyone at the Institute and integrate diversity, equity, and inclusion into everything that we do,” said Dr. Truong, who in July became the executive director for diversity, equity, and inclusion. “The IHP has a really great infrastructure because that language is written into the school’s mission, vision, and strategic plan. There are a lot of opportunities for collaboration throughout campus.”

Truong will head the school’s new Office of Diversity, Equity, and Inclusion where she will work closely with Dr. Leah Gordon, assistant director for multicultural programming and inclusion.

Truong stressed the importance of diversity, equity, and inclusion (DEI) being central to the IHP’s mission to prepare health professionals and scientists to advance care for a diverse society. Among her first actions will be to review and strengthen the school’s current diversity, equity, and inclusion efforts. She also will focus on providing additional support for underrepresented and minoritized groups, and creating new opportunities for students, faculty, and staff to engage in learning about diversity, equity, and inclusion issues.

“We want Kim to help us to be better than we can be individually and to provide us with the knowledge and the understanding of things that many of us don’t have expertise in,” President Paula Milone-Nuzzo said of Truong, who most recently had been the director of inclusion at Harvard’s T.H. Chan School of Public Health. “She sees her role as providing leadership in helping us grow and learn as a community, which will be a significant asset to the Institute. I’m excited about how she might help us be more thoughtful, knowledgeable, and engaged.”

At Harvard, Truong was an administrative fellow at the Harvard Office of the Assistant to the President on Diversity and Equity, collaborating with the Harvard College Women’s Center, the Harvard Foundation for Intercultural and Race Relations, and the Office of BGLTQ Student Life to support DEI efforts at Harvard College.

She is an affiliated faculty at the Massachusetts General Hospital Center for Cross-Cultural Student Emotional Wellness, and is co-chair of the Association of Harvard Asian and Asian American Faculty and Staff. She is actively involved in public service as an appointed member of the Self Determination Advisory Board with the state’s Department of Developmental Services. Previously, she served as vice chairperson and commissioner of the Asian American Commission of the Commonwealth of Massachusetts.

Truong has conducted research on access and equity issues in higher education, university student experiences, and higher education policy. A nationally recognized leader in research on the experiences of doctoral students of color with racism and racial trauma, Truong has been published in the Harvard Educational Review, International Journal of Qualitative Studies in Education, New Directions for Institutional Research, and About Campus. She co-founded the Support Network for Asian American and Pacific Scholars, served on the membership committee of the American Educational Research Association (AERA) Qualitative Research Special Interest Group (SIG), and was treasurer of the AERA Research on the Education of Asian and Pacific Americans (REAPA) SIG and co-editor of the REAPA newsletter.

She earned a PhD in higher education at the University of Pennsylvania, an EdM from the Harvard Graduate School of Education, and a BA from Brandeis University.

For more on the MGH Institute’s ongoing efforts, see story on page 14.
An initiative with the Massachusetts General Hospital Stocke Center’s Crimson Care Collaborative continues to be recognized for its innovative approach to interprofessional education.

The MGH Institute has received the 2019 Public Health Excellence in Interprofessional Education Collaboration Award from the U.S. Public Health Service and the Interprofessional Education Collaborative (IPEC) for its participation in the academic-clinical partnership. Dr. Patricia Reidy, an associate professor of nursing, and Dr. Marya J. Cohen are the co-recipients.

The latest honor follows a three-year, $1.399 million grant in 2017 from the Advanced Nursing Education Workforce branch of the Health Resources and Services Administration in the U.S. Department of Health and Human Services. That funding provides nurse training grants for selected nurse practitioner students committed to working in primary care in medically underserved communities upon graduation.

The partnership pairs students from the MGH Institute, Harvard Medical School, Harvard Dental School, and other health professional schools to offer primary care to underserved communities. At several sites throughout Greater Boston, IHP nursing and physician assistant students work together with Harvard medical students and dental students, overseen by faculty clinicians from both schools, linking the allied health and medical worlds.

The award acknowledges interprofessional education learning activities and experiences designed to enhance interprofessional team practice and improve health care delivery. Studies show dramatic improvement in patient outcomes occur when teams from advanced practice nursing, medicine, physician assistant, and dentistry care for patients together.

The Crimson Care Collaborative was launched in 2009 with Harvard medical and dental students. MGH Institute nurse practitioner students joined the initiative in 2012, and physician assistant students were added in 2016.
The need for trained genetic counselors has increased significantly in recent years—and not just because DNA home test kits that reveal a person’s ancestry and traits, like 23andMe, have become all the rage.

Advances in technology now provide a better understanding of how genes, the pieces of DNA that carry the information containing a person’s traits, contribute to diseases and disorders. For example, a pregnant couple learns that they are both carriers of a disorder and need to understand the possibilities of their child inheriting that condition. Or, a child is born with a rare heart defect and the family is confused about the next steps and what to anticipate for their child. Or, a mother develops breast cancer at a young age and wants to know the risk factors for her children.

Genetic counselors, says Maureen Flynn, associate professor and director of the MGH Institute’s new Master of Science in Genetic Counseling program, can provide a measure of relief, empowerment, and/or a better understanding of possible medical ramifications that can help people make informed decisions.

“There are not enough genetic counselors to provide guidance and information before a test is pursued and to interpret the results,” explains Flynn, who has been a clinical genetic counselor for 15 years, most recently at the Massachusetts General Hospital Center for Cancer Risk Assessment. “Tests may reveal implications for an entire family, so ensuring that patients receive accurate information is extremely important.”

The National Society of Genetic Counselors reports that there were about 4,800 certified genetic counselors in the United States as of January 2019—a 600 percent growth since 1993. Within a decade, the group predicts, that number will reach 9,000. The MGH Institute’s initial class in the 21-month program, which starts this fall, will have 20 students—more than double the number most other programs traditionally enroll.

The program is intended to help fulfill a vision shared by Mass General and the IHP: to help shape the future of genetic counseling education. And thanks to the IHP’s connection with its fellow Partners HealthCare affiliates, students will have unparalleled access to expert clinicians and researchers—many of whom are on the faculty—in specialty clinics within genetics clinics and genomics research labs.

“Helping a person navigate complex medical information and providing support is truly rewarding, and I look forward to sharing that with our students,” says Jessica Waxler, an assistant professor of genetic counseling who also works with both pediatric and adult patients in the medical genetics and metabolism division at Mass General. She is among several faculty with experience working at locations that also include Brigham and Women’s Hospital, Dana-Farber Cancer Institute, Newton-Wellesley Hospital, Partners Laboratory for Molecular Medicine, and Boston Children’s Hospital.

Students will learn from actors, or trained standardized patients, far more frequently than at other programs, Flynn says, and will use the state-of-the-art technology at the Sanders IMPACT Practice Center. Plus, like every other direct-entry degree program at the Institute, interprofessional education will be a key component of students’ education. “In addition to our partnerships, faculty, and simulation center, the Institute’s focus on interprofessional education will be a key component of students’ education. “In addition to our partnerships, faculty, and simulation center, the Institute’s focus on interprofessional education, which is woven into every aspect of the student experience, is a true strength,” Flynn notes. “We are innovatively preparing students for the genetic counseling practice of the future.”
The idea of starting a podcast began for Tiffany Hogan during a meeting she had with two SLP students last summer about an online class they were taking with her. The students felt that what she was teaching should be heard by a larger audience.

“They told me that I should do one, and my initial thought was ‘That’s crazy,’ I mean, I hadn’t even listened to a podcast before,” Dr. Hogan, a professor of speech-language pathology and director of the MGH Institute’s Speech and Language Literacy Lab, or SaIL, says with a laugh. “But by the time they left, I knew I had to do it somehow.”

Approaching it like she would one of her research projects, she began poring through Podcasting for Dummies. She discovered that only one other speech pathology professor was doing a podcast and it was unrelated to language and reading, the topics she studies. She chose a title, “See, Hear, Speak,” adding the tagline “Interesting conversations with people who care about reading, language, and speech in the developing child” because it described her research. “I have to admit that I was nervous at first about what would happen if it failed,” she recalls. “It was something I could incorporate into my course so I knew at least my students would listen.”

It usually takes a new podcast at least two years for it to be listened to 20,000 times, an established threshold of success in the industry; hers reached that level in less than nine months. And while she already is recognized as an expert in her field, it has become commonplace for people to approach her at conferences to say how much they enjoy listening. “It has a larger listening audience than I ever imagined it would have,” she says.

Hogan approaches the podcast, each episode of which takes about 20 hours to complete, as a hobby. Most of her time is spent developing a topic, corresponding with and sending the talking points to guests, and writing the opening and closing segments. The easiest and simplest part is the actual interview, where Hogan turns on the mic at the start and turns it off when she and the guests are finished; little to no post-production editing is needed.

Hogan likens her success to having excellent guests discuss topical issues. “I view my role as similar to an investigative journalist where people come in and I ask them about what they are doing,” she explains. “I don’t talk about my own research unless I can add something of value to the conversation.”

A wide array of researchers, clinicians, and faculty—including several from the MGH Institute—have been featured on the 14 episodes, seven of which dropped in July to accompany one of the online courses. And while she knows researchers will always publish their work in peer-reviewed journals and in books, she notes those media outlets just don’t have the reach of a broadcast. “Presenting information on a podcast can unlock the information for a whole different audience,” she says.

One thing that sets Hogan’s podcast apart from just about any other, speech-related or not, is an accompanying website that includes a full transcript of each episode, complete with links to articles and other details discussed during the broadcast. “That’s the professor in me,” she says. “I want people listening to be able to use this information. If any of this helps other people, then it will have been worth doing it.”

To listen to Dr. Tiffany Hogan’s podcast, please go to seehearspeakpodcast.com, where you also can find her posts on several social media platforms.

On her fourth episode, Dr. Tiffany Hogan, left, interviewed Emily Zimmerman of Northeastern University.
May Chin wants to ensure people remember that Ruth Sleeper played a major role in the creation of the MGH Institute. Thanks to the generosity of May and her husband, Tom, the IHP dedicated the new Ruth Sleeper Nursing Center for Clinical Education and Wellness. Named after the influential nurse educator, who was a longtime director of Massachusetts General Hospital’s former diploma nursing school and played an instrumental role in its creation, the Sleeper Center is a screening, referral, education, and support resource for Charlestown and Greater Boston-area residents.

Chin grew up the daughter of Chinese immigrants, and despite being a top student wasn’t sure if she would have the opportunity to pursue higher education. But she had her sights set on becoming a nurse and applied to just one school—Mass General’s—because she wanted to attend what she considered the best in the country. During her first days as a nursing student in 1955, she met Sleeper, who by that time already was considered an institution at the hospital.

“She urged us to focus on providing patient-centered care based on scientific principles, and she instilled the need to keep studying and learning after graduation to remain current in nursing and clinical practice,” remembered Chin, who earned a master’s in nursing and an MBA, and held leadership positions at several hospitals.

At her 50th reunion, Chin heard several IHP nursing students talk about their education, spurring her to visit the Charlestown Navy Yard campus and learn more about the place continuing the legacy of her old school.

“It became clear that the vision and values we learned back in the 1950s from Ruth Sleeper are alive and well at the Institute,” she said. “Tom and I are thrilled to be able to give back and pay it forward by honoring her through the naming of this center that will benefit both IHP nursing students and the community.”

May and Tom Chin are ensuring Ruth Sleeper’s role in the creation of the MGH Institute is remembered.

Marjorie Ionta’s nephews Bruce Cochrane (left) and Scott Cochrane (seated), and Scott’s daughter Brooke Langlois (2nd from left), talk with BA Harris ’83, ’02 and Interim Associate Provost for Interprofessional Education and Practice Mary Knab (far right).

Marjorie Ionta might not be a familiar name to many of today’s physical therapists, but her work as the director of physical therapy at Massachusetts General Hospital and as a national leader who helped create the modern version of the field continues to resonate.

The Marjorie K. Ionta PT Center for Clinical Education and Health Promotion was dedicated to honor her instrumental role in creating the MGH Institute and launching the school’s PT program.

“Ms. Ionta was, and remains, a role model for so many of us—a true professional, a leader, a master clinician, a teacher, a politician, and a risk-taker—who influenced generations of PTs,” said BA Harris ’02, ’83, the MGH Institute’s first physical therapy graduate, who was an undergraduate student in the 1970s when she first met Ionta. Dr. Harris spearheaded the fundraising campaign.

The Ionta PT Center provides free client services that include comprehensive assessment, therapy, and specialty services for both neurologically and musculoskeletal issues using a state-of-the-art adult rehab gym and pediatric gym. In many instances, physical therapy students collaborate with their peers in nursing, occupational therapy, physician assistant studies, and speech-language pathology to provide the type of team-based interprofessional care that produces better patient outcomes—a hallmark of an IHP education.

“I found that my time in the Center not only helped me implement the critical material learned in the classroom, but it also gave me guidance on how to put the clients first, build a rapport, and help each client make progress while making therapy an enjoyable experience for all,” John Dillingham, a 2019 Doctor of Physical Therapy graduate, told the audience at the naming event.
A Call to Take On Growing Public Health Challenge

When torrential rains flooded the Rosebud Indian Reservation in South Dakota, access to health care became treacherous. “Most of the people on the reservation live on dirt roads,” explained Stephanie Sun, a rural health leadership fellow at Massachusetts General Hospital who mentors MGH Institute nurse practitioner students during clinical rotations on the reservation. The flooding, one event in a pattern of extreme weather events that scientists attribute to climate change, turned the dirt roads to mud, stranding people in washed-out roadways. “One patient had to walk more than a mile on a fractured foot after his car got stuck in the mud.”

Sun was one of more than 100 health care professionals who came to campus in April to participate in “Reducing the Impact of Climate Change on Health: The Role of Health Professionals.” The symposium, hosted by the School of Nursing’s Center for Climate Change, Climate Justice, and Health, served as a call to action for nurses, physicians, and other health professionals to recognize climate change as a serious health threat that ordinary people have the power to affect.

“Climate change is not a Republican issue or a Democrat issue,” said keynote speaker Gina McCarthy, head of the Environmental Protection Agency from 2013-2017. She said it’s far more effective to talk about how global warming is affecting people, such as the increasing incidence of childhood asthma due to poor air quality and the loss of productive work days during extreme heat, instead of showing pictures of polar bears and glaciers. “People will ignore the problem if they can’t see it firsthand or think they can’t fix it.”

Climate Center Joins Initiative

The Center for Climate Change, Climate Justice, and Health this summer became the first academic partner to join the Nursing Collaborative on Climate Change and Health. The initiative, which represents more than 150,000 nurses and nursing students nationwide in 10 organizations, is a collaboration between the Alliance of Nurses for Healthy Environments (ANHE) and Climate for Health that encourages and empowers nurses to act on climate as a health imperative.

“Most health professionals do not truly understand how climate change is affecting people,” said Patrice Nicholas, a professor of nursing and the center’s director. “We all must learn more about the health effects of climate change and use that knowledge to educate our patients, families, and communities so they understand how they are affected by climate-related illnesses.”

Fighting Climate Change, One Tree at a Time

A group of students, faculty, and staff are doing their part to combat climate change, literally in the IHP’s backyard.

Thirteen students who are part of the Acts of Service (AOS) student club, two employees, and a faculty member have begun nurturing several trees along 8th Street that were planted by the city several months ago. While five of the 22 trees had already died, another seven were heading that way. So once a week, each volunteer lugs a two-gallon watering can 10 times and pours it into the burlap water holder bags at the base of each tree.

“As students in the health professions, we have an added responsibility of helping people be active in the community,” said Holly Ann Sullivan, SLP ’20, co-chair of the student service club. Added co-chair Courtney Perrigo, SLP ’20, “Thinking of all the ways climate affects people’s health, we know street trees are so important when it comes to walkability, clean air, and mental health. Sometimes they are the only greenery in a neighborhood.”
A Commitment to INCLUSION

BY ALYSSA HAYWOODE

The IHP continues to transform its campus, culture, and curriculum.
Corinne Haase was used to being the only African-American person in a classroom.

The second-year Doctor of Physical Therapy student had grown up in Boston but attended public school in the overwhelmingly white town of Concord through her participation in METCO, a school desegregation program. Arriving at the IHP, Haase found only a handful of black students studying physical therapy—an underwhelming reflection of the patient population they hoped to serve. And she didn’t hear faculty talking much about the challenges of being a clinician of color.

Haase faced bias during a clinical placement in an affluent Boston suburb. Her clinical instructor was very supportive and always introduced Haase as a physical therapist student. Still, it wasn’t uncommon for her to walk into a patient’s room and have some people, upon seeing a black woman, assume that she was a certified nursing assistant and ask her to clean up a patient or make a bed.

“That’s inevitable,” Haase says of the stereotyping. “I know I’m going to encounter that in my life. I know what to expect because I’ve heard stories from my mom who works in health care. But what do you do when you have a student go into a placement and be mistaken for an aide? How are you going to teach that student to say the right things and not lash out because of built-up microaggressions? And how do you prepare a student from an affluent community so they don’t go into a minority community and stereotype residents? These are some of the things that all faculty need to know so they can teach us.”

Evangeline Begay was living in New Mexico when she was accepted into the Master of Science in Speech-Language Pathology program in 2017. Excited about joining a new academic community, she moved to Boston with her husband and children.

Once she arrived on campus, though, she saw that she’d left behind the diversity that she’d taken for granted in New Mexico, a “majority minority” state with substantial Latinx and Native American communities. “I had the privilege of not having to explain who I was,” says Begay, who graduated in 2019. “No one questioned my name.” People in the Southwest know that Begay is a common Navajo surname.

In Boston, she noticed that Native American culture seemed to be missing. And at the IHP, the faculty were mostly white, as were the large majority of students. Begay struggled with feelings of isolation on campus and off.

Haase and Begay weren’t alone. Other students of color were talking about their experiences on campus. “There were a lot of concerns about everyday experiences that people were having, whether they were micro- or macro-level aggressions in regard to racism,” recalls Olivia Meegoda, who graduated in 2018 with a Master of Science in Speech-Language Pathology.

During a clinical placement, one student heard a clinician refer to an injury as an “Indian burn.” A different clinician touched an African American student’s hair without asking for permission. Another black student was described as “articulate,” a word that has been used to imply that most black people cannot speak well, perpetuating a racist trope.

“Higher-education institutions have a long way to go to learn how to value students of color, rather than just flaunt the token black or brown student on their admission page,” Meegoda says.
A group of IHP students submitted a list of their concerns and requests to President Paula Milone-Nuzzo. Dr. Milone-Nuzzo, who had been on campus for less than a year, sat down with students, and she listened. “Paula is a good leader,” Meegoda says. “She acknowledges that she is a learner and continues to be open to having conversations with students about racism, ableism, and any other concerns students may bring up.”

**Building on the Past**

“Our students are vocal in a very collaborative way, and they are focused on solutions and improvements,” says Jack Gormley, the dean of student and alumni services. “Every time we get a new class of students, we have new energy and new perspectives that we incorporate into what we do.”

That ongoing work continues the efforts begun by former president Jan Bellack, who created the school’s original Diversity Council in 2009. In addition to forming the council, Dr. Bellack and the Board of Trustees increased the amount of scholarship funding for students from $3 million in fiscal year 2010 to $6.5 million in fiscal year 2018. It’s contributed to the rise in enrollment of underrepresented students, from 23 percent in 2014 to 28 percent in 2018.

In 2013, Peter Cahn, the associate provost for academic affairs, helped set up a training program on bias in faculty hiring. “We began working with search committees of faculty and administrators and talking them through the psychology of bias and how it can impact every phase of the hiring process, from crafting the job description to placing ads, screening candidates, crafting interview questions, and onboarding faculty,” he says.

The school also was keenly aware of the needs of students with disabilities and of ensuring the campus was safe and respectful for members of the LGBTQ+ community. Outside speakers regularly began coming to campus to discuss diversity. And as a member of the Leading for Change Higher Education Diversity Consortium, the IHP shared with and learned from its institutional peers, adopting practices such as pre-orientation boot camps to help students from disadvantaged backgrounds build the study skills they would need to succeed. This initiative in part helped increase the graduation rate of minority students by seven percentage points in one year, to 93 percent.

Other steps have included purchasing manikins of color and employing standardized patients who are reflective of the area’s population. The work has paid off. For the past two years, the IHP has received a Health Professions Higher Education Excellence in Diversity Award from *Insight Into Diversity* magazine; in 2018, it was one of just 35 colleges in the country to receive such recognition.

Still, students saw plenty of room for growth. And so did Milone-Nuzzo. She began by taking a new look at the Diversity Council. “The council felt it was operating at 30,000 feet,” she recalls. “It was taking a broad look at the Institute. But at that height, a lot of people weren’t sure what the council did or if its work was important. We wanted to be more visible, and we wanted to be more impactful.”

Milone-Nuzzo assumed Dr. Bellack’s role as chair of the Diversity Council and quickly responded to student requests to add their voice to the group. The council decided to change its name to the Diversity, Equity, and Inclusion Council to reflect a broader scope. One of the first things it did was develop a strategic plan with four goals assigned to separate task forces: increase the number of faculty from underrepresented minority groups; create more outlets for student voices; share the IHP’s core diversity, equity, and inclusion values with new students; and enhance diversity and cultural content in the curriculum.

None of these goals are simple. But Milone-Nuzzo believes recruiting faculty from underrepresented minorities may be the biggest challenge. To address that, the council decided to pursue a new talent acquisition model and the human resources office hired a staff member to...
work on this exclusively. “You don’t begin the process of recruiting someone when you have an open position. You begin the process of recruiting people just as friend making,” she explains of the approach. “That could mean asking a faculty member at a different university to collaborate on a project or join a workshop as a way of introducing them to the Institute. Then, when there’s an open faculty position, that person is invited to apply.”

**Testing a Test Case**

Keshrie Naidoo is an assistant professor of physical therapy who earned her doctorate from the IHP in 2005. Dr. Naidoo, who grew up in South Africa during apartheid and studied at the University of Cape Town, was surprised by how few faculty of color she saw in the United States as a whole and PT in particular. She’s researching the issue as part of her doctoral work at Johns Hopkins University.

What Naidoo has found is a basic supply-and-demand problem: There simply aren’t enough students of color in doctoral-level physical therapy programs, and those who pursue the profession can face more academic difficulties and take longer to earn their degrees. “We’re making some progress,” she says, “but the progress is slow.”

Naidoo is testing a networked mentoring model in the Department of Physical Therapy she believes could help boost students’ academic success by decreasing their social isolation. In Naidoo’s study, students work with a faculty advisor, which all students have, but participants will also have a peer advisor who is a second-year student of color who works with both the student and the faculty advisor. In this approach, the first-year student gets additional support. The second-year peer advisor gets the experience of helping another student succeed, just as a faculty member would. The faculty advisor learns more about students from diverse backgrounds, so that they can become an effective mentor to all students. And the IHP will get to see if the model is worth adopting and expanding.

“It’s just one way to retain the current minority faculty and ensure that they aren’t overwhelmed by students’ requests for mentoring. We need to teach our students to treat patients of every background. Inclusivity translates into academic excellence, and it’s through these efforts that we can educate our students to be true leaders.”

— PRESIDENT PAULA MILONE-NUZZO
Leah Gordon, assistant director of multicultural programming and inclusion, was one of 50 faculty and staff who led table discussions with new students at “What is the IHP’s Role in Health Care? Exploring the Impact of Power, Privilege, and Positionality” in June.

**The Power of Student Voices**

“It’s very encouraging that the students are ahead of the faculty and administration on these topics,” notes Cahn. “They asked, ‘Why don’t we have a chief diversity officer?’ And the answer was that if there were an officer, no one else would work on diversity. We’ve come to realize that we all want to do this work, we just need someone to hold us accountable.”

Last March, this student request for leadership led the school to hire Leah Gordon, a radiation-oncology nurse practitioner at Massachusetts General Hospital, as the assistant director of multicultural programming and inclusion.

Dr. Gordon, who is African American and Latina, knows firsthand about overcoming hurdles to success. She became pregnant during her freshman year in college, ended up leaving school, and for a time went on welfare after having her daughter. She’d been drawn to health care by seeing the inspiring work of her midwife during her pregnancy. Six months after her daughter’s birth, she got a job at the Dana Farber Cancer Institute, where she met Kim Noonan, a nurse practitioner who would become a mentor. One day, Noonan stopped her to ask, “What are you doing with your life? I think you should be a nurse, and here’s how you do it.”

Today, Gordon and Noonan, who is white, remain colleagues and friends who continue to talk about nursing and life, and about diversity, equity, and inclusion issues. “I am a walking, living, breathing health care disparity,” says Gordon. “I am a nurse practitioner with a doctoral degree who has worked in health care for over 15 years, and I understand that all these areas of health care disparities that I represent are still not being addressed the way they should be.”

Since arriving at the Institute, Gordon has organized events in collaboration with the Student Government Association (SGA); with KinsIHP, the LGBTQ+ student organization; MEDS, Minorities Engaged in Dialogue and Service; and SRJH, Students for Racial Justice in Health Care. Several of those student clubs have been formed or expanded their activities over the past year. And students have organized several events as well, including a culturally diverse science day at Harvard-Kent Elementary School this past winter when a dozen women and students of color assumed the identity of scientists to demonstrate to the public-school pupils that they can aspire to pursue a career in the STEM fields.

In July, the IHP hired Kimberly Truong, who is Southeast Asian American, as the executive director for diversity, equity,
“That’s a classic diversity, equity, and inclusion problem: How do we avoid creating the very thing we’re trying to dispel?”

– CHARLES HAYNES, (ABOVE), PROFESSOR OF SPEECH-LANGUAGE PATHOLOGY

and inclusion to run a newly created Office of Diversity, Equity, and Inclusion. (See page 8 for profile on Dr. Truong.) While Gordon will continue to focus on co-curricular activities, Dr. Truong will work on strategy and policy, with particular emphasis on the faculty.

Milone-Nuzzo points to the value of having students participate in the interview process for faculty and some staff positions, another recent development: “We need them as part of our team. This is their training ground for leadership in the future. If they don’t practice those skills here, they’ll be less likely to implement those skills when they graduate.”

**Weaving Diversity into the Curriculum**

To immerse incoming students in the school’s inclusion values, each new class participates in a session called “What Is the IHP’s Role in Health Care? Exploring the Impact of Power, Privilege, and Positionality.” The event includes a panel of health care professionals as well as small-group discussions among students on a topic that can be awkward or difficult, facilitated by trained faculty and staff. For Shannon Pohle, who had arrived on campus just days after graduating from the University of Massachusetts Amherst, it was a meaningful event. “I learned that we all have our part to do to be more inclusive,” she says. “We all need to address this problem.”

“Students in our programs are focused on the sciences. They’re entrenched in thinking about anatomy and physiology and lab values,” says Naidoo, who was one of the table facilitators at the session. “So, it was a real wake-up call for them to come to this and talk about the patient as a whole and what the patient is experiencing in the health care system and what students’ roles will be. They have to envision this endpoint and how they are going to be health care providers.”

Charles Haynes, a professor of speech-language pathology, says it’s not just students who must pay attention to inclusion issues. “Students go into their classes expecting teachers to be really dialed in to this, when in fact many faculty don’t feel completely comfortable with these discussions, particularly when there are emotional or conflicting points of view,” he says.

Dr. Haynes led the DEI Council’s curriculum task force, which conducted a survey of faculty. The result: faculty members said they wanted—and needed—help with diversity discussions. Meegoda and fellow SLP student Neha Paranjpe originally devised the idea that helping faculty could take the form of weaving more diversity and cultural competence into course case studies, Haynes says. The task force currently is developing guidelines and tips for diversifying case studies that will include links to additional resources. “We’re also looking at the cases to see if we are inadvertently perpetuating stereotypical thinking through building them,” Haynes says. “That’s a classic diversity, equity, and inclusion problem: How do we avoid creating the very thing we’re trying to dispel?”

He also suggests faculty could lead workshops where they can have honest discussions among themselves: “Two to three people who are willing to get up and say, ‘Here are mistakes that I’ve made. Here are some lessons that I’ve learned. And I’m not there yet.’ That would be very powerful.”

Haynes and others say it’s crucial to ensure that the curriculum in all of the IHP’s academic programs address intersectionality, noting that patients who have multiple identities—someone, for example, who is gay, black, and uses a wheelchair—could be especially vulnerable in health care settings. “Talking about these issues can be like continuously lancing a boil,” he says. “Everyone wants to get it over quickly. Everyone is worried about getting things
wrong. No one wants to make mistakes. But part of trying to be healthy is trying to embrace constructive risk-taking.”

**Building the Future**

The next step, says President Milone-Nuzzo, is continuing to make progress and sharing insights. In July, she shared the IHP’s work with other Partners HealthCare leaders as a member of its inaugural, system-wide Diversity, Equity & Inclusion Council. Sponsored by Partners’ new CEO, Dr. Anne Klibanski, and Massachusetts General Hospital president Dr. Peter Slavin, its goal is to implement a diversity, equity, and inclusion strategy that is representative of all employees and institutions while providing equitable care to patients, according to Dani Monroe, Partners’ chief diversity and inclusion officer.

“Being part of the Partners’ council allows us to learn from experts from throughout the system, and they can learn from us,” Milone-Nuzzo says.

The Institute held “The Empowered Bystander Training” in August for students. Led by Lee Forest and Luis Paredes of Bridgewater State University, the session—a modification of the training faculty and staff received to facilitate the power and positionality discussions—explored the ways in which people most often learn misinformation about their own and other groups. Such misinformation is a bias that can be dismantled, Forest and Paredes believe, especially if community members hold each other accountable for doing so.

“Being a minority student, you can feel a little marginalized in certain situations and you want to have open lines of conversation,” says Anthony Fitzgerald Paredes, a Latino nurse practitioner student and SGA president. “There just isn’t enough representation of minorities at the school and we want to feel more comfortable expressing our ideas and thoughts from our perspective.”

He believes a stand-alone student center would be beneficial. “It would be a space for students to meet and learn from and with each other,” he says, noting that it could be used for guest speakers and programming that celebrates different cultures. “It would add an entirely new element to the school and promote greater conversation and interaction among all students.”

Dr. Cahn, the associate provost, says the diversity, equity, and inclusion conversation needs to be expanded throughout the entire campus. “Students are hungry for more understanding of how their role fits into a larger history and allows them to build a more promising future,” says Cahn, who was on the steering committee and was among the speakers at Partners’ Diversity, Equity & Inclusion summit in May.

Dr. Gormley, the dean of student and alumni affairs, looks at how success can be measured. “If five years from now, students are saying that they feel safe and welcome and supported regardless of their unique identities, and if alumni came back and said that they can feel a tangible difference, then we really will have accomplished something,” he says.

Ultimately, for Milone-Nuzzo, it comes down to following the school’s core values of advancing care for a diverse society through leadership in education, clinical practice, research, and community engagement. “We can’t have an environment where we don’t have a commitment to these issues and think that we can prepare our students to treat patients of every background,” she says. “Inclusivity translates into academic excellence, and it’s through these efforts that we can educate our students to be true leaders.”
On a hot Monday morning in late July, Instructor Meghan Viveiros is preparing to teach a class of aspiring physician assistants. Putting on a wireless microphone, she begins speaking in a calm, serene voice. The classroom grows quiet as the students close their eyes and focus on Viveiros’ words, intended to guide them to a state of relaxation.

It is a brief pause before the start of class, just a 10-minute mindfulness session designed to help these future health care practitioners relieve stress so they can better care for themselves and their patients.

“It’s really important to do this because of the amount of stress practitioners encounter daily. It’s important students learn to buffer that stress,” says Viveiros, who has a facilitator certification from the Benson-Henry Institute for Mind Body Spirit.

Stress has become a critical issue for health care providers: long hours, patient needs, and time spent on electronic documentation can put pressure on even the most seasoned caregivers. In a profession where mistakes can have serious implications, stress can often lead to burnout—the physical, emotional, and mental exhaustion that can affect a caregiver’s health and outlook.

“More and more is being asked of health professionals,” says Emily Zeman, an assistant professor of occupational therapy and associate director of the department’s clinical education. “With all those demands, burnout is common.”

“An Occupational Phenomenon”

Studies estimate that more than 50 percent of physicians and about 40 percent of nurses who work in hospitals experience burnout during their career. Burnout rates for nurse practitioners and physician assistants have not been studied as extensively, but initial reports suggest they may be similarly high.

Dr. Zeman says increased demands to learn new technologies and documentation procedures, along with changing medical and insurance regulations, can lead to “caregiver fatigue,” in which practitioners may become emotionally exhausted and disengage from their patients.

Stress isn’t confined to the field of health care, of course. In fact, it’s so widespread that earlier this year the World Health Organization recognized burnout as an “occupational phenomenon” characterized by exhaustion, negative feelings about one’s job, and reduced professional efficacy.

Mindfulness-based stress reduction programs, once considered on the fringes, are showing up everywhere—in offices and classrooms, in business schools,
hospitals, and political circles, says Bonnie Halvorson-Bourgeois, an assistant professor of speech-language pathology, who introduces mindfulness techniques in both her clinical and online classes. Although the research base is still evolving, mindfulness’s popularity, she says, has been bolstered by multiple studies that suggest mindfulness can not only reduce stress and anxiety, but may also improve working memory and concentration, promote empathy and self-compassion, and have positive effects on depression, chronic pain, and many other ailments.

A 2018 study of mindfulness interventions in the workplace found that mindfulness-based programs improved decision making, productivity, resilience, interpersonal communication, organizational relationships, perspective, and self-care.

A new course, Mindfulness for Health Care Providers, was taught this spring by Halvorson-Bourgeois, Tina Luberto, a health psychologist and mindfulness researcher at Massachusetts General Hospital, and Janice Goodman, a professor of nursing and director of the IHP’s Mind, Body, Health, and Healing certificate program, which focuses on a holistic approach to patient care. Certificate students from various health care disciplines, and those from the IHP’s nursing, physical therapy, occupational therapy, and speech-language pathology programs, enrolled. “Experiential practice is an essential component of learning in this course, not only for the personal benefits for the health care professional, but also because you can’t teach what you don’t know,” says Dr. Goodman. “It is important for health care practitioners who want to bring mindfulness to the patients they care for to experience and understand mindfulness from the inside.”

Improving Patient Care

Doctor of Physical Therapy students are introduced to self-care techniques at daylong cohort retreats at the start of each semester. Sara Knox, associate chair and an assistant professor of physical therapy, says meditation, positive self-talk, guided imagery, visualization, and controlled breathing are on the agenda, along with ways to use those techniques to cope with the stress of both graduate school and clinical situations. “If we can introduce our students to mindfulness and self-care techniques that they can take with them into their careers, perhaps we can impact their stress management during graduate school and reduce the burnout rate for health care professionals, which will improve patient care,” Dr. Knox says.

These strategies also increase physical stamina and compassion, adds Viveiros, which produces workers who are better focused and can make better decisions. “All of those things benefit the patients in terms of both clinical care and also in terms of the relationship we have with them,” she says.

“More and more is being asked of health professionals. With all those demands, burnout is common.”

— EMILY ZEMAN, ASSISTANT PROFESSOR OF OCCUPATIONAL THERAPY

Even just taking several deep breaths, says Zeman, can help mitigate stress. “One thing I teach my students is when you go in and out of patient rooms, take two deep breaths,” she says. “It’s just one mindful moment, but it allows them to be more present with their next patient.”

Lynn D’Angelo, who graduated in 2014 from the IHP’s Doctor of Nursing Practice program, is director of professional practice, innovation, and magnet at Miriam Hospital in Rhode Island. She has incorporated mindfulness in nursing workshops to encourage members of the nursing team to take care of themselves, while the hospital has supported the creation of mindfulness spaces with soothing colors where employees can regain their bearings. “When nurses are mindful and therefore intentionally present, patients report increased feelings of trust, caring, understanding, and safety,” says Dr. D’Angelo, “and because of that, patients have better outcomes.”

An Operational Experience

Mindy Butler was terrified she was going to pass out during her first clinical rotation working in an emergency room: “My hands were shaking and my heart was racing,” says the PA student, now in her second year of the program. “I was alternating between holding my breath and hyperventilating—excited and terrified at the same time.”

In the middle of her excitement and terror, Viveiros’ lessons on mindfulness kicked in. “I went through all the steps she taught us,” Butler recalls. “Every scary, terrifying step. My fear was that I was not good enough to do this. But instead of saying ‘I shouldn’t be here,’ I said to myself, ‘If the surgeon didn’t want me here, I wouldn’t be here.’” Once the operation was over, smiles from the ER team were all she needed to confirm she had made it through her first procedure with flying colors.

For Stephanie Gaglini, a second-year speech-language pathology student, mindfulness has helped her cope with the stress of dealing with a heavy client load during her clinical placements. “I’m very empathic, so it’s hard for me to separate myself from my clients. I just can’t leave everything at work,” she explains. “I need to be aware of that and know how to take care of myself while trying to help others.”

Health professionals who find those opportunities to center themselves can develop a level of personal satisfaction as well. “Those mindful moments can allow you to know that you’ve played a positive role in a patient’s life while coming away with knowing you’ve done a good job,” says Zeman.

And that may be the most rewarding moment of all.
Alumni Poised to Make a Greater Impact

New leadership roles for two alumni, Sheila Davis and Michael Sullivan, will enable them to improve patient care where they work and beyond.

Sheila Davis, DNP ’08

One of Sheila Davis’ initial goals as the new president and CEO of Partners in Health (PIH) is to begin a strategic plan process to strengthen the nonprofit’s connection with its 18,000 employees across the 10 countries where it runs health care facilities.

“We’re going to change our leadership structure so that we have the experts from our 10 country sites help run the organization as a whole,” says Dr. Davis, a 2008 Doctor of Nursing Practice graduate, who previously served as PIH’s chief nursing officer for seven years. “We can do a better job responding to the needs of people living in poverty with poor health care access by having those voices at the table.”

The nonprofit’s biggest program is in Haiti, where it partners with the government to care for more than 4 million people at 11 facilities. The country is still reeling from the devastating 2010 earthquake, a subsequent cholera outbreak, and a fractured political situation that has interrupted many public services.

Davis points to PIH’s University of Global Health Equity in Rwanda as an example of improving how health care is delivered to patients. The university, founded in 2015, operates a master’s degree program in global health delivery, launched a medical school in June, and is expected to add programs in nursing, gender studies, and One Health within the next 18 months.

As the first nurse to lead Partners in Health, Davis understands many eyes will be on her. “Would I feel comfortable running an organization that has been largely identified with physicians and has had few nurses in leadership positions? It was something I had to think a lot about,” she explains. “I’m ready and hoping to start a trend.”

Michael Sullivan, DPT ’02

Michael Sullivan believes a $2 million gift recently awarded to Massachusetts General Hospital’s physical and occupational therapy services department will bring rehabilitation care to new heights.

Michael Sullivan will use a new gift to improve patient care at MGH.

Dr. Sullivan, the department’s director and a 2002 Doctor of Physical Therapy graduate, has been named the inaugural recipient of the MGH Trustees Endowed Chair in Physical and Occupational Therapy. The gift, through which the chair is funded, will allow staff to pursue educational and research opportunities to advance their skills and contribute to evidence-based practice, ultimately improving patient care.

“It’s a real challenge for our PTs and OTs to engage in scholarly work or practice innovation given the daily demands of patient care,” says Sullivan, who also is an assistant professor of physical therapy at the IHP. “This grant will provide ways for our staff to grow professionally by creating previously unavailable opportunities.”

He envisions the funding as a way of advancing evidence-based care and the exemplary level of clinical practice he has championed and for which he has been recognized. “We invest heavily in our staff so that their practice impacts patients in a meaningful way,” he said. “This gift certainly will help those efforts.”

Sullivan says the endowment also could further enhance MGH’s collaboration with the PT and OT programs at the Institute, his department’s primary academic partner. “It’s something that’s been on our collective radar for some time,” he says, “so I’m hopeful we can put something together that mutually benefits Mass General and the Institute.”
Fulfilling a Dream in a Different Way

BY BEVERLY FORD

Tom Doucette had dreamed of becoming a fighter pilot for as long as he could remember. However, he grew to 6 feet, 5 inches tall during high school, making it impossible to fit into a jet’s tiny cockpit and thwarting his dream.

Then came the September 11, 2001, terrorist attack on the World Trade Center. That watershed day solidified the teenage Doucette’s thoughts of pursuing a military career, and he decided to enlist in the Marine Corps once he graduated from high school.

After basic training, he was sent to Iraq, where during his first few months he had a roadside encounter with an IED packed with 40 pounds of homemade explosives. The blast rocked the truck in which Doucette was riding, concussing him and other team members. Although he didn’t experience any other serious injuries during the rest of his four-year tour, he developed a keen understanding about the effects of bombings.

By the time he left the Marines as a sergeant in 2009, Doucette also had picked up some medical training and was in school to become an athletic trainer. All that knowledge would come in handy four years later at the 2013 Boston Marathon, the second event that would alter his career trajectory.

When the first bomb went off that April day, Doucette was volunteering in one of the medical tents at the finish line on Boylston Street. “The hairs on the back of my neck stood up and I thought, ‘That is an eerily familiar sound,’” he recalls. “I remember thinking, ‘This may not be over just yet.’”

He was right. Two homemade bombs killed three people and injured hundreds—more carnage than he had witnessed during his tour of duty. “I don’t think I’d ever seen anything quite like that,” he says. “It was sensory overload initially, but at that point your training starts to take over.”

Racing toward the explosions with little thought of his own personal safety, he came upon a young girl with a gash to her leg and carried her back to one of the medical tents. He would help several more people, most of them suffering shrapnel wounds to their lower extremities. “It was certainly humbling to be part of that effort,” he says of that day.

“IT WAS CERTAINLY HUMBLING TO BE PART OF THAT EFFORT. IT WAS ALSO AWE-INSPIRING TO SEE THE MEDICAL PERSONNEL AND VOLUNTEERS RESPOND SO WELL UNDER SUCH EXTREME CONDITIONS.”

— TOM DOUCETTE, PAS ’18

“IT WAS ALSO AWE-INSPIRING TO SEE THE MEDICAL PERSONNEL AND VOLUNTEERS RESPOND SO WELL UNDER SUCH EXTREME CONDITIONS.”

Spurred by the work he witnessed by the medical professionals at the scene, he decided to change goals once again, from physical therapy to becoming a physician assistant. After completing the required 1,000 hours of direct patient care, he arrived at the MGH Institute in 2016 to begin the 25-month Master of Science in Physician Assistant Studies program.

One year after graduating, the 32-year-old Doucette works in the orthopaedic surgery department at Brigham and Women’s Hospital. And in April, the former high school football star and basketball team captain returned to the Boston Marathon, this time as a runner, when he completed the 26.2-mile course in a respectable 4:12. His run raised more than $5,000 for the Institute’s PA Studies Fund, giving back to the school that helped him fulfill his mission of making a difference—on the ground, not in the air.
Class Notes

Class Notes are compiled through a variety of sources, including information sent in by alumni, hospital publications within Partners HealthCare and beyond, and public information released by various organizations.

The following abbreviations are used in Class Notes: BWH – Brigham and Women’s Hospital; MGH – Massachusetts General Hospital; NSMC – North Shore Medical Center; SRH – Spaulding Rehabilitation Hospital.

Communication Sciences and Disorders

Lara Karpinski, MS ‘16, was recently promoted and is now an Advanced Clinician in the Speech Language Pathology Department at SRH.

Nursing

Sarah Rossmassler, MS ’98, DNP ’19, who works on the palliative care consult team at Baystate Medical Center in Springfield, Mass., wrote “March Madness, Palliative Care Style” for Pallimed, a hospice and palliative medicine blog.

Kathleen Fitch, MS ‘01, along with 5 other colleagues, won a MGH 2019 Nursing Research Poster Contest in the Emerging Researcher category for “Retention of Research Participants in a Longitudinal HIV Clinical Trial: Best Practices Identified by Systematic Surveys of Study Staff.”

Susan Lax, MS ‘04, recently joined Community Health Services of Lamoille Valley in Vermont.

Allison Curtis, BSN ’10, was deployed to aid in Hurricane Florence recovery with the MGH Center for Global Health.

Roz Puleo, MS ‘11, recently joined Flexion Therapeutics as a medical liaison.

Stephanie Ferraro, MS ‘12, was a recipient of a 2019 NSMC Nursing Award.

Cherilyn McKee, MS ‘14, has joined the South Boston Community Health Center as director of quality improvement.

Heather Fraser, BSN ’15, received the 2019 Molly Catherine Tramontana Award at MGH. The award recognizes exemplary care provided to grieving families by labor and delivery nurses.

Caity Mundt, BSN ’15, and several colleagues on Bigelow 11 at MGH were recognized by the American Association of Critical Care Nurses’ CSI Academy, for launching “Ambulation Nation,” one of several initiatives at the hospital to enhance nurses’ knowledge and skills to empower them to lead unit-based change.

Maureen Hemingway, DNP ’16, was a co-presenter of “Investigation of Health-care Professionals’ Knowledge of Actions During an Active Shooter Event” during MGH Nurses Week in May.

Jennifer Curran, DNP ’18, who works at the Norman Knight Center at MGH, presented “Comparison of Nurses’ Perceptions of Two Teaching Methods of Infant Cardiopulmonary Resuscitation for Parents of Infants in the Neonatal Intensive Care Unit” during the hospital’s Nursing Week programming in May.

Emily Lloyd, BSN ’18, was among 16 nurses who recently completed the New Graduate Critical Care Nurse Residency program at MGH. A pediatric ICU nurse, she spoke at the completion event.

Physical Therapy

Rebecca Martin, DPT ’10, has been elected chair-elect for the Degenerative Disease Special Interest Group by the Academy of Neurologic Physical Therapy. She is a clinical associate professor of physical therapy at Clarkson University.

Andy Sobuta, DPT ’10, who works at SRH, was quoted in the story “The Lowdown on Squats” in Harvard Medical School’s Healthbeat blog.

We invite you to submit your news and photos to alumni@mghihp.edu, or at www.mghihp.edu/alumni.

Alumni Return to Campus to Give Career Advice

SHRS alumni speaking with students during a panel discussion.

Nineteen alumni from the School of Nursing and the programs in the School of Health and Rehabilitation Sciences participated in panel discussions during the IHP’s first Career Week in June. Sponsored by the Office of Student and Alumni Services (OSAS), the events offered current students the opportunity to ask recent graduates about job prospects, attend resume and cover letter workshops, and have their photos taken to be used on LinkedIn.

SHRS Panel:
Hannah Moverman, DPT ’16
Andrew “Drew” Mancini, MS-SLP ’18
Amanda Barry, DPT ’17
Will Santana, DPT ’18
Shalom “Shaz” Kim, MS-SLP ’18
Eileen Kirk, DPT ’17
Melania Whittaker, PAS ’18
Katie Burnett, DPT ’18
Tim Rivotto, DPT ’17
Heather Beckius, MS-SLP ’18

SON Panel:
Munirat Adebimpe, MS-Nursing ’17
Shakera Headley, BSN ’18
Lily Augustini, BSN ’18
Katy Shea, MS-Nursing ’17
Alexis “Lexi” Fine, MS-Nursing ’18
Gabriella Howard, BSN ’18
Julia Wagner, BSN ’17
Dominique Dupont-Dubois, BSN ’18
Deborah Mondsies, BSN ’18

Nursing Alumni Recognized in Boston Globe

The following School of Nursing alumni were among the nurses recognized by patients in the Boston Globe’s annual “Salute to Nurses” section published in May:

Lisa B. Arvine, MS-Nursing ’08, Dana Farber Cancer Institute; Ann Caberooy, MS-Nursing ’11, SRH; Stephanie J. Ferraro, MS-Nursing ’12, NSMC; Amanda Foote, BSN ’16, SRH; Amy W. Fraser, MS-Nursing ’13, Atrius Health, Inc.; Heidi PI, BSN ’16, Fenway Health; Christina E. Taubert, MS-Nursing ’18, Dana Farber Cancer Institute; Diane Valko, MS-Nursing ’93, CAS ’96, North End Community Health Center; Julia Wagner, BSN ’17, SRH; Janet Gallant Wood, MS-Nursing ’89, Winchester Hospital.
An Eye-Opening Experience in Belize

My parents immigrated to the United States from Belize in their early twenties in search of better opportunities and a bright future for their children. Although my brother and I were born and raised in the United States, we have spent many summers visiting family, so our hearts have always been in Belize. Thus, I was both happy and anxious when I returned there this spring with two of my fellow speech-language pathology classmates, Karli Miroglotta and Rachel Kowalski, to volunteer at the Inspiration Center.

I was a bit nervous bringing two Americans with me to Belize. I didn’t know how they would handle the heat (never under 85 degrees the entire trip), the food, or the culture. I didn’t want them to have a bad experience in the country I love so much. I also was nervous to be a tour guide in a place I’ve never lived. Plus, I was well aware of my privilege of being Belizean American; because I don’t have the same experiences nor education as Belizeans my age, I didn’t want to act like I knew everything about the country.

The Inspiration Center is a non-governmental organization in the capital of Belize City that provides various therapy and health services to children with disabilities and their families. On our first day, the staff gave us an overview on the different cultural groups they serve. That came in handy when we traveled to the town of San Ignacio in the Cayo district to see patients in a mobile clinic. It’s sad the mobile clinic team can see people only about once a year since resources are limited and there are far too many families needing assistance.

Although English is the country’s official language, Spanish is primarily spoken in that area. Our rudimentary Spanish made it challenging to understand the kids we evaluated because we didn’t know the vocabulary for clinical terms.

But we focused more on parent education and resources to be practiced at home. One child we saw could only drink from a bottle since he chokes a little when drinking and eating. Our guide, Marcela Lutthans—the only SLP in the entire country—asked us to diagnose him. After evaluating his range of motion and strength and watching him drink and chew, we gave his mother handouts on how to do strengthening exercises with him at home.

Even though our session with that patient went well, we were insecure and critical about our sessions. We felt like we could have done more, such as given patients better resources. If our Spanish had been a little better, we could have made evaluations a little more fun. It helped to hear from Marcela Lutthans that the clinic was able to see twice as many kids during our 10-day trip thanks to our visit.

When we looked back at our notes and summarized our patients, we realized we actually did a good job. Yes, we were harsh on ourselves and expected perfection—but in the real world, no session will be perfect. There’s always the chance of a language barrier or a kid who’s a challenge, but as long as we try our hardest to provide the best services, that can be enough.

This trip was an experience that changed our clinical decision making and allowed us to think deeply about our services as SLPs as we begin our new careers. It provided us a unique opportunity to study our privilege and how it affects the people we serve. We will remember the sessions where we were too hard on ourselves and also remember our due diligence to provide evidence-based services. Volunteering at the Inspiration Center taught us to not tolerate differences but to celebrate and learn from them.

Alyssa Savery graduated in May with a Master of Science in Speech-Language Pathology. She is working for Easterseals of Massachusetts in its assistive technology department.

LAST WORDS: ALYSSA SAVERY, CSD ’19

Alyssa Savery (far right) with classmates (from left) Karli Miroglotta and Rachel Kowalski and Belizean speech-language pathologist Marcela Lutthans.
The IHP is thrilled to extend the Kay Bander Matching Gift program through September 30!

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You may contribute to Scholarships/Financial Aid, your program of choice, or any of the funds at the Institute by September 30 to be included in this matching opportunity. Thank you for your continued investment in our students.
PARTY WITH A PURPOSE

Thursday, October 3, 2019 • 6:00-8:00 p.m.
1 Constitution Wharf • Charlestown, MA

Please join us for live music, cocktails, and cuisine as we highlight the incredible work of our students in the local and global community and our innovative research and scholarship in health care.

Proceeds from the night’s event will provide scholarship support for MGH Institute students.

Jon LaPook, MD, Chief Medical Correspondent for CBS News, will join us to speak to the importance of interprofessional education in the delivery of compassionate care.