A Decade of Leadership
The IHP Reaches New Heights During President Jan Bellack’s Tenure

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“I’ve spent most of my professional life at the MGH Institute, as its first graduate and then as a faculty member for 28 years. It’s very gratifying to witness the IHP reach its 40th anniversary.”

BA Harris, PT ’83, DPT ’02
Professor Emerita
Former Director, Center for Interprofessional Studies and Innovation
Former Associate Provost for Academic Affairs
Former Director, Department of Physical Therapy
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“The Institute’s goal is to lead the way in education of highly trained, sensitive team leaders who can devise and practice improved methods of patient care for the 1980s, 1990s, and beyond. Today’s complex medical care already requires broad-gauged people with special skills, coordinating their efforts with others of similar caliber. Our university hopefully will add to the pool of talent available in the future for providing better health care both inside and outside hospitals.”

– MGH Institute Co-founder 
  Dr. Charles A. Sanders

From its beginning, 40 years ago this year, the MGH Institute’s founders offered a bold vision of what they wanted it to be: An innovative graduate school committed to preparing the next generation of health care leaders, professionals committed to delivering high-quality, team-based care. While much has changed over the past four decades, the Institute has remained true to this vision of education and this vision of care.

As we celebrate our 40th anniversary, we are grateful for the vision of our founders, Dr. Charles Sanders and Dr. John Hilton Knowles, and grateful as well for all that has been realized since 1977. The Institute now has more than 1,500 students and offers a range of programs in nursing, occupational therapy, physical therapy, physician assistant studies, speech-language pathology, health professions education, and a PhD in Rehabilitation Sciences. We have 6,652 graduates practicing across the country and around the globe. Our research enterprise has grown significantly. And we have expanded our Navy Yard campus to 159,000 square feet in seven buildings—equipped with state-of-the-art classrooms, practice and research labs, and clinical centers providing care for the community.

To mark this 40th anniversary, several events are planned for the coming year. In January, we hosted a kick-off birthday party for all faculty and staff. Festivities will continue with a party for students in March. We also are planning an event later in the year to honor those who have played a significant role in bringing the Institute to where it is today, including early planners and donors whose generosity has contributed to the Institute’s success over four decades.

As 2017 advances, additional events to mark the Institute’s 40th anniversary will be planned. We will share information on these as it becomes available via email, our website, and social media. So stay tuned and visit www.mghihp.edu/40 for the latest updates.

I want to personally thank members of the 40th Anniversary Committee for their work in marking this milestone year: Honorary co-chairs and current trustees Trish Joyce and Joe Knowles, whose fathers were the Institute’s founders, as well as committee chairs Betsy Rigby and Paul Murphy, and committee members Linda Andrist, Sherlene Austin, Lauren Curry, Ginny Do, Julie Atwood Drake, Val Grande, Jessica Henessey, Pam Levangie, Gregg Lof, Elizabeth Pipes, and Jim Vitagliano.

Compared with most of its higher education peers, the Institute is young. But there are few schools, I would venture to say, that have accomplished as much in such a relatively short 40 years.

Janis P. Bellack
President and John Hilton Knowles Professor

Be Part of Our 40th Virtual Time Capsule

We’re looking for memories, stories, and photos of your time at the IHP. Please share them at www.mghihp.edu/40.
The idea that Massachusetts General Hospital could establish a graduate school, a place that would educate only health care practitioners, was a bold and radical idea. It was the vision of two successive general directors at the hospital, Dr. John H. Knowles and Dr. Charles A. Sanders, that led to the creation of MGH Institute of Health Professions in 1977.

Forty years later, the families of Drs. Knowles and Sanders continue to play an integral role at the MGH Institute. John H. “Joe” Knowles, Jr., son of Dr. Knowles, and Trish Joyce, daughter of Dr. Sanders, are current members of the Board of Trustees who are carrying on this important connection.

When the Institute was founded you were fairly young. What are your early memories of the Institute?

Trish Joyce: I can remember my father talking to my mother about starting a school for health care professionals who wanted to further their careers. There was a lot of talk at the hospital because they didn’t know if the idea would work. And there was skepticism from a lot of area colleges because they were concerned the hospital would be overstepping its role by having a graduate school.

Joe Knowles: My father talked about the need to extend the educational role of the hospital and that the Institute would be a school which would be different from the former MGH School of Nursing [the Institute’s predecessor] in that it would also include other disciplines within the larger health care environment. When I first heard Dad talking about the IHP, it was about being innovative. He was all about innovation.

Why does the MGH Institute continue to be so important to your family?

JK: It’s great to be part of the school that is continuing its original mission—to educate smart, experienced, and well-prepared health care professionals who can become leaders in their respective fields. Then you have made an investment that should last at least several generations. One of the interesting things about being on the Board is that we discuss what are substantive, really thought-provoking issues about the future of health professions education and how the Institute can play a role in shaping that.

TJ: My father has told me several times that this has been one of his greatest achievements. It’s given so many people the opportunity to go out and make a difference with patients across the world. It really has been a wonderful thing for our family to be involved with the Institute all these years.

What inspires you to continue your family’s legacy of support?

TJ: The caliber of the Institute’s graduates is amazing, and the people applying here are top notch. It’s exactly what my dad envisioned as the Institute was beginning. I go to Commencement each year, and the enthusiasm of the new graduates as they are about to start their new careers is inspiring. I’m very proud to be able to continue what he helped start.

JK: I feel that supporting the Institute is an investment in all of our futures. We don’t know how the delivery of health care will change; only that it will. We endeavor to prepare our graduates for that changing landscape. We employ an educational model that fosters critical thinking and where
disciplines collaborate. Our graduates will be innovators as well as adapters.

4 What are you most proud of as the Institute reaches its 40th anniversary?

JK: I want to add to what I was just saying about the school’s entrepreneurial spirit. Over the past five or six years, the Institute has done a great job of not being behind change, or too far ahead, but being right on time when to start a new program. You don’t want to do things too early. Even the focus on interprofessional education—it was part of the school’s mission when it started, but not everyone was ready 40 years ago to bring health care practitioners from different disciplines together. That time is here now, and you can see it in how the school has responded with incorporating its IMPACT Practice curriculum for students so they will be well prepared to work in teams and provide more inclusive care for patients.

TJ: I’m amazed at how large the Institute has grown, and how it’s become one of the best health professions graduate schools in the country, if not the world. You can see it in the new programs that have recently started, like Joe mentioned. Its reputation has grown both in Partners HealthCare, and in New England, and I’m sure it’s going to continue.

5 What are one or two aspirations you have for the Institute in the upcoming decade?

TJ: It’s going to be a different place when Jan [Bellack] leaves this summer, but I’m sure the new president will be able to continue what she has done over the past 10 years. It’ll be exciting to see how the Institute continues to evolve, what other programs might be started.

JK: When you get into health professions education at an advanced level like the Institute does, things like the simulation manikins that students use are a wonderful learning tool. And the Institute continuing to expand online classes is another way to go because to the extent that you can educate students in two dimensions, that’s great. When we combine the technology with face-to-face interactions, that’s where the power of the Institute really comes through.

New Trustee Carol Vallone Looks to Align Education with Employer Needs

The future of health professions education, says Trustee Carol Vallone, involves graduating practitioners whose skills are closely aligned with the needs of health care employers.

Vallone, who joined the Board of Trustees last summer, is chief executive officer of Meteor Learning in Danvers, Mass., the leading company enabling higher education institutions to launch online, workforce-aligned degree programs that build job-ready skills and enhance career advancement.

Vallone notes that the Bureau of Labor Statistics has forecasted a job-growth rate of more than 20% for health sciences careers from 2012–2022. And, she says, health care employers are increasingly looking to collaborate with higher education institutions to educate their employees with the skills they need to fill increased job openings and meet health care delivery needs.

“Given the Institute’s strong health sciences brand and the vibrant health care market, the school is well positioned to offer flexible, online programs designed to support the complex balancing act of the growing number of working health care professionals who are also seeking to advance their careers,” she says.

Vallone, who also is on the board of trustees at Partners affiliate McLean Hospital, has worked with the US Secretaries of Labor and Education to integrate college and career activities as a member of the National School-to-Work Advisory Council during the Clinton Administration, has testified before the US Congress, and is a frequent media spokesperson on educational technology issues.
The MGH Institute held its first Faculty Convocation this past September, initiating a new academic tradition in which the school will recognize its professors and academic leaders at the beginning of the school year.

“Every faculty member at the Institute works hard to assure great experiences and education for our students,” said Dr. Alex Johnson, Provost and Vice President for Academic Affairs. “The convocation is a time for them to come together to celebrate and recognize each other.”

Several major faculty awards were announced at the event: School of Nursing Assistant Professor Antonia Makosky was named the recipient of the Institute’s highest faculty honor, the Nancy T. Watts Award for Teaching Excellence.

Two new awards were also presented: the Faculty Award for Excellence in Research went to School of Nursing Professor Diane Mahoney, while the New Investigator Award went to Department of Communication Sciences and Disorders Assistant Professor Joanna Christodoulou.

Professor Mertie Potter and Associate Professor Elissa Ladd from the School of Nursing each received a 2016–2017 Changing Courses Teaching Award. Instructor Melissa Feller and Assistant Professor Sofia Vallila Rohrer from the Department of Communication Sciences and Disorders were recognized for receiving the 2015–2016 Faculty Research Fellowships. The Faculty Senate Chair gavel for 2016–2017 was passed from Department of Physical Therapy Professor Marianne Beninato to School of Nursing Professor Patrice Nicholas.

Board Chair Dr. George Thibault gave the keynote address, summarizing the IHP’s history and growth and his hopes for its future.
A new student group is working to improve the MGH Institute’s culture and curriculum on issues of diversity.

“No one wants to think they have racist tendencies, but sometimes their unconscious biases may seep in,” says Master of Science in Nursing student Tesiah Coleman, one of the leaders of a newly formed Student Diversity Committee. “We’re looking to have a more in-depth approach so every student gets the education needed to treat patients from marginalized backgrounds.”

The committee was launched last fall. It is composed of more than a dozen students from several programs, including members of the student LGBTQ club KinsIHP and the multicultural club Ohana. Representatives from the committee now participate on the Institute’s Diversity Council where they can give their input regarding the school’s diversity and inclusion efforts.

“There was a concern that students did not have an official voice with the administration on diversity-related issues,” says Alesia Ford, a Doctor of Occupational Therapy student who is the committee’s co-leader. “Having a student committee provides a formal opportunity for us to be heard.”

While Ford and Coleman acknowledge the benefit of having a campus that is more reflective of the population at large—20% of students self-report as persons of color, a number that has doubled over the past several years—there’s also cultural humility, dealing with racial disparities, and offering students a safe place on campus to discuss racial issues that affect them.

The committee is considering several action items, say Coleman and Ford. These include reviewing curricula to identify and remove all stereotypes, creating a newsletter, and starting a mentor program for underrepresented students as they begin their IHP education, and creating a buddy/support system for all students.

“We want to make changes that are sustainable,” Ford says. “If you look at what’s happening in the country today, it’s clear that these issues are not being dealt with effectively. We would like everyone on campus to think more about these issues.”

The school has launched or expanded several initiatives in recent years to reinforce efforts to create an inclusive and welcoming environment:

- The Diversity Council, which meets quarterly, is composed of administrators, trustees, faculty, and staff;
- Financial aid, which assists students from all backgrounds but especially low-income students in reducing the burden of attending the Institute, has doubled since 2011 to just under $6 million;
- The John Hilton Knowles Fellowships and Presidential Scholarships, academic awards that give preference to students from backgrounds currently underrepresented in the health professions;
- The E. Lorraine Baugh Visiting Faculty Scholars Series, which since 2012 has brought to campus speakers who challenge the IHP community to stretch beyond its collective comfort zone and consider other points of view. Named for the Institute’s first Trustee chair, the speaker series is funded by Honorary Trustee Carol M. Taylor and her husband, John H. Deknatel; and
- A month-long Dignity and Respect Campaign, in which the IHP has participated for the past four years.
**Former Army Specialist Rea Fuentes Receives Award from the Pat Tillman Foundation**

Master of Physician Assistant Studies student Rea Fuentes is the personification of the American immigrant success story. As a child, she moved with her parents from the Philippines to Fort Worth, Texas, to start a new life. After becoming the first in her family to graduate from high school in the US, and not knowing exactly what to do next, she joined the Army and was deployed to Kuwait. She reenlisted and eventually became a respiratory specialist. It was treating combat veterans in a burn unit that motivated her to want to give something back to her adopted country.

“Growing up, I discovered myself and my own values, and then I adopted the Army values of leadership, duty, and respect,” says Fuentes, who became a US citizen during her military stint. “My sergeant told me the tradition of ‘learn and return.’ After you learn, you give back, and that’s what I hope to do by becoming a physician assistant.”

After receiving a biology degree in 2014 from Southern Methodist University in Dallas, Fuentes chose to attend the MGH Institute, assisted by a scholarship from the Pat Tillman Foundation. She is the first IHP student to receive the award from the non-profit established in memory of the former Arizona Cardinals football player who died in the line of duty in Afghanistan. She was one of just 60 recipients chosen from more than 2,000 post-9/11 military veterans and spouses the organization believes have “strength in character, academic excellence, and incredible potential.”

Her Army experience exposed her to the challenging demands military medical facilities and health care professionals face. It also reinforced her own experience growing up with parents who lived in a post-war country and who suffered many of the same physical and mental health issues as the soldiers she treated.

“It felt like it could have been me in that bed,” says Fuentes, who has been treated for post-traumatic stress disorder. “I thought, ‘What if it was my Humvee that got blown up?’ I felt there was more than respiratory therapy. I couldn’t let myself stop there.”

She feels the IHP was the perfect choice because of its academic approach, Boston’s reputation in education and health care, and Massachusetts’ acceptance of the gay community. Fuentes is a lesbian and feels at home in Charlestown with her fiancée. It’s just one aspect of what makes the 34-year-old, as she wrote in her application to the Tillman Foundation, “an unconventional student with unconventional life experiences.”

Fuentes hopes to have one of her second-year clerkships at the Boston Veterans Administration Hospital, and after graduating in 2018 plans to pursue working at a VA hospital—another way in which she hopes to devote her life to helping people in the country that has given so much to her and her family.

“I’m a veteran who also has been a patient, so I can relate to what they are going through. I’ve seen it from all sides.”
Along the Waterfront

Physical Therapy Curriculum Re-Imagined

Manny Acheampong got to know his patient, Kitty, quite well over the month he worked with her after she had a stroke in her 60s.

But he wasn’t providing hands-on care. Rather, the first-year Doctor of Physical Therapy student worked with the fictional client in a case study. It is part of the program’s new curriculum that has been re-imagined to focus on providing an education that is interactive, collaborative, and patient centered—emulating actual clinical practice.

This integrated modular approach to learning, explained Department of Physical Therapy Chair Pamela Levangie, is helping students think like clinicians from their first day in the program and fostering strong clinical decision-making, leadership, and advocacy skills.

“Preparing physical therapists who are ready for the challenges of this dynamic environment requires an approach that enhances practice readiness,” said Dr. Levangie. “This curricular model teaches students how to take responsibility for their own learning, which is what they will have to do in practice.”

Students take only one course at a time, during which they often work together in teams of five or six and apply their classroom learning to their patient case across the curriculum’s five threads: clinical decision-making, evidence-based practice, human movement, interprofessional collaborative practice, and professionalism.

“Every day reinforces what we’ve previously learned during the course,” explained student Courtney Livingston, “so by the end it all comes together like a mystery you solve.”

Added Acheampong: “We always know why we are learning things because the patient in the case study gives it all context.”

With a heavy emphasis on small-group work and self-directed learning, learning activities are structured to manage information and solve problems that mirror an actual patient/client-care setting. Each week, two hours of the case-based seminar are devoted entirely to application and synthesis of both past and current topics, along with up to a half-day of experiential learning in simulated or clinic-based patient-care activities.

The new curriculum was several years in the making, according to Levangie. She said it had become apparent that the changing health care environment demanded an innovative approach to physical therapy education that readied graduates for a more dynamic future.

“It’s a great benefit to learn in teams, since we’re going to be doing that when we graduate,” said student Misha Lee. “It’s always amazing to look back at the end of the month and see what I’ve learned and how I can apply it.”

For more details, go to www.mghihp.edu/FY16

Finances Continue Upward Trend

The MGH Institute during Fiscal Year 2016 continued its recent trend of maintaining a healthy financial position.

According to Vice President for Finance and Administration Atlas Evans, operating revenues grew 3.5 percent to $49 million, and total assets topped the $90 million mark for the first time. The increases were spurred from additional income generated by a full complement of students in the school’s two newest programs, the Doctor of Occupational Therapy and the Master of Physician Assistant Studies.

The IHP also expanded its pledge to assist students via scholarships and other tuition discounts to reduce the burden of their education costs. In the year ending June 30, 2016, student aid increased 18.5 percent over Fiscal Year 2015 to just under $6 million. This represents a 48 percent increase over the past five years.

“The Institute is proud to provide our students the opportunity to pursue their dreams of becoming health care professionals,” said President Jan Bellack. “The Board of Trustees is committed to ensuring this effort continues in the coming years.”

Total Operating Revenue, Fiscal Years 2012–2016
CSD Faculty Collaborate on Research

A new collaboration between three speech-language pathology faculty members promises to help them advance their research in communication disorders.

Associate Professor Yael Arbel, Associate Professor Lauryn Zipse, and Assistant Professor Sofia Vallila Rohter, who comprise the Cognitive Neuroscience Group, have been working together for more than a year after recognizing how their common research interests as speech-language pathologists were a good fit.

They are collaborating on projects using behavioral and neuroscience methods to examine the relationship between learning, language ability, and cognitive factors in various clinical populations such as adults with aphasia and children with language learning problems. Their work addresses the relationship between language and nonverbal cognition and how abilities such as attention, memory, and learning affect language.

“We are a sounding board for each other,” says Dr. Vallila Rohter. “Because I have colleagues who can help me ask the right questions and plan my research, I feel empowered to take on bigger, more ambitious projects.”

“I feel empowered to take on bigger, more ambitious projects.”

– Assistant Professor Sofia Vallila Rohter

Adds Dr. Zipse, “We are excited about each other’s shared research interests.”

The faculty created a pilot program last summer, bringing in undergraduates from local colleges for two months to provide research assistance, help design experiments, and organize and analyze large batches of data. The students also attended faculty and graduate student presentations and learned how to collect eye-movement data and use EEGs to measure electrical activity in the brain.

“Hands-on research is essential in the health professions, and graduate programs and employers value research experience,” says Dr. Arbel, “so this offered the undergraduates the kind of knowledge that will help them once they graduate.”

“We created enough structure to ensure the students would have basic research skills,” explains Vallila Rohter, “but allowed enough time for them to figure things out for themselves.”

The program is the first of its kind at the IHP. The Cognitive Neuroscience Group applied to the National Science Foundation for funding to continue it next summer and beyond.

An unexpected benefit was how the Institute’s speech-language pathology students interacted with the undergraduates. “We originally thought our students would simply be delegating tasks, but the experience really changed the way they thought about their work,” says Arbel. “Being in a mentoring role made our students think more clearly about the whole research process.”

SLP student Annette Mitko agrees: “It was really helpful to have to break things down. I had to really understand my research well enough that I could explain what I was doing and not rely on jargon.”

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Along the Waterfront

Simulation Education Exported Down Under

The MGH Institute is part of a new initiative with Mater Education to enable the Australian training organization’s students to earn postgraduate certificates and training in simulation.

Currently available to Mater’s Simulation Fellows, students earn their certificate by completing the MGH Institute coursework remotely under the tutelage of Mater’s faculty. The Fellows also receive instruction at the Center for Medical Simulation (CMS) in Boston, which is part of the new collaboration.

“We are thrilled to be able to award our certificate to a highly qualified group of practitioners in Australia,” said Associate Professor Dr. Deborah Navedo, the program director.

“Partnering with Mater Education confirms the MGH Institute’s position as a preeminent higher education partner in simulation-based education.”

Two Fellows have already enrolled in coursework toward the Institute’s Certificate of Teaching and Learning in Simulation as part of their Mater degree training as simulation-based educators. Upon completion of these courses, they will be prepared to integrate their clinical acumen and knowledge with the educational and theoretical tools to teach others in both academic and clinical settings, ultimately leading to improved patient care.

Mater Chief Executive Officer Donna Bonney said the affiliations with the Institute and CMS were important steps for the hospital-affiliated clinician training organization. “The partnership highlights our ongoing commitment to develop a world-class offering in simulation-based education and quality improvement initiatives,” she said.

A Pledge to Continue Educating Students About the Opioid Crisis

Jason Lucey and Lisa Walker are leading efforts with nurse practitioner and physician assistant students.

With the opioid epidemic continuing unabated, the MGH Institute is increasing its efforts to ensure nurse practitioner and physician assistant students are prepared to treat patients with the condition.

School officials recently were among several Greater Boston academic and medical organizations to sign Governor Charlie Baker’s initiative to standardize core competencies for the prevention and management of prescription drug misuse. The pledge was also signed by other NP and PA programs in the state, along with the Massachusetts League of Community Health Centers. This first-in-the-nation interdisciplinary partnership includes the state’s four medical schools and three dental schools, the Massachusetts Medical Society, and the Massachusetts Dental Society. “It gives us a solid framework to assess what we are currently doing and what we can do better,” says Associate Professor Lisa Walker, director of the Department of Physician Assistant Studies. “Being involved in the process makes it much more concrete.”

Assistant Professor Jason Lucey, a nurse practitioner who has been honored in New Hampshire for his work in treating patients with opioid use disorder, is spearheading efforts among School of Nursing faculty to standardize information in the curriculum. “This will ensure that students are educated about this public health crisis before they graduate,” Lucey says.

He notes that NP and PA students already are exposed to several pain recognition issues, including instruction on how to administer the opioid-reversing drug Naloxone, motivational interviewing, presentations by former opioid users, clinical rotations at sober houses, and the Safe and Competent Opioid Prescription Education (SCOPE) of Pain module designed to help them effectively manage patients with chronic pain.

The School of Nursing has also signed the Centers for Disease Control and Prevention’s Guideline for Prescribing Opioids for Chronic Pain, part of the White House’s efforts to stem a drug-abuse epidemic that now claims more lives each year than car accidents or gun-related homicides.
DOING HER JOB WITH HER PATIENTS—
AND THE NEW ENGLAND PATRIOTS

As a Master of Science in Nursing student, Jennifer Pinto spends time treating a patient one-on-one under faculty supervision. But several times since starting the nurse practitioner program in September 2016, she has worked in front of a much larger audience.

66,829 people to be exact.

Pinto spends her limited time away from her books and study groups as a cheerleader for the New England Patriots. Twice a week during the 2016 football season, she travelled to Gillette Stadium in Foxborough to participate in three-hour practices with her teammates. Her duties didn’t end there, as the squad made dozens of appearances at charity fundraisers and other events during which she interacted with fans—activities she says have helped her communication skills as a nursing student.

Juggling her schoolwork and cheering duties can be a challenge, she admits, especially when games are played outside the traditional Sunday afternoon times. Take the Monday night contest in December against the Baltimore Ravens. The game finished close to midnight, meaning she didn’t get back to her South Boston apartment until nearly 2 a.m.—and then had to be back on campus for a 9 a.m. exam.

“Being a cheerleader actually helps me prioritize things to make sure I set aside enough time to study,” said Pinto, who in 2015 earned a health policy degree from Providence College. “I wasn’t sure if I could cheer as well as succeed in the nursing program, but it’s worked out great.”

Pinto grew up in Rhode Island a Patriots fan, and her father has had season tickets for the past decade. She’s been a dancer since she was young, and became so good that she was chosen to be on the cheerleading team at Providence, supporting the men’s and women’s basketball teams. After spending a year following graduation with the WNBA’s Connecticut Sun, she gained the confidence to shoot for the pinnacle of her craft—the National Football League. But because of the intense competition to be part of arguably America’s most successful football team, it took her three attempts to make the Patriots squad.

“I want to get to know patients over time so I can help them live healthier lives. I know that being at the IHP is where I can learn what I need to accomplish that. It’s where I belong.”

One might think that she has gotten to know Tom Brady, Rob Gronkowski, and some of the players, but that’s not the case. Each squad operates separately, coming together on the field during home games.

While she hopes to have her one-year contract extended so she can participate in the team’s annual drive toward the Super Bowl, it’s the sound of grateful patients and supportive faculty rather than cheering fans that keeps her focused on earning her degree in 2020 and fulfilling her goal to start her own practice one day.

“Because of what I learned for my health policy degree, I feel long-term care is my niche,” Pinto said, who is in the adult-gerontology primary care track. “I want to get to know patients over time so I can help them live healthier lives. I know that being at the IHP is where I can learn what I need to accomplish that. It’s where I belong.”

And remember that nursing test she took on a few hours sleep? She was as successful as Brady throwing a game-winning touchdown pass to Gronk.
More than two-thirds of alumni respondents say they received a quality education that prepared them well for their health care career.

According to the results of a survey conducted last summer by Huron Consulting, 68% strongly agree that their IHP education prepared them well for beginning professional practice. The figure increases to 82% for those who graduated 15 or more years ago.

“The information we received provides a rich road map as we look to expand our alumni services, explore new and more effective ways for our alumni to stay engaged, and meet the post-graduation professional needs of our alumni,” says President Jan Bellack.

More than 1,000 alumni completed the online survey, a 21% response rate that Huron reported is twice the national average for similar surveys. The most popular request was for more continuing education offerings. Eighty-four percent expressed interest in online CEU content, while 47% requested on-campus classes. Career services and support (21%) and general professional development (19%) followed. Nineteen percent wanted more opportunities to connect with other alumni, while 87% of all respondents are interested in an alumni networking database.

In addition, 65% of respondents would like personalized coaching/advising, 57% are interested in online career development events, and 46% would like face-to-face career development events. And while many alumni have stayed connected with classmates, few expressed interest in class reunions or large social events.

More than half said they were interested in engaging with current or prospective IHP students about attending the school, 45% expressed interest in mentoring a current student, and an equal number reported interest in becoming a preceptor, lab instructor, clinical instructor, or guest lecturer. Since graduation, 47% of IHP alumni have served in one or more of these educator roles.

A significant majority of respondents indicated they would recommend the school to a friend or colleague, while many said they would be willing to help alumni in their job searches, or would hire or recommend an Institute graduate.

The survey also reports that by mid-career (defined as six to 15 years after graduation) one-third of alumni boast more than four professional accomplishments in their field, including earning certification in an area of specialization, presenting research findings at local or national meetings, serving as a board member or professional association officer, working with medically underserved populations, and helping educate the next generation of health professionals by serving as a preceptor.

Alumni services recently became part of a reorganized Office of Student and Alumni Services so the benefits that students receive before and after graduation are offered seamlessly and more efficiently. Combining these services also reflects the commitment in the school’s 2014–2018 Strategic Map to “Prepare students to be lifelong learners and engaged alumni.”

In addition, the Institute hired a director of continuing and professional development who will focus on increasing the school’s CEU offerings.

The Institute plans to develop new alumni initiatives in response to the survey’s results.
More than $3 million has been raised to support student scholarships during the 10 years the MGH Institute has held its annual Gala.

The 2016 event, “A Night of Inspiration,” was held on October 27 at the Renaissance Boston Waterfront Hotel. The Gala, which this year raised over $350,000, featured inspiring stories about how the school is educating the health care leaders of tomorrow.

Two members of the Institute community were honored: Matina S. Horner, who served as a trustee for 27 years, including chairing the Board from 1995–2005; and Jessica Kensky, a Registered Nurse at Massachusetts General Hospital and IHP Doctor of Nursing Practice student who lost both of her legs after being injured in the 2013 Boston Marathon bombing. She is receiving a full scholarship to the Institute.

Heather Unruh, former anchor for WCVB-TV, was the event’s MC.

Proceeds from the Gala fund scholarships for students in nursing, occupational therapy, physical therapy, physician assistant studies, and speech-language pathology who typically graduate with an average educational debt of more than $91,000. The Institute awarded close to $6 million in financial aid to students during the 2016–2017 academic year.

Honorary chairs were Ellen Zane, CEO Emerita of Tufts Medical Center and an IHP honorary trustee; and Peter Zane, former president of Kryptonite Corporation. Jack Connors, Jr., former chair of Partners HealthCare and founder of Hill Holliday marketing agency; and Samuel O. Thier, MD, former CEO of Partners HealthCare, were also honorary chairs. Peter D’Arrigo, president of D’Arrigo Brothers of Massachusetts and an IHP trustee, was the event’s chair.

Four individuals or companies donated at the Platinum Level: Bill and Kristi Geary, Massachusetts General Hospital, Putnam Investments, and Dr. and Mrs. Charles A. Sanders. Nine individuals or companies donated at the Gold Level: Sumner Brown, CVS Health/Minute-Clinic, Peter and Pamela D’Arrigo, Trish and Mark Joyce, McCall & Almy, Inc., MGH Nurses’ Alumnae Association, George and Barbara Thibault, Wise Construction Corporation, and Ellen and Peter Zane.

President Emerita Ann W. Caldwell shared the major announcement that a small and dedicated committee has raised over $1 million towards its $2 million goal to establish the Matina Souretis Horner Professorship. This endowed faculty position, named in honor of the Institute’s longest-serving trustee, will support a leading clinical scientist whose interdisciplinary research is focused on improving treatment and rehabilitation outcomes for individuals with selected health conditions and disabilities. The incumbent will also serve as a research mentor for junior faculty and doctoral students. The Matina S. Horner Fund Committee is chaired by Caldwell, with honorary co-chairs Jack Connors, Jr. and Dr. Sam Thier.
A Decade of Leadership
The Institute Reaches New Heights During President Jan Bellack’s Tenure

By Alyssa Haywoode

By the time of President Bellack’s 2008 inauguration, the bond between her and Board Chair Dr. George Thibault already was strong.
Partners HealthCare President and CEO Dr. David Torchiana first met Jan Bellack in 2007 when she was interviewing for the presidency of MGH Institute of Health Professions.

“I was won over instantly,” recalls Torchiana, who was president of the Massachusetts General Hospital Physicians Organization at that time. “She seemed extraordinary in terms of how dynamic, forward-looking, energetic, and potentially catalytic for the Institute she could be.”

Ten years later, he says Dr. Bellack has lived up to expectations. “Jan has done a phenomenal job,” Torchiana says. “She came in with a track record and did all the things we had hoped of her.”

Bellack, who will retire at the end of June after a decade as president, has led a school that has grown in size, stature, and heart. She’s overseen the addition of several new academic programs, a significant expansion of the Charlestown Navy Yard campus from one to seven buildings, and has placed an enhanced emphasis on research and faculty scholarship. The student population has almost doubled to 1,600, faculty and staff have grown by a similar margin, the school’s finances are their strongest in history, annual financial aid distributed to students has more than tripled, and the school has continued its accreditation from the New England Association of Schools and Colleges.

Best of all, according to Board of Trustees Chair Dr. George Thibault, Bellack has maintained the cohesiveness and intimacy that has been a hallmark of the school since its beginning in 1977. “Jan has transformed the IHP into a true university,” says Dr. Thibault, president of the Josiah Macy Jr. Foundation in New York City. “She has accomplished so much, and yet she’s retained its sense of family and community.”

By all accounts, Bellack is leaving the MGH Institute well positioned for its next 40 years.

A Life in Higher Education

“I don’t know anyone who starts out saying they want to be a college or university president,” Bellack says. “I spent my childhood pretending I was a teacher. I would set up my dolls and instruct them and create assignments and grade books.”

By the time she left her northeast Ohio hometown for college, her aspirations had grown. She attended the University of Virginia, where she earned a diploma in nursing and then a Bachelor of Science in Nursing degree. While she began her career treating patients as a registered nurse, in the back of her mind she knew that teaching was her true calling. After earning a master’s degree in pediatric nursing at the University of Florida, she returned to her alma mater to assume her first faculty position, where she says she was privileged to work with and learn from professor and nurse historian Dr. Barbara Brodie, the first of many mentors who would come to shape her career.

“Jan was extraordinarily confident, someone who had great people skills and worked very well with her students,” says Brodie, founder and director emerita of UVA’s Center for Nursing Historical Inquiry. “When we spoke, she always had something to say that was worth listening to. And I listened.”

Dr. Shirley Chater was one of several women leaders who mentored Bellack over the course of her career.

Following two years at Virginia, Bellack spent three years on the faculty at Old Dominion University in Norfolk, Virginia, where at the age of 26 she helped lead its curriculum committee and spearheaded achieving its first national accreditation for the nursing program. Following a family move to Lexington, Kentucky, she joined the College of Nursing at the University of Kentucky (UK). It was there that another mentor, Dr. Juanita Fleming, entered her professional life. Bellack remembers one occasion when, after she pointedly disagreed with a colleague in a meeting, Fleming took her aside afterwards to ask what kind of role model she was being. “That was a huge wake-up call,” Bellack remembers. “I didn’t want our new young faculty to see that it’s okay to behave that way. That was a pivotal moment in my career.”

By 1984, Bellack had been a tenured faculty member for several years. She enjoyed teaching, but felt that she could make a bigger difference in a broader role. Fleming offered her the opportunity to serve as special assistant to the associate dean for the university’s graduate nursing program. In 1987, she joined the College of Nursing at the Medical University of South Carolina (MUSC) after completing her PhD in educational policy studies at UK. It
was there in Charleston that she and her husband settled in, raising their two boys in a city she grew to love.

In addition to becoming a tenured professor at MUSC, Bellack also was assistant dean for undergraduate nursing programs, university-wide associate provost for education, and special assistant to the president for campus-community partnerships. “A lesson learned was to seize opportunities that come your way,” Bellack says. “Take the bull by the horn and find the people you work well with to make things happen.”

During this time, she began raising her national profile. She became a program evaluator with the Council of Baccalaureate and Higher Degree Programs for the National League for Nursing, senior fellow at the Center for the Health Professions at the University of California-San Francisco, and core faculty member for the prestigious Robert Wood Johnson Foundation Executive Nurse Fellows program. “It was just the most amazing time,” Bellack says of the chance to meet and learn from the program’s leaders, speakers, and participants. “It was a tremendous learning experience to be in the middle of all that knowledge and inspiration for the 14 years I was affiliated with the program,” Bellack notes.

She got her first exposure to Boston working with Harvard Pilgrim Health Care as a member of the national advisory committee for its RWJ Foundation-funded Partnerships in Quality Education program. Bellack also knew Mass General Chief Nurse Jeanette Ives Erickson, who was a member of the inaugural cohort of the RWJ Executive Nurse Fellows and helped introduce her to the Boston health care world. Those factors, and the fact that her younger son was a student at UMass Amherst, made it easier for her to leave her beloved Charleston in 2000 to become provost and academic vice president at Massachusetts College of Pharmacy and Health Sciences, where she also served tenures as interim dean of health sciences and interim dean of nursing.

It was 2006 when Bellack heard that the Institute’s president, Ann Caldwell, would step down. Bellack was intrigued, but wasn’t sure she wanted to move to a presidency, primarily because she worried she’d be too removed from academics and students. An important mentor in her life convinced her otherwise.

“It was obvious to me that Jan had the skills to be president of the Institute,” says Dr. Shirley Chater, former Social Security Administrator during the Clinton Administration and former president of Texas Woman’s University. Bellack had developed a professional and personal relationship with her during the years of the RWJ Executive Nurse Fellows program, for which Chater served as chair of its national advisory committee. “Jan had a wonderful reputation nationally, and had the vision, creativity, innovation, and strategic thinking to look toward the future. She was the perfect choice.”

Chater not only allayed Bellack’s uncertainty, but also nominated her for the position and put the full weight of her own reputation as a nationally renowned nursing, academic, and government leader behind it. It also didn’t hurt that Chater had served on a Mass General advisory committee when the Institute was being conceived in the mid ’70s.

“I thought the Institute presidency was a real long shot, to be honest,” says Bellack, “but Shirley kept saying to me, ‘You should do this. You’re ready. And you will have more fun being a president than being provost.’ She was right.”

It was the culminating step in her professional journey when she was selected by the Board to become President and John Hilton Knowles Professor of the Institute in 2007. She says that every day she still feels incredibly honored to have had the privilege of leading the Institute for the past decade, and is confident that its future is bright.
Moving in the Right Direction

It wasn’t always so. The 1990s were a rough time for the Institute, remembers Dr. Matina Horner. The former president of Radcliffe College. Horner was chair of the Institute’s Board of Trustees at the time. “The school was facing being penniless, homeless, leaderless, and basically in jeopardy,” Horner recalls. Applications were flat, the school’s move from Massachusetts General Hospital into an office building at 101 Merrimack Street near North Station was not working out as well as hoped, and pay raises were scarce.

In 1997, not knowing whether the school could rebound from such financial turmoil, the board hired Caldwell, who had a background in fundraising. Over the next 10 years, Caldwell improved the school’s balance sheets so that by 2000 it had the stability to finally establish its first permanent campus, purchasing what is now known as the Catherine Filene Shouse Building, in the Charlestown Navy Yard. By the time Caldwell stepped down in 2007, the days of uncertainty were gone and the board was looking for a leader to take the Institute to the next level.

What the board wanted was an academic, someone who could envision the next steps to turn the Institute from what Horner calls “a well-kept secret” into a player among Boston’s high-profile academic institutions. “Jan came with great credentials,” says current Board Chair George Thibault, who at the time was vice president of clinical affairs at Partners HealthCare and director of the Academy at Harvard Medical School. “I didn’t know Jan before, but it was obvious she knew the academic world very well. We felt that she not only had the appropriate academic experience but the kind of style and temperament that would fit well with the IHP community, and also work well with the leadership throughout Partners. She was steady and balanced, not flashy, not showy.

“We had to complete the transformation of the IHP,” Thibault continues. “The school had grown out of a hospital, but a hospital’s organization and culture are different from that of an institution of higher education. And Jan understood that.”

Building a new culture meant completely changing the school’s infrastructure. One of the first things Bellack did was hire someone to serve as chief academic officer. Dr. Alex Johnson, then chair of the communication sciences and disorders department at Wayne State University in Detroit, became the school’s first provost and vice president for academic affairs. It was a move, says School of Health and Rehabilitation Sciences Dean Leslie Portney, that set a new tone across the campus. “When Jan brought Alex in, it was clear that scholarship and research were going to be a priority,” Dr. Portney says. “It really made a huge difference in our whole identity.”

Over the next two years, the Institute’s programs were divided into academic schools. The direct-entry and post-professional nursing programs became the School of Nursing, communication sciences and disorders and physical therapy
became the new School of Health and Rehabilitation Sciences, while the Center for Interprofessional Studies and Innovation housed two new programs, the PhD in Rehabilitation Sciences and the Master of Science in Health Professions Education.

The Institute also embarked on a renewed focus on interprofessional education. It had been part of the school’s original mission, but over the years its prominence had waned. Several recent studies had shown that a team-based approach to patient care was the wave of the future. A new curriculum, called IMPACT Practice®, began in 2012, bringing small teams of students from each program together for three courses to learn about, from, and with each other. “One of the things that distinguishes the Institute is that while we are preparing competent practitioners, we’re also preparing leaders for the future,” says Bellack. “Participating in teams and rotating leadership roles on those teams through interprofessional education provides our students with the tools they will need when they graduate.”

She also realized the Institute needed to take a fresh look at its mission and strategic priorities and determine the steps needed to fulfill these. The school is now on the third iteration of its strategic map, which is used as a road map for ongoing improvement. Experts on a variety of topics have spoken to the leadership team, giving them a broader perspective and assisting in making the map something that truly guides short- and long-term planning and decision-making.

“The key thing Jan did was to more clearly operationalize the Institute’s mission and vision,” says Atlas Evans, the school’s vice president for finance and administration. “It’s not just a statement on the wall. We’re actually living it.”

One important goal has been to strengthen diversity. The Diversity Council, which Bellack chairs, began looking at the issue in a broader way. The number of students of color doubled to 20%, but it was not just about numbers. Curricula were reviewed and revised to ensure faculty were teaching students how to care for people of all backgrounds, the E. Lorraine Baugh Visiting Faculty Lecture Series was established to bring in experts to present topics from different points of view, the school increased efforts to add faculty members of color, and in 2016 students formed a diversity committee to expand their voices on issues of inclusion and social justice.

Creating a Research Environment

Trustees and administrators began working on ramping up the Institute’s research profile early in Bellack’s tenure. While the school had been known for its clinical education excellence, research efforts over the years had been inconsistent. An external advisory
committees was formed to evaluate whether the Institute had the potential and capacity to substantially increase its research activity and presence within Boston’s robust and renowned research world. The committee’s report became the basis of a plan for new growth, and Bellack was instrumental in making it happen, says Robert Hillman, director of research programs at the Institute and co-director at the Center for Laryngeal Surgery and Voice Rehabilitation at Mass General. “As a result of that, more IHP students have more placements within Partners than ever before. She inherited a terrific school but she’s made it significantly better.”

Much of the improvement can be viewed on the Institute’s balance sheets. According to Evans, the school’s operating revenues have increased 158% since 2010, while holding tuition at or slightly below that of its peers. This has allowed the Institute to do things not often seen: self-finance most of its $20 million building expansion over the past several years while simultaneously reducing its overall debt load and posting the highest operating margins within the Partners system.

“She’s not just good academically—she’s very practical in terms of the direction she’s steered the institution,” says Peter K. Markell, chief financial officer of Partners. “Jan has been able to see the big picture, but also see the path to get from where she’s at to that endgame where she wants to be.”

She also has extended the Institute’s influence throughout the region’s higher education world. Richard Doherty, president of the Association of Independent Colleges and Universities in Massachusetts, praises Bellack for having an “entrepreneurial and business-like approach that sometimes higher education isn’t credited for.” Bellack served on the organization’s board for three years, where Doherty said she assumed a leadership role, particularly on issues related to the academic program approval process in Massachusetts. “She had this unique ability of matching diplomacy and doggedness on issues,” he says.

It’s All About People

From the start, Bellack nurtured a campus environment that encouraged discussions among all corners of the Institute. That includes having a true open-door policy, where the newest staffer has the same access to her as the longest-serving trustee. Bellack holds town hall-style meetings each semester, answering questions about plans in progress and upcoming changes, and acknowledging new employees who have joined the school. She instituted several events for faculty and staff, including monthly luncheons and social hours, day-long professional development seminars, and an annual off-campus employee appreciation day that includes honoring a staff employee of the year.

“The appreciation that she has given to the staff and the faculty promotes a collaborative environment,” says

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One of Bellack’s major accomplishments has been raising the Institute’s profile within Partners HealthCare. While the Institute is the only degree-granting affiliate in New England’s largest health care provider, it had struggled getting the number of student clinical placements needed to meet the school’s needs; without placements, however, the Institute would not be able to expand. Bellack and Johnson began visiting the system’s affiliates, especially Massachusetts General and Brigham and Women’s hospitals, reminding them of the school’s value for treating patients and building the workforce pipeline. Today, the number of clinical placements within the Partners system runs between 20% and 70%, depending upon the program.

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Heather Easter, chair of the staff council and the executive assistant to the provost. “It’s given the staff a feeling of self-worth and creates a very strong human connection throughout the Institute.” This work culture has resulted in the school’s faculty and staff rating the work environment so positively that the Institute has been named a “Great College to Work For” the past seven years by the Chronicle of Higher Education, and on the survey’s Honor Roll for the past three—including being the only college in Boston so named in 2016.

Bellack has enthusiastically supported faculty professional development. “She really encourages and promotes leadership among the community, which is wonderful for people’s careers,” says Professor Linda Andrist, the nursing school's associate dean for academic affairs and program innovation. She notes that Bellack has offered senior faculty the chance to become reviewers for the Journal of Nursing Education, for which she serves as editor-in-chief. “That’s national recognition that boosts our professional status.”

“Focusing on people and human capital is really critical,” says Provost Alex Johnson, “especially paying particular attention to the people who are so important to the mission but who may be working behind the scenes. Jan has made that a priority.”

Bellack also makes it a priority to regularly connect with students, inviting several to the school’s annual Gala, holding town hall-style meetings, and hosting a luncheon with class representatives each fall semester. “She has us come in and share our experiences at the Institute, what changes we’d like to see, and what’s happening on the administration side,” says Jaemin Yoo, CSD '17, the current co-president of the Student Government Association. “They are very informative.”

She has also developed a strong bond with the Institute’s board, especially Board Chair George Thibault with whom she has worked most closely. At board meetings, the Gala, and other gatherings, it’s been common to see the two of them huddled together, discussing issues or just sharing a laugh.

“Jan and I quickly discovered that our styles matched,” says Thibault. “She has been a wonderful addition for the IHP and has done a fantastic job. I truly can call her a great friend.”

Forging these relationships and making the campus a more welcoming place is one of Bellack’s proudest accomplishments. “The collaborative culture is creating a great work environment for our faculty and staff so they in turn foster a positive learning environment for our students,” she says. “It’s my fondest hope that whoever my successor is, this will continue.”

**The Next Chapter**

Coming up on her 10th anniversary as president and the 40th anniversary of the Institute, Bellack felt the timing was right to bid adieu. She will return this summer to Charleston, where she is building a home to be near her two sons and their families, including her three grandchildren, and will continue to indulge her travel bug that draws her regularly to England and France. She plans to continue as editor of the Journal of Nursing Education, but a part of her heart will remain at the Institute where she says she has spent the most fulfilling part of her professional career. True to her first love—teaching—it is the students, the health care leaders of tomorrow, who she thinks of most as she contemplates concluding this chapter in her life.

“I believe that all of our graduates, regardless of their role, can be change agents who have the courage to speak up when they see something that’s not ethical or not in line with best practices,” Bellack says. “It can be small, little things, but it’s everyday leadership where our graduates can be role models, practice competently, think about how to make health care better, and continuously advocate for those who don’t always have a voice.”

As a result of Bellack’s decade-long tenure, the Institute is on solid ground to ensure that continues to happen.
The Patient Experience, Simulated

Students experience the rigors of clinical situations and learn from their mistakes.

By Joanne Barker

Dr. Mimi Pomerleau watched through a one-way mirror as a group of her nursing students completed initial assessment of a new patient. Victoria, who was in her 35th week of pregnancy, had arrived in a mock labor and delivery unit with several troubling symptoms: blurred vision, a headache, and high blood pressure.

Pomerleau, an assistant professor in the School of Nursing, had one eye on the patient’s vital signs and the other on her students when Victoria cried out, “My head hurts, it really hurts!” The voice belonged to Logan Poole, a teaching assistant and a 2016 graduate of the Accelerated Bachelor of Science in Nursing program. She was talking into a microphone while maneuvering Victoria—a high-fidelity interactive manikin—through a medical simulation. On this particular day, Victoria was programmed with the symptoms of preeclampsia, a high-risk pregnancy complication. The phone next to Pomerleau rang—one of the nursing students calling for backup—and within seconds Pomerleau was gowned up and at the bedside. Just then, Victoria’s first seizure began.

Welcome to the world of clinical simulation at the MGH Institute. Before they care for real patients and apply their classroom learning in a hospital or clinic, an increasing number of students undergo simulated conditions, experiencing the rigors of any number of clinical situations and developing skills only experience can teach.

The Institute has been infusing simulation within its academic programs for over 10 years, as have many medical schools and teaching hospitals. By using manikins as well as standardized patients (lay people trained to simulate individuals living with a broad range of health conditions), faculty expose students in every program to specific health problems and situations they may or may not encounter on their clinical education rotations. “Many of our students won't see a patient having a preeclampsia seizure during their clinical assignments, but they need to know what it is and what to do,” says Pomerleau. “Using manikins, we can make sure they will have that experience.”

The Institute owns more than two dozen manikins that can be manipulated to present an impressive array of health issues. They include a newborn manikin that turns blue when its breathing is impaired and a school-aged manikin that can wheeze until the students treat with the proper medication, plus Victoria, which can perform myriad birth-related complications and scenarios. Others can sweat, bleed, urinate, blink their eyes, and simulate various body sounds.

“These manikins can be programmed so that conditions change as the students work with them,” says the lab’s simulation education specialist, Mike Trioli, who said the value of the simulators and accompanying equipment and software exceeds $400,000. “We try to create as real
an environment as possible for the students to work in, so when they walk into a simulation room they are able to suspend belief and treat the manikin as if they were in a real hospital room working with a real patient.”

Trioli says other manikins are used by students to learn tasks and skills for specific parts of the body, such as listening to heart and lung sounds, connecting a patient to a ventilator, giving injections, and prepping for a lumbar puncture. Other scenarios include tracheotomies, various OB-GYN exams, and wound care. Then there’s an array of tubes that can be inserted, including a central line, a gastric line, an IV, and a Foley catheter.

“In the simulation lab, you are the nurse,” says Poole, the BSN grad who was working in the lab while studying for her nursing boards. “You have a lot more responsibility than what you get during clinical rotations.”

Naturally, this opens the door for mistakes, an important aspect of the learning activity. “We don’t want to place students into a situation where they’re completely over their heads,” says Dr. Mary Knab, an associate professor and director of the IMPACT Practice® interprofessional education curriculum, “but we do want to stretch them. If they make a mistake during a simulation, it is an opportunity to reflect on what happened and learn from it.”

A Growing Trend

Simulation as a learning tool has been growing in recent years, thanks in part to a study by the National Council of State Boards of Nursing that examined the effectiveness of simulation in nursing programs. In the study, more than 600 nursing students from 10 programs were assigned to one of three groups. In place of the standard requirement for clinical hours at a hospital or health center, students spent 10 percent, 25 percent, or 50 percent of those hours in simulated practice. In follow-up assessments, both before graduation and in their first six months as working nurses, those who spent half of their clinical hours in a simulation lab were found to be equally knowledgeable and capable as those with a more traditional clinical training.

“Every health professional has to do a procedure for the first time,” says Dr. Deborah Navedo, a nurse practitioner who is director of the IHP’s post-professional Master of Science in Health Professions Education program. “It’s a better experience for patients if students have become comfortable with a procedure through simulated practice before they arrive at the bedside.”

According to Instructor Josh Merson, students in the Physician Assistant Studies program have discovered the benefits of simulation as well. Several students have completed their rotation in the Neuroscience Intensive Care Unit at Brigham and Women’s Hospital. “After they performed their first live lumbar punctures on their rotations, they came back and told me the practice they received in the lab helped them feel much more comfortable doing the procedure with a person,” he says.

First-year Doctor of Physical Therapy student Bergomy Jeannis tells of walking into a scenario with a standardized patient; the woman was acting as a 62-year-old cardiac patient who had heart surgery two days prior. “We knew the best thing you can do for patients is to get them up and walking as soon as possible, so that was the plan,” he recalls. “But when we got in the room, we realized the patient was too weak to sit up, never mind stand. It was tough, and it forced me to change my plan of care on the spot.”

No matter how much clinical knowledge one has, patients are complicated. They often are stressed and worried about their future, and
may refuse to follow a plan of care or insist a diagnosis is wrong. And increasingly, patients speak a different language than the clinician. To place students in this type of scenario, the Institute uses standardized patients to pose the kind of unpredictability that practicing health professionals face on a regular basis.

Sarah Curtis is a second-year student in the Master of Science in Speech-Language Pathology program. She recalls a simulation experience in her pediatric feeding and swallowing course in which she was scheduled to help a patient with swallowing problems, a simple matter of providing water and pudding. But the standardized patient presented with cognitive deficits and little awareness of her physical impairments, meaning Curtis had to implement a new care plan on the fly. “She was sure nothing was wrong and refused to eat anything that wasn’t a cheeseburger,” Curtis recalls. “She thought my job should be to get her out of there.”

Standardized patients can also introduce students to patients with cultural differences and language barriers. Thanks to a working relationship with Found in Translation, a Cambridge-based organization that trains medical interpreters, students can practice communicating with non-English-speaking patients. “A common mistake is to look at the interpreter and not the patient,” says PA faculty member Merson, “but this makes patients feel like they’re not being listened to. We teach students to always face the patient, even when they’re speaking through an interpreter.”

“Simulation Over. Return to Your Classroom.”

At the end of every scenario, students review how they did with their instructor and fellow students, who have observed the scenario on video or through a one-way mirror. “The debriefing is where the learning really happens,” says Occupational Therapy Director Regina Doherty. Many OT scenarios put students in the position of responding to uncomfortable information. What do you say, for instance, when a patient confides that they are being abused at home? “So often, students will say, ‘I didn’t realize it would be so hard,’ and we explore that with them,” Dr. Doherty explains. “We explore what was so hard and talk about practical ways to follow best practices in these scenarios.”

Debriefing sessions, regardless of how well a student does, can lead to vulnerable moments. “Some students come out of a simulation like deer in headlights,” says Navedo. “We have to be sure to create a safe environment so students are in the right mindset to learn.” To this end, the Institute collaborates with its neighbor, the Center for Medical Simulation, to work with faculty in effective simulation and debrief techniques.

When his classmates complimented DPT student Jeannis on how he handled himself with the cardiac patient, he says all he could think...
about were his mistakes, like not being concise enough when he was talking with the patient. The debriefing helped him see how he and his classmates reacted appropriately to an unexpected situation by propping the patient up in bed and having her do breathing exercises. “We all learn from experiences, and when students take the time to reflect on those experiences, we can help them anchor that learning,” explains Knab.

The Institute has expanded its simulation capabilities significantly over the past decade. Having furnished the simulation lab with hospital beds, patient monitors, defibrillators, and other medical equipment, Trioli is now working to get an instructional version of the electronic medical record software Epic, which has been implemented at hospitals in the Partners HealthCare system and elsewhere, so students can be prepared to document patient care during their clinical rotations.

Also on his radar is an automated medical dispensing unit and ultrasound technology. “Everything in the hospital is going to be ultrasound-based,” he notes. “Our students need to know how to use it.”

Simulation will also be part of a collaborative pilot between the Institute’s IMPACT Practice program and Harvard Medical School that is scheduled to begin in 2017. With the support of a grant from the Josiah Macy Jr. Foundation, first-year students from the Institute and the medical school will practice the intricacies of collaborating with health professionals from other fields. “They need to develop competencies such as understanding each other’s roles and working from a common set of values,” says Knab, who has been running the IMPACT Practice program for several years. “Now we’ll be able to add medical students to the mix of health professions. It’s a great opportunity for students at both schools.”

**Cadavers, Voice Boxes, Cow Lungs**

“When you come face-to-face with a human brain, you get a visceral sense of how fragile and astounding the human neurological system is,” says Sarah Curtis, a graduate student in the Speech-Language Pathology program, after she and her classmates spent an afternoon at Harvard Medical School examining dissected brains. “It was an opportunity to experience a brain in a different way because we’ll be expected to work with how they function every day.”

In addition to manikins and standardized patients, students are exposed to various parts of human anatomy to better understand the physical basis of underlying conditions and diseases. For students in the Doctor of Physical Therapy and Doctor of Occupational Therapy programs, it means being involved in cadaver dissection in the pathology lab at Harvard Medical School (HMS).

Students in the Master of Physician Assistant Studies program study musculoskeletal and neurological anatomy in the HMS cadaver lab and spend time in the autopsy lab at Massachusetts General Hospital. They also observe pathologists in the brain lab at Brigham and Women’s Hospital, where they learn about deficits that are visible in a dissected brain. On the IHP campus, they inflate cow lungs to see the elasticity and alveoli function as well as dissect animal hearts, eyes, and kidneys.

Speech-language pathology students can view diagrams and 3-D models of the brain and review MRIs and PET scans. But for Curtis, seeing—and holding—an actual brain brought learning to life. “It was like the difference between reading a map and actually driving to a place,” she explains. “When you have a brain in front of you, you get a very different sense of what you’re working with.”

Communication Sciences and Disorders Adjunct Professor James Heaton says students also receive invaluable experience dissecting and phonating (using airflow to produce voice) the voice boxes of sheep in MGH’s Voice Center Research Labs. “Time and time again, speech-language pathology students hear about how the length and tension of the vocal folds affect the tone and pitch of a person’s voice,” says Dr. Heaton. “Here they can hold a larynx in their hands and manipulate the tissues in a way they would never be able to do—even with the most compliant patient—in a clinical setting.”

Speech-language pathology students examining a sheep’s voice box at the Mass General Voice Center Research Labs.
Justin Eusebio wants to become a nurse practitioner in the psychiatric mental health field because he believes it’s the next frontier in global health.

Lauren Carter has her sights set on a career in physical therapy because she wants to help patients resume their everyday lives.

Carter and Eusebio have some interesting similarities. Each earned a bachelor’s degree at Davidson College in North Carolina (albeit several years apart), and both were encouraged by their parents to pursue careers in health care. And they each have been awarded a Charles and Ann Sanders Interprofessional Scholarship from the IHP to help cover tuition expenses. The scholarship is named after Dr. Charles Sanders, who was one of the Institute’s two founders, and his wife. It also provides funds to promote the students’ participation in regional, national, and global interprofessional learning experiences.

Yet, although their paths to the Charlestown Navy Yard campus ran on parallel tracks, each student has a unique story about their respective journeys.

Prior to starting the Doctor of Physical Therapy program, Carter spent a year in France on a fellowship teaching English. Inspired by her father, a dentist, Carter chose physical therapy because she can work with patients for long stretches of time and become intimately involved in their recoveries.

“The Institute is such a great school,” Carter says. “It emphasizes collaboration and is so close to Mass General and the other hospitals in Boston. It’s a great opportunity to work alongside expert practitioners.”

During her first year in the program, Carter has had clinical rotations with physical therapy patients at Brigham and Women’s Hospital. “That’s my favorite part: putting my learning into practice,” she says. “When you see it happen, you realize everything has a purpose.”

After receiving his undergraduate degree, Eusebio earned a master’s degree in medical sciences from Boston University and spent two years working as a clinical researcher for the Cancer Outcomes Research Group at MGH’s Psychiatry Department. As he tried to improve oncology patients’ quality of life, he was constantly struck by how many of them struggled with depression and anxiety.

Eusebio has had an intimate look at the links between physical and mental well-being. He points to choices made by many of his family members, who emigrated from the Philippines, that may have played a role in their having a number of simultaneous health problems along with undiagnosed depression. “I saw firsthand how hypertension, diabetes, and many other medical issues can be preemptively addressed by focusing on behavior and emotion,” he says.

After completing his three-year Master of Science in Nursing degree in 2019, Eusebio plans to work as a nurse practitioner as well as teach in order to advocate for the importance of mental health. Eventually, he intends to pursue a Doctor of Nursing Practice degree.

“The excitement and funding and support around infectious diseases spurred a new generation of people to be interested in global health,” he notes. “But mental health hasn’t gotten the attention it deserves. I think the issue will generate a new wave of attention on this public health issue going forward.”
PHILANTHROPY

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— MARY LENTZ, EXECUTIVE VICE PRESIDENT, McCall & Almy
“I give regularly in appreciation and support of the vision Ruth Sleeper, the former director of the MGH School of Nursing, shared with us over 60 years ago—that learning is a lifelong process in which critical thinking and analysis, together with understanding the scientific principles underlying our interventions as health care providers, are essential to providing excellent care. The IHP has continued this tradition of excellence while expanding its programs to other health care professions.”

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– Shira Winter, NS ’16
**CLASS NOTES**

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

**COMMUNICATION SCIENCES AND DISORDERS**

ALEXIS SMITH, SLP ’12, is now working at the International School of Beijing in China, serving a population that spans from employees in the American embassy to local Chinese families. “I have worked this year to learn about the Chinese culture and language and the impacts it has on speech and language for a dual-language learner to help support and determine difference vs. disorder,” she writes. She spent the previous three years working in the Burlington (Mass.) Public Schools.

**NURSING**

JENNIFER REPPER-DELISI, MS ’90 co-authored the article, “Re-Designing the Patient Observer Model to Achieve Increased Efficiency and Staff Engagement on a Surgical Trauma Inpatient Unit” in the Joint Commission Journal on Quality and Patient Safety.

MARY LYONS, MS ’91 co-edited the 7th edition of Principles of Analgesic Use.

CAROLYN McDONALD, MS ’91 became certified as a neuroscience nurse by the American Board of Neuroscience Nursing.

SARAH THOMPSON, MS ’93 co-authored “Patient Opioid Education: Research Shows Nurses’ Knowledge of Opioids Makes a Difference” in the journal MEDSURG Nursing.

VIRGINIA CAPASSO, CAS ’94, co-director of the MGH Wound Care Center, co-authored the chapter “Carotid Stenosis” in Primary Care: a Collaborative Practice.

PATRICIA LOWRY, CAS ’94, a nurse practitioner in the MGH Cardiac Interventional Unit and Hypertrophic Cardiomyopathy program, authored the chapter “Chest Pain and Coronary Artery Disease” in Primary Care: a Collaborative Practice.

TODD HULTMAN, MS ’04 co-authored the article “When the Patient Seeks Cure: Challenging Chemotherapy and Radiation Side-Effects Requiring Creative Solutions” in the Clinical Journal of Oncology Nursing.

MARCIA AVILA-WALLACE, MS ’05 co-authored the article, “Cervical Cancer: Screening, Management, and Prevention” in The Nurse Practitioner.

STEPHANIE AHMED, DNP ’08, director of Ambulatory Nursing at BWH, completed the Caritas Nurse Certification from the Watson Caring Science Institute and became a certified Caritas coach.

KEVIN WHITNEY, DNP ’14 is the new Chief Nursing Officer and Senior Vice President, Patient Care Services, at Newton-Wellesley Hospital. He had been Associate Chief Nurse at Massachusetts General Hospital since 2011, responsible for the Surgical, Orthopedics and Neurosciences Services. Before joining MGH he worked at Emerson Hospital for 20 years in key clinical and leadership roles including Emergency Department Staff Nurse, Nurse Manager of Emergency Services and Chief Nursing Officer/Vice President for Patient Care Services.

RACHEL SALGUERO, BSN ’09 co-coordinated the 12th annual Allan Moore Memorial Medical Services Blood Drive at MGH.

SOPHIA HARDEN, BSN ’11 was honored as an MGH Employee Disability Champion for her work with adult patients with autism.

ANN MARIE DWYER, DNP ’12 was named the director of Clinical Informatics in the Nursing and Patient Care Services team at MGH.

LINDSAY MUSGROVE, BSN ’14 presented about the importance of baby-friendly hospitals during Nurses Week at MGH.

HEATHER FRASER, BSN ’15 and KATHERINE LOO, BSN ’15 were labor and delivery nurse panelists for the networking event of the Massachusetts Association for Women’s Health, Obstetrics, and Neonatal Nursing conference.

**PHYSICAL THERAPY**

MARSHA GARLICK, MS ’01 co-authored an article in Caring Headlines about MGH’s efforts during National Physical Therapy Month.

PATRICIA SULLIVAN, DPT ’02 is president and founder of Rehab Nepal Inc., a nonprofit aimed at building a rehabilitation facility in Nepal to aid victims of earthquakes and landslides.

KRISTIN PARLMAN, DPT ’03 co-led a session on clinical teaching across interprofessional teams during the MGH Executive Committee on Teaching and Education symposium.

TODD EDELSON, DPT ’05 wrote the blog post “Who’s in Your [Healthcare] Network?” in the Huffington Post.

CAROLYN TASSINI, DPT ’05 and her dog Seamus were featured in the Burlington (N.J.) County Times for their work at Mount Laurel Rehab Center with people who have sustained brain injuries.

KEVIN WILK, DPT ’05, the clinical director at Champion Sports Medicine in Birmingham, Alabama, helped Philadelphia 76ers basketball player Nerlis Noel recover from knee surgery.

RICHARD GIORDANO, DPT ’06 has merged his New York City-area practice, Sleepy Hollow Physical Therapy, and become a partner with JAG Physical Therapy.

MOSHE MARKO, DPT ’09 has been appointed assistant professor of physical therapy at Clarkson University.

PAUL BURKE, DPT ’11 led a workshop on fall prevention at the Hopkinton (Mass.) Senior Center on the use of assistive walking devices, stair safety, and “fall-proofing” one’s home.

SARA HOURIHAN, DPT ’12 was featured in an MGH Caring Headlines article about National Physical Therapy Month activities.

ANDREA COIRO, DPT ’14 was featured in the Boston Herald article “Giant Step for Paralyzed Boston Teen” about her work helping a paralyzed teen relearn to walk.

JACKIE MULGREW, DPT ’14 presented the webinar “Physical Therapy Management of Patients with Heart Failure” at Allied Health, Inc.

RACHEL WILSON, DPT ’14 was quoted in the article “Easy Ways to Build Better Bones” in the November 2016 Harvard Health Letter.

We invite you to submit your news and photos to alumni@mghihp.edu, or at www.mghihp.edu/alumni.
What exactly is childbirth? Some people compare it to a miracle, a heroic act, or a surge of love accompanied by strenuous and intense hours of labor. It’s absolutely one of the most unique life events that a woman can experience—a time when she is particularly vulnerable and in need of much support and care.

For me, a nurse practitioner student on a labor and delivery floor at Massachusetts General Hospital, witnessing childbirth was something that I will never forget. Thrown into the action on my first clinical day, I had mixed feelings of joy, excitement, and a slight nervousness. I felt extremely privileged and grateful to witness a natural delivery and I was hoping to help a mom-to-be during the process with the nurses who were caring for the patient.

From the morning report, I found out that the woman I was assigned to follow was a recent immigrant from Guatemala who belongs to the indigenous Mayan population. Mayan was the patient’s native language but she was also able to understand Spanish. Her husband had been residing in the United States for five years. She moved here a year ago, and the family had finally reunited.

My patient was accompanied by a traditional nurse midwife known as a comadrona, a trusted woman leader in the community who accepted a spiritual calling. They usually don’t receive any formal training but have years of experience delivering babies. Comadronas regard birth as a natural process and rely heavily on faith and prayers. The nurses established a plan of care that recognized my patient’s spirituality and personal support system. The Mayan midwife was present during labor and helped with comfort measures. The nurses also invited a qualified interpreter.

When I entered the room, a nurse, midwife, and the comadrona surrounded the tiny woman. One of the nurses was checking her vital signs

while the midwife was encouraging the woman to take slow deep breaths and relax. The comadrona, wearing a traditional colorful embroidered dress, was gently massaging her back. The room was dimly lit and the scent of fresh lavender floated in the air. My patient’s contractions were increasing steadily and were becoming more regular. This was active labor—she was ready to give birth.

The whole atmosphere struck me. There was no communication present in the room but the language of trust, respect, and compassion between these women. I immediately wanted to become connected with what was happening—just by holding the patient’s hand.

Reflecting on this experience, I understood that nurses not only created the environment that made this woman feel comfortable and that was respectful of her spirituality, but that the environment also had a significant impact on the labor and birth process. Although childbirth is unique and at the same time a unifying biological event for any woman, providing therapeutic communication, physical, emotional, spiritual care, and comfort during the labor process is crucial.

The comadrona shared her knowledge and experience with the American nurses. It was important for my patient to have a traditional midwife near the bedside who comforted and prayed with her. There was interplay between modern and traditional care that contributed to a positive outcome. Nurses in this particular case were not only culturally sensitive and able to understand the patient’s cultural values, beliefs, and practices but also had the knowledge, capacity, and skills to provide high-quality, safe care.

It’s essential for any nurse in such a unique, heterogeneous country like the United States to be cognizant and open-minded about cultural differences and a patient’s cultural perspectives. I will take this amazing experience to my future nursing practice and strive to always treat my patients with dignity, respect, and compassion.

My patient, by the way, gave birth to a beautiful baby daughter whom she named after one of the nurses who cared for her.

Evgeniya Larionova is scheduled to receive her Master of Science in Nursing in May 2018 and become a family nurse practitioner.
“By awarding me a scholarship, you have lightened my financial burden, and more importantly, you have given me the opportunity to continue to focus on giving back to the community. My spirit has never felt so uplifted, as you have made me believe that the greater good and care for others can still endure with even the smallest difference. I hope I can always honor your generosity and one day give back in the same way.”

– Margarida Guerra Larson, DPT ’19

MGH Institute of Health Professions is committed to using scholarship funds and financial aid to attract and retain talented students from all backgrounds because we recognize a strong connection between a culturally diverse health care workforce and the ability to provide quality, culturally competent patient care.

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Join alumni, faculty, staff, students and friends as we celebrate the IHP’s 40th Anniversary with a gift of $40, $400, or $4,000 to support a program, scholarships, or other area of your choice.

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