NURSING STRONG

DNP Student Jessica Kensky’s Background Helped Her Recover From the 2013 Boston Marathon Bombing

IMPACT Practice Center Honors Dr. & Mrs. Sanders

Partnership With Local School a Lesson in Success

Board Chair Leaves Accomplished Legacy

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“The Doctor of Occupational Therapy program’s culture of collaboration and unique way of teaching its students drew me in. The MGH Institute also offers in-depth learning, with teaching, leadership, and research. Knowledge in these fields will give me a wider range of potential areas to work in.”

—Tina Lai, OTD student, Class of 2020
Five Questions
Russell Abbatiello, MEd, is focused on helping students and alumni with their careers.

Along the Waterfront
Largest class in history graduates; lessons in mindfulness from OT faculty Emily Zeman; profiles of new department chairs Marjorie Nicholas (CSD) and Julie Keysor (PT); PA student Ken Wakwe has a burning desire for two careers; and new research by CSD faculty Jordan Green and Tiffany Hogan.

COVER STORY

An Advanced Degree in Perseverance
Losing both her legs in the 2013 Boston Marathon bombing has not deterred Jessica Kensky from pursuing her Doctor of Nursing Practice degree at the MGH Institute, nor derailed her nursing career.

A Legacy of Accomplishment
Board of Trustees Chair Dr. George Thibault steps down with the satisfaction of knowing the IHP’s future is on solid footing.

Class Notes

Last Words
“Family Caring, Up Close and Personal”
Johanna Cooper, MS-Nursing ’01
In my inaugural contribution to MGH Institute of Health Professions Magazine, I’d like to give you an idea of what my first year has been like since I joined the Institute as the sixth president and John Hilton Knowles Professor on August 15, 2017.

I had just moved to Charlestown a few days earlier, and I came into the office early on that first morning to begin a journey that has been nothing short of exciting and rewarding. As you can expect, the first few months were filled with introductions, learning how things get done at the Institute, and beginning to understand the role of president. All this plus getting used to living in the “big city” after being in rural Pennsylvania for the past several years.

As they say about any new position and transition, I was “drinking from the fire hose,” but it was exhilarating. I have been warmly welcomed, not only here at the IHP but also in the Partners HealthCare and Navy Yard communities. I have witnessed the excellence of our academic programs and the efficiency of the Institute's operational components. I have been impressed by our brilliant students who come here to study their chosen professions as part of their journey in which they are creating a future of public service that will forever change who they are.

And I learned one important thing about the IHP: it’s the people and their commitment to its mission that make the Institute such a special place to work. The faculty and staff are among the best with whom I have ever had the privilege of working. I am honored to have been chosen to lead this great academic institution, and look forward to building on the tradition of excellence as the IHP heads toward its fifth decade.

Among the things that initially stood out to me was the Strategic Plan, which was concluding its four-year cycle. Walking around campus, I saw posters of it (along with the Vision and Mission Statements) in almost every office and hallway. It was very apparent the Strategic Plan was an important roadmap that people regularly used to make budget decisions and evaluate possible new initiatives. So last October, the entire IHP community—faculty, staff, students, and leadership—began developing a new four-year plan to reaffirm our vision and develop goals that can continue to improve the Institute.

The 2018–2022 Strategic Plan (see graphic, page 5) focuses on preparing our graduates for the evolving and increasingly complex issues they will face as they begin or return to their careers in health care. We especially want our programs to be innovative and accessible, and thus we are being deliberate in our recruitment to ensure a more diverse faculty and student population, enhancing student support systems, and supporting more cutting-edge teaching approaches.

Our growing expertise in developing an interprofessional education curriculum, along with the IMPACT Practice Center, have positioned the Institute as a leader in team-based learning. Using the Strategic Plan, we intend to remain at the forefront by pioneering research around its...
effectiveness and demonstrating its benefits and impact on health care delivery.

Another key aspiration outlined in the new Strategic Plan is to develop more of a global presence. Recently, Provost Alex Johnson, School of Nursing Dean Inez Tuck, Assistant Professor John Wong, and I spent three days in the Shenzhen region of China to discuss opportunities to send our students to Shenzhen hospitals for clinical experiences, to develop faculty research collaborations, and to host visiting scholars from China at the IHP. We are encouraged that these initiatives can begin in the near future.

While we continue to deepen our international partnerships, we are also looking to strengthen our relationships with local institutions, including Harvard University and other Boston-area colleges. We will continue to add new client services at the IPC, increase student placements in the public schools, and expand clinical opportunities at health centers in recognition of a care model that is transitioning from hospital- to community-based care. We want to accomplish all this and more while improving the effectiveness of our organizational structure and processes to ensure we are providing our students with the best academic programs and services in the most efficient way.

It has been an amazing year of learning and growing, not only for me but for the Institute community. Now that my first year is in the rearview mirror, I am excited to begin working with leadership, faculty, staff, and students to implement the Strategic Plan and continue moving the Institute toward the future. You can learn more about all of our initiatives at www.mghihp.edu/StrategicPlan, and I encourage you to send me your comments and ideas at instituteinput@mghihp.edu. And if you haven’t visited campus recently, I invite you to stop by and tour all the recent state-of-the-art facilities that are helping the IHP provide a health care education that is unparalleled.

2018–2022
IHP STRATEGIC PRIORITIES

Vision:
• Educating health care leaders for a diverse society
• Advancing innovative models for health professions education
• Generating and translating knowledge to improve health

1. Offer cutting-edge, accessible degree programs, interprofessional in their design
2. Launch innovative suite of online and continuing education programs
3. Establish the Institute as a leader in research and scholarship
4. Develop more collaborative relationships with the Boston community and our academic partners
5. Build and nurture a diverse and inclusive Institute community
6. Establish a “one IHP” organization

Complete details are at www.mghihp.edu/StrategicPlan
Russell Abbatiello, MEd

A former high school administrator, guidance counselor, director of campus ministry, and theology department chair, Russell Abbatiello, associate director for career development in the Office of Student and Alumni Services, has a master’s degree in education from Boston College. His previous work as director of career counselors at the Boston nonprofit One Life at a Time, building an employment training program for those affected by the 2007–2008 recession, was featured on the NBC Nightly News and in the Boston Globe.

1 What are the services you provide to IHP students and alumni?

Russell Abbatiello: Typical requests include advising on career development and job searching, reworking CVs, reviewing and editing cover letters, preparing for interviews, developing effective networking strategies, teaching LinkedIn techniques for self-branding, monitoring job boards for postings, negotiating job offers, and counseling them on making career transitions.

2 What is a typical day like for you?

RA: No day is ever the same, but one constant is listening. That’s crucial so I can tailor my efforts to meet each person’s particular situation. And a lot of my work is cyclical. Throughout the year I get a plethora of questions via email, phone, and Skype. In the fall, I host online workshops and webinars regularly. As Commencement approaches, it’s about students landing their first job. I recently had separate meetings with a new Bachelor of Science in Nursing graduate looking for her first job, and a speech-language pathology alumnus who is returning to the East Coast after working five years out West. With the new grad, I was able to help retool her resume so it has the best chance of standing out in the often-tricky hospital recruiting software. For the alumnus, we discussed various options for working in public or private schools, revised his cover letter, and devised a backup plan.

3 Despite nationwide shortages of health care professionals, the job market can be competitive. What can Institute graduates do to stand out from other candidates?

RA: While they need to have a well-written cover letter and a competitive CV that accurately markets their experience, the most effective tool is connecting with the right people. I encourage them to take part-time or per diem jobs with potential employers as well as volunteering, job shadowing, developing a good relationship with managers where they have clinical rotations, and having informational interviews. These things are far more effective than hoping their online application makes it through the screening process and gets to the right person.

4 What about networking with Institute alumni? How effective can that be?

RA: There are more than 500 alumni working within the Partners HealthCare system, plus hundreds more who work in other New England facilities, so it’s not uncommon for a student to have an alumnus as a preceptor during a clinical rotation, or even work alongside one of them. I think the IHP bond is quite strong, and alumni will advocate for hiring students, although certainly it doesn’t always work out. I remind students and alumni that there is a difference between “knowing the right person” and “the right person knowing you.”

5 What do you find most rewarding about your work?

RA: I’ve helped more than 1,700 students and alumni since joining the Institute five years ago. It’s gratifying to see so many new graduates land jobs in their new careers, and alumni give back to the IHP community with their time and talent.
Alumni, Faculty, Trustees Recognized

**Rebecca Stephenson, PT, DPT ’06, MS ’05, WCS, CLT,** received the Bette Ann Harris Distinguished Alumni Award. A member of the rehabilitation and clinical leadership team at Newton-Wellesley Hospital as a clinical physical therapy specialist, Dr. Stephenson has played a major role in improving the treatment of women with severe back and pelvic pain in early stages of pregnancy. She also founded the nonprofit Global Women’s Health Initiative to promote women’s health both domestically and internationally through physical therapy.

**Kenya Palmer, MS-Nursing ’13, FNP-BC, CSCS,** received the Emerging Leader Alumni Award. A nurse practitioner at Boston Medical Center, Palmer works in the Department of Endocrinology, Diabetes, Nutrition, and Weight Management, where she uses her 14 years of experience as a personal trainer and strength and conditioning coach to address obesity with her patients, especially those from underserved populations.

**Dr. Leslie Portney,** the inaugural dean of the School of Health and Rehabilitation Sciences and former chair of the Department of Physical Therapy, was named dean emerita.

Four faculty members were bestowed emerita status: **Dr. Pamela Levangie,** the recently retired chair of the Department of Physical Therapy; **Dr. Marianne Beninato,** professor of physical therapy; **Dr. Janet Callahan,** associate professor of physical therapy; and **Dr. Mertie Potter,** professor of nursing.

**E. Lorraine Baugh,** the first chair of the Board of Trustees and a renowned nurse, health care leader, community activist, and entrepreneur, received an honorary Doctor of Letters degree. **Dr. George Thibault** was recognized for his leadership as the chair of the Board of Trustees for the past 13 years. (See Dr. Thibault’s profile, page 22.)

Largest Class in History Graduates

The MGH Institute graduated 583 students on May 14, the largest class in its 41-year history.

President Paula Milone-Nuzzo gave the keynote address to an audience of more than 2,000 people at the Boston Convention and Exhibition Center. She told the Class of 2018 graduates that, despite concerns about the decrease in life expectancy due to such things as the opioid crisis and neighborhood risk factors, they can lead the way in reversing that trend.

“Your knowledge of the social determinants of health and approaches to improving behavioral health will have a significant effect on the health of the neighborhoods in which you practice,” Dr. Milone-Nuzzo said. “You are prepared to influence the health of our population through your commitment to underserved populations and your expertise in the areas that are most relevant to improving health. You are also prepared to transform health care through your understanding of and comfort with interprofessional approaches to care delivery.”

Dr. Milone-Nuzzo cited the introduction of artificial intelligence as something that could substantially change patient care. But she was quick to point out that machines and robots cannot replace the human factor that health care professionals provide. “As we consider our practice, whether with individuals or communities, the importance of human touch, the expression of caring, and the ability to put yourself in someone else’s shoes cannot be overstated.

“As you go out into your careers, remember that with the authority you have to change a person’s life comes great responsibility to always do the right thing,” she added. “Honesty and integrity are the important bonds that influence your relationships with patients and your commitment to your profession. It takes thought and reflection to create your own true north, and courage to always act with integrity.”
It was the mid-1970s, and Dr. Charles A. Sanders was working on a project that would prove to be revolutionary in health care education.

The general director (now called president) of Massachusetts General Hospital from 1972–1981, Sanders was continuing a years-long effort to create a new kind of graduate school, one in which teams of health care students from multiple disciplines would work together to provide improved patient care.

This vision of interprofessional education has been the DNA of MGH Institute of Health Professions in the 41 years since its founding, and it has made the school a leader in a method that only recently has begun to be copied and accepted in health care education circles.

In recognition of a generous gift, the school’s signature learning environment is now called the Dr. Charles A. and Ann Sanders IMPACT Practice Center. On July 17, the MGH Institute community came together to dedicate the center in their names and, in doing so, recognized their donation as the most recent in a long series of generous contributions and celebrated the couple who has meant so much to the school’s past and whose generosity will continue to influence its future.

“It’s a wonderful place,” said Dr. Sanders as he and his wife toured the 15,000-square-foot facility that offers screening, rehabilitation therapies, and education for people of all ages with a range of chronic conditions regardless of their ability to pay or insurance status. “It’s good the Institute continues to stress this.”

Each year the Center provides more than 10,000 hours of supervised care to residents of Charlestown and the Greater Boston community. It is composed of the Aphasia Center; the Nursing Center for Clinical Education and Wellness; the Occupational Therapy Center for Learning, Participation, and Rehabilitation; the Physical Therapy Center for Clinical Education and Health Promotion; and the Speech, Language, and Literacy Center.

Rich Arsenault, who had a stroke 12 years ago and has been receiving care at the Aphasia Center ever since, represented the hundreds of clients who have benefitted from student care over the years. “I have improved to what I am today, and I never would
have been able to speak or function again without all the help I’ve received at the Institute,” he said.

Dr. Roman DeSanctis, a world-class cardiologist who worked closely with Dr. Sanders during their time together at Mass General, recalls the hard work and effort that went into creating the Institute. Referencing the opposition from several local colleges that wanted to prevent the hospital from establishing what was originally referred to as “MGH University,” DeSanctis said, “How incredibly satisfying it must be to you to see this mighty oak of the IHP which grew out of the acorn that you planted. I think the word ‘Impact’ after Charlie and Ann’s name is incredibly appropriate because you have had such an impact on so many people in so many ways.”

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— Dr. Roman DeSanctis

Dr. and Mrs. Sanders have positively affected the MGH Institute for decades. After bringing to fruition the dream envisioned by Dr. Sanders and Dr. John Hilton Knowles, the couple’s initial contribution to the school was in 1979—two years before the first students even arrived. Since then, they have consistently donated to the school, including the creation of the Charles and Ann Sanders Interprofessional Scholars Fund. Starting in 2012, two students each year have been named Sanders Scholars, receiving a scholarship to both help defray the cost of their education and encourage them to participate in a regional, national, or international interprofessional learning experience.

Laird, who moved from California to attend the Institute, said the values that have been stressed by the faculty—that all people are resilient, that clients should be at the center of all clinical decisions and care, and that working together will yield better outcomes for both patients and health practitioners—are direct results of the couple’s generous history over the years.

“I know that I can speak for all IHP students when I say, ‘Thank you.’ Without visionaries like yourselves who support institutions and learning models such as the IHP, students would not have these unique and incredibly valuable opportunities,” she said. “We will be not only better clinicians, but we will be leaders in our respective health care fields, and will be improved people of character because of the education we have received here.”

Doctor of Physical Therapy student Emma Laird greets Dr. Sanders after she spoke at the event.
New Partnership with Charlestown Elementary School a Lesson in Success

The MGH Institute and Harvard-Kent Elementary School in Charlestown have created a formal partnership intended to improve pupils’ literacy skills and health while increasing opportunities for MGH Institute graduate students to learn about the needs of elementary-school children.

The collaboration will strengthen the existing relationship between the Charlestown-based health sciences graduate school and the K–5 public school. For the past several years, students in the Institute’s speech-language pathology program have assisted pupils with reading skills during their clinical rotations.

“While we are excited about the ways we have collaborated to date, we know there is so much more these two great educational organizations can achieve together because we have similar missions,” said MGH Institute President Paula Milone-Nuzzo. “This is just the beginning.”

For Harvard-Kent principal Jason Gallagher, developing a stronger association with the MGH Institute is welcomed. “This partnership recognizes the importance of what the MGH Institute can do to help our students become better learners,” he said. “We’re very excited about it.”

Other anticipated benefits of the partnership include impacting the health and well-being of the Harvard-Kent community and building an educational bridge that serves the Charlestown and Greater Boston community. “Partnerships like these are the glue that holds our schools together,” said Robert Consalvo, chief of staff at the Boston Public Schools department. “It’s crucial that the Institute is willing to invest in Harvard-Kent to bring it to new heights. It’s what makes our schools and the city of Boston so strong.”

The Institute recently hired alumna Dianne Gould, MS-SLP ’94, as a part-time coordinator to oversee the various activities and look for new opportunities in which the two schools can collaborate. Gould, who recently retired as a speech pathologist at Harvard-Kent after 20 years, is a Charlestown native. She precepted speech-language pathology students during the 20-plus years she worked at Harvard-Kent, which is located just a five-minute walk from the IHP campus.

Gould is developing plans with several of the Institute’s academic programs to place students in clinical rotations starting this fall. She also is working with the Office of Student and Alumni Services to coordinate volunteer opportunities for the IHP’s student clubs.

Already, she has begun to see the benefits of the strengthened collaboration, both for Institute students and elementary school pupils. “Being at Harvard-Kent is going to be a great learning experience,” Gould said, adding that nursing, physician assistant studies, and occupational therapy students are expected to have clinicals at the school, with physical therapy students anticipated later in the academic year. “They’ll all have opportunities to participate.”

Dr. Emily Zeman, an instructor of occupational therapy at the MGH Institute, has taught mindfulness techniques to many Harvard-Kent teachers and pupils during the past year. (See story, page 11.) Dr. Joanna Christodoulou, an associate professor of communication sciences and disorders, led a summer literacy program in 2017 that is continuing this summer, thanks to a grant from the Boston School Department. Also, for the past several years, Harvard-Kent has hosted student teams during the IHP’s annual Community IMPACT day of service, while the graduate school has made several donations of books, games, furniture, computers, and other supplies.

“The MGH Institute is a great resource for the community, and this is an example of what it does,” said state representative Dan Ryan, whose district includes Charlestown. “This partnership will help to break down the walls in communities by teaching the next generation of learners.”
For Children, Lessons in Mindfulness

By Adam Smith

In Room 105 at the Harvard-Kent Elementary School in Charlestown one day in late June is a group of kindergarteners, anxious and fidgeting. There were guests that day in the classroom, along with the usual busyness in a setting crowded with tiny tables and chairs, colored crates, crayons, alphabet and number charts, and Mr. Potato Head dolls.

But then a young girl in braids is called up to the front of the class. With a short wooden stick, she strikes a bell. Ding. The class goes silent.

“Find your breath,” she instructs her young classmates. “We have one minute.”

The children close their eyes, concentrating on their breathing, deeply inhaling and exhaling. The girl rings the bell a second time. The children open their eyes. Most are smiling. They appear quiet, focused. Not exactly what you’d expect from a group of six year olds.

The students have just completed one of their regular lessons in mindfulness, and guiding the class is a familiar guest: Emily Zeman, instructor of occupational therapy and the OT program’s associate director of clinical education. Dr. Zeman, who has her own mindfulness practice, has been working with teachers and students in kindergarten, first grade, and fourth grade at Harvard-Kent for the past year.

Her goal: to help students learn to regulate their emotions and bodies, and find their “anchor.”

Over 16 sessions with this kindergarten class and its teacher, Regina Nunez, Zeman taught the children—many of whom have suffered trauma, have post-traumatic stress disorder, or have developmental delays—how to become more aware of their thoughts, feelings, bodies, and surroundings while also nurturing positive thinking, kindness, and compassion.

If this sounds distant from occupational therapy, it’s not. Zeman uses the techniques in her own therapy sessions, applying what she learned completing several training sessions from the Mindful Schools non-profit organization in California. “A person can’t participate in their daily roles and routines, much less occupational therapy, if they’re not regulated,” she says. “These breathing exercises allow them to reset.”

Zeman plans to have her OT students research the effectiveness of the training at the school as the collaborative efforts between the Institute and Harvard-Kent continue. Her research complements her clinical work in pediatrics which has included providing therapies at public schools, homes, and rehabilitation hospitals, and giving several peer-reviewed presentations on the impact of mindfulness.

After Zeman’s lesson that day in June, as the rest of the class moved into a corner of the room to learn Mandarin, a six-year-old boy named Tyson spoke with the educators, calmly clutching a blue stuffed, unicorn-elephant doll. Tyson, who his teacher Nunez says comes from a volatile home, at one time was described as “very angry.” Today, thanks to what he’s learned from Zeman, not so much.

“It helps me a lot. If I feel angry, I hug my elephant,” Tyson says, demonstrating his method of taking deep, slow breaths. “I do that every time.”

After a turbulent spring—when Nunez had trouble finding out how to handle Tyson’s emotional outbursts—he says he’s now learned to “chew slowly, walk mindfully, and play mindfully.”
The Obvious Choice for New CSD Chair

By Albert McKeon

It was obvious to just about everyone who the best person was to lead the Department of Communication Sciences and Disorders next. The problem was, Marjorie Nicholas didn’t think she was that person.

As she approached 30 years as an educator, the last 17 of those at the MGH Institute, Dr. Nicholas expected to work another five or six years before retiring. As the department’s associate chair for several years and interim chair since September 2017, following the retirement of long-time chair Gregory Lof, she assumed the department was ready for a new voice. “I thought it would be a good time to bring in somebody new, someone who would be younger and who would have new perspectives,” she says.

To her amazement, faculty across the Institute encouraged her to put aside her reservations and throw her hat into the ring. And even though she was the last candidate to appear before the selection committee, she was the unanimous choice.

“Everyone was so delighted when Marjorie changed her mind and put her name in,” recalls Dr. Jordan Green, the school’s director of research, who led the search committee. “She has a great personality and is unassuming, but is also super competent and has so much administrative experience. She had full support among the faculty.”

Nicholas plans to continue the excellence developed by the department over the past decade—its Master of Science in Speech-Language Pathology program is the top-ranked program in New England and seventh in the nation, according to U.S. News & World Report, and its Certificate in Literacy and Language is highly regarded.

Looking ahead, she foresees creating a new clinical doctoral program in speech-language pathology. These courses would run simultaneously with the existing master’s program, giving students a third year of depth and preparation in the field, similar to the clinical doctoral degrees offered by the Institute’s physical therapy and occupational therapy programs. The department would need about two years to develop the curriculum, she says. When launched, it would be one of just a handful of programs in the country to be in the vanguard as the profession ponders whether an entry-level doctorate should become its terminal degree.

In addition, she wants to offer students more global learning opportunities, including short-term service stints in other countries. One idea close to fruition is a weeklong clinical program on the Caribbean island of St. Kitts, where students would work with an adjunct faculty member whose practice serves families and children with autism.

Soon after arriving at the IHP, Nicholas founded the Institute’s renowned Aphasia Center, which provides diagnostic and treatment services to adults with neurological impairments due to a stroke or traumatic brain injury. While initially the center had only a few clients, it now provides therapy to 60 people, many of whom continue to participate in faculty research projects. About a third of each cohort of speech-language pathology students have a semester-long practicum at the center and are involved in several new cross-disciplinary initiatives.

“I’m so excited about the opportunities for interprofessional education and practice that are afforded by our new IMPACT Practice Center,” she says. “The IHP is a great place to be a graduate student, but also a great place to be a faculty member and a program leader.”
Julie Keysor wants to change the paradigm of how arthritis is treated.

To do that, Dr. Keysor, the new chair of the Department of Physical Therapy, intends to create a research and rehabilitation center at the MGH Institute similar to the one she ran at Boston University. While the traditional medical model treats the condition, she says that should be just the beginning of how a person with arthritis is cared for.

“Arthritis is a chronic condition, so you just can’t take a pill and everything is fine,” says Keysor, who has been researching arthritis for more than 20 years. “We need to change from a disease-and-disability approach to one that promotes wellness and healthy living so a person can develop skills and behaviors to have a more fulfilling life. It’s focusing on what a person can do, not what they can’t.”

Like many rehabilitation care programs, a major stumbling block involves the length of treatment that insurance pays for. Learning how to negotiate through a room full of furniture is good, but just a few weeks of treatment can’t address the condition’s long-term effects on a person. That’s where the paradigm shift comes in, because arthritis is becoming a more significant health condition as people live and work longer than ever before.

Arthritis conditions, which tends to affect the joints throughout the body and other body tissues, looms especially large as a public health problem. Currently one in five people have arthritis, with Centers of Disease Control and Prevention estimates projecting one in four by the year 2040. “Many people think arthritis is just a part of aging,” says Keysor. “But that’s not true—two-thirds of them are diagnosed before the age of 65, dramatically impacting people’s ability to work.

“What would the country do if all those people had to retire early?” Keysor adds, noting that more than 30 percent of people with systemic arthritis conditions leave the workforce within 10 years of initial diagnosis. “Not only would the cost of caring for them be staggering, but they also would have far less money on which to live another 20 to 30 years or longer.”

Keysor wants to continue an earlier study in which different solutions to overcome work-related barriers delivered by physical and occupational therapists over a two-year period kept workers on the job longer. She plans to examine outcomes in real-life health care and employment settings and expand the approach to people with similar chronic conditions such as Parkinson’s disease, ALS, and Lupus.

She envisions the school’s IMPACT Practice Center as a potential opportunity to put her research and theory into practice. The IPC each month already treats hundreds of clients with rehabilitation needs, providing a built-in pool of clients that students and faculty can treat. And in the few months since she succeeded retired department chair Dr. Pamela Levangie, she has collaborated with faculty from several other departments at the Institute.

But Keysor is looking beyond the Institute campus, to the hospitals that are fellow members of Partners HealthCare. She envisions that the Center could operate as an outpatient care transitional unit and be embedded into a more comprehensive holistic health care approach.

“It wouldn’t be ‘doom-and-gloom’ that patients experience now, where basically they have to stop working and curtail their social activities,” she says. “They would have the time to learn behavioral modification that we could reinforce over time. That would really make a difference in their lives.”
A Burning Desire for Two Careers

Like a lot of students in the Master of Physician Assistant Studies program, Ken Wakwe hasn’t slept much during his first year, what with taking a full course load and then studying for hours at night and on weekends.

But unlike his classmates, the Arkansas native spent much of his first year at MGH Institute of Health Professions in another program—the Massachusetts Firefighting Academy.

He was admitted to the firefighter program a week before he was scheduled to start at the MGH Institute last May, certainly not the best of timing. But he had discovered a passion for the work of firefighters during the three years he worked as an EMT in Boston. So, when the opportunity presented itself, he jumped at it.

“I’m a PA through and through, and I’m excited about that as a career,” says Wakwe. “But I’m the kind of person who, once my mind is set on something, I’m going to do it. I thought this could be a great opportunity to fulfill both of my dreams.”

His schedule was hectic. After finishing classes at 5 p.m., he’d jump into his car and head off to West Newbury on the North Shore, his 70 pounds of equipment stored in his trunk, to spend several more hours in class. Upon returning home to see his wife, Sabine Jean-Louis (who’s a student in the Institute’s Doctor of Nursing Practice program) and their two-year-old son, he’d hit the PA books for a few hours before getting ready to do it all over again.

It came as a surprise to both classmates and the faculty that he had been living a dual educational life for the past several months. “It took up a lot of my time, but I wanted to keep it under the radar,” he says with a grin. “As long as I kept up with my studies at the Institute, I figured I’d be okay.”

And he was. His grades have been stellar, and now he plans to integrate his new skills as he readies to begin his clerkships during the second and final year of the PA program. “As a firefighter, you have to be systematic and have a sense of urgency but in a controlled way, and those are things I can use as a physician assistant,” he explains. “It certainly will help me work with patients better.”

While Wakwe practiced fighting fires under controlled circumstances at the firefighter academy, he’s yet to be called to a real blaze. He’s worked a few weekend shifts as an on-call member of the Lynnfield Fire Department, responding to vehicle accidents and other relatively more routine events near where he lives.

But it’s inevitable that one day he’ll have to negotiate a house fire while lugging heavy equipment through dense smoke and raging flames. “I’m sure I’ll be nervous the first time, but I had great training,” he says. “I’ll be ready for it.”
For Aphasia Clients, Program Caps Six Weeks of Intensive Improvement

It was only six weeks, but for Jane Meehan Lanzillo, those six weeks proved the most motivating, empowering and impactful stretch of care her husband Dana had received since having a stroke 16 months earlier.

Dana Lanzillo had just completed Spaulding-IHP’s Intensive Comprehensive Aphasia Program. Known as S-IHP’s CAP, the interprofessional therapy initiative matches clients who have aphasia with MGH Institute speech-language pathology and occupational therapy students, IHP faculty, and clinicians from Spaulding Rehabilitation Hospital, for intensive daily sessions focused on life participation activities.

“It was amazing to see Dana’s progress,” says Lanzillo. Her husband is one of two million Americans living with the language impairment called aphasia, a condition most often caused by a stroke or traumatic brain injury that prevents a person from communicating clearly and is often accompanied by physical disabilities that limit mobility and function. “The students were truly invested in him improving, and by the last day you could really feel the connection between the clients and the students.”

During the program’s first few days, teams with SLP and OT students assess clients and jointly write an individualized treatment plan, taking a holistic approach to therapy that focuses on clients’ communication and life participation goals. Students identify each client’s top five desired life activities to establish goals to target during the program’s remaining five weeks. Clients spend mornings on the Institute campus doing speech and occupational therapies, followed by afternoons at Spaulding for a social lunch, adaptive sports, group swims, music therapy, and mindfulness exercises.

While the program provides students with a practical appreciation for the interplay between communication disorders and the activities of daily living, faculty and practicing clinicians from the IHP and Spaulding have begun presenting preliminary research results in their respective fields. Intensive comprehensive aphasia programs such as S-IHP’s CAP have emerged as an alternative to the traditional twice-weekly one-hour outpatient sessions that occur until a person’s insurance runs out, typically after just a few months. Programs such as this show promise for longer-term improvement of participants’ language impairment and community participation.

The IHP-Spaulding initiative is beginning to make its mark. After completing its third year, it received an Honorable Mention for Public Health Infrastructure in the 2018 Excellence in Interprofessional Education Collaboration Award competition from the U.S. Public Health Service and the Interprofessional Education Collaborative. The two agencies annually recognize interdisciplinary work, including research, community practice, and/or public health education, that significantly impacts clients and communities. MGH Institute team leaders are Marjorie Nicholas, chair of the Department of Communication Sciences and Disorders; Rachel Pittman, coordinator of the Aphasia Center; and Mary Hildebrand, associate professor of occupational therapy.

If the clinicians have any doubt about the impact of their efforts, they only have to listen to clients’ loved ones like Jane Lanzillo to be energized.

“It was so encouraging to see the changes in the way Dana communicated with me, our children and our friends,” she says, noting that prior to starting the program Dana had worked with a private-pay therapist several times a week. “The group setting made all the difference. The participants motivated each other and the students were a talented, driving force. I truly believe people with aphasia can continue to improve for years if they receive this type of treatment.”
AN ADVANCED DEGREE IN PERSEVERANCE

Losing both her legs in the 2013 Boston Marathon bombing hasn’t stopped Jessica Kensky from continuing her nursing education at the Institute.

By Joanne Barker
Jessica Kensky walked into a room full of MGH Institute nursing students and faculty, and Massachusetts General Hospital nurses, and relaxed. It was good to be among people who could understand the complications she experienced after being caught in the Boston Marathon bombing, which severed her left leg and profoundly wounded her right.

In the five years since then, Kensky and her husband, Patrick Downes, who also lost a leg in the attack, have shared some of their darkest hours to raise awareness of disability and the long-term impact of violence. The Boston Globe during that time ran several articles on the couple’s long and difficult recovery, but other media outlets wanted a more uplifting story. As her recovery dragged on, Kensky bristled when she saw boiled-down narratives of survivors triumphing over evil. Such depictions, in her view, did more harm than good.

So when she sat down on a small stage at Partners HealthCare headquarters in Somerville, accompanied by Downes and her service dog, Rescue, Kensky was more than happy to talk about the minutiae of her almost five-year ordeal. She warmed to questions like “What treatments were most effective for managing pain?” and “What were the most helpful and least helpful things clinicians did during your recovery?” The audience laughed when she described sending “spies” to her husband’s hospital room to check on his care, and they nodded when she described the times when her nursing knowledge made things worse because she knew exactly what could go wrong.

The event, which started with a screening of the documentary Marathon: The Patriot’s Day Bombing, in which the couple play a starring role, was both an educational opportunity for IHP faculty and students and a warm welcome for Kensky, a student in the School of Nursing’s Doctor of Nursing Practice program.

Kensky’s nursing acumen served her well as weeks stretched into months and then years. She knew how to ask the right people the right questions to get the best possible care.

Kensky went into nursing for the same reason as many who choose a health career—after seeing a family member cared for. In her case, it was seeing her father deal with cancer. The treatments were successful and his cancer went into remission, but she never forgot what it was like to not know what was going on or to wish that someone would explain the seemingly disconnected aspects of her father’s care. By 2013, newly graduated from Johns Hopkins University School of Nursing, she had a job on the hematology/oncology bone marrow transplant unit at Mass General that enabled her to do that and more. “I had a lot of job satisfaction working at the bedside,” she recalls now. “I had great colleagues, was learning a ton, and providing the kind of care that had inspired me to go into nursing.”

Kensky worked a 12-hour shift the day before she and Downes traveled to Copley Square to cheer on the Marathon runners. The following day, she woke up in a hospital bed. For an experienced nurse, the setting felt familiar, but the perspective was jarring, unfamiliar. “To see the inside of the bedrails,” she trails off. “I just remember staring at them because it felt so wrong.”

A blur of surgeries and pain followed. Her left leg was gone, her right leg riddled with shrapnel, and it seemed every other day technicians wheeled her into the operating room, where surgeons would remove more scraps of metal and grit from the damaged tissue. To make matters worse, she and her husband had been separated in the confusion following the blasts—Kensky had been transported to Boston Medical Center, Downes to Beth Israel Deaconess Medical Center. They remained apart for two weeks until she was stable enough for the move to a hospital bed across town where they were reunited. It would be the start of a 4 ½-year journey of recovery, of gains and setbacks, tears of pain, tears of joy, and one that saw the addition of a third member to their family—Rescue, a black Labrador service dog who has played a major role in her recovery.

Kensky’s nursing acumen served her well as weeks stretched into months and then years. She knew how to ask the right people the right questions to get the best possible care. During intermittent times when she was not hospitalized, her skills enabled her to administer IV antibiotics and dress her and her husband’s wounds. Other times, though, she would have preferred to turn down the volume of knowledge that was running through her clinical brain. When Downes was scheduled for surgery to have a flap of skin from his back grafted onto his residual limb, Kensky struggled not to let her mind go to the worst place. “I had taken care of free-flap patients at Johns Hopkins and seen them clot off,” she says. “I’d seen flaps fail and patients rushed back to the OR to try to save them. I’m sure my husband was terrified too, but it can be a blessing to not know the worst-case scenarios.”
His surgery was successful, and Downes started to adapt to his prosthetic leg. But the damage to Kensky’s right leg refused to heal. Fifteen months after the blast, she was admitted to Walter Reed National Military Medical Center in Bethesda, Maryland, hoping that surgeons experienced in blast trauma might have a better chance of saving her remaining leg. After more failed surgeries, however, the surgical team told the couple that a second amputation was probably the best chance for Kensky ever to walk again without pain. “Even after I made that excruciating decision, it was just...” Her voice falters as she recalls the infections, the bone spurs, a terrible fall—complications that extended her stay at Walter Reed for three years.

The ongoing pain and disappointments drained her emotionally. Some days, the woman known for her sense of humor and optimism didn’t have enough energy to return her mother’s phone calls. “I never realized depression could be so dark,” Kensky told the audience at the Institute event.

To her frustration, the winding, uncertain path of recovery was something the media generally glossed over or ignored. “As humans, we want things to be good or bad,” she says, describing an issue of People magazine that came out seven weeks after the bombing. On the cover are three survivors, smiling proudly. All three had lost a leg in the attack, and yet they all looked ready to get on with their lives. It was not what she was experiencing at that time. “Patrick and I were still in the hospital when it came out. Those survivors probably wanted to be triumphant and done just as much as the country wanted us to be. That’s an easier narrative. But it can do more damage when you don’t let people know that for every triumphant moment, there are going to be setbacks and a need for help to cope with that.”

Something as simple as going out for a walk with their service dog Rescue is something Downes and Kensky are not taking for granted.
At the 2016 MGH Institute Gala, Kensky received her five-year anniversary pin from her nursing colleagues at Massachusetts General Hospital, including Molly Higgins (middle back) and Jeanette Ives Erickson (far right), who was the hospital’s chief nursing officer.

Even when Kensky would have preferred to curl up into a ball, the couple continued to share their story, hoping that doing so would help more people understand the realities of recovery: the highs, the lows, and everything in between.

Nursing provides a lifeline

When her colleagues on Mass General’s oncology floor Ellison 14 learned that the attack had seriously injured one of their own, their nursing training kicked in, turning the power of their shock and grief into action. Immediately, they started pooling their vacation time for Kensky, an initiative that quickly spread throughout the hospital. “It went all the way up to President Peter Slavin,” says Jeanette Ives Erickson, who was the hospital’s chief nursing officer at the time. “Everyone wanted to make sure that the last thing Jessica and Patrick had to worry about was money or health insurance.”

Her nursing colleagues, meanwhile, strived to keep Kensky connected to the profession she loves. Oncology nurse Molly Higgins had co-founded Caring for a Cure in 2011, a fund designed to offset the cost of patients’ needs that fall outside the bounds of traditional health care and to cheer them up, such as buying a frappe for someone undergoing chemotherapy, or flowers for a spouse. Now she was determined to help increase the fund’s size and capacity.

In 2015, Kensky obtained 10 marathon bibs from the Boston Athletic Association’s survivor program and donated them to Caring for a Cure, enabling Higgins to launch a team of nurses to run the 2015 Marathon. Kensky coached them from afar as they raised funds and trained. “We set up a special Facebook page, and she would send us messages to encourage us and tell us how proud she was of us,” remembers Higgins. In three years, with Kensky’s help, the fund has tripled in size. “It ended up being this beautiful way for me to stay in the loop and have something to contribute,” Kensky says.

Surgeries and schoolwork

As Kensky endured one medical setback after another at Walter Reed, Ives Erickson would gently bring up the subject of her future. “Jessica loved being a nurse,” recalls Ives Erickson, who is now chair of the Institute’s Board of Trustees and has a faculty appointment at the school. “But we both knew her mobility challenges would make it very difficult, probably impossible, for her to be a staff nurse.” Ives Erickson, who earned her Doctor of Nursing Practice in 2011 from the Institute, urged Kensky to pursue a doctorate because it would enable her to remain in nursing while providing more career options.
“Jeanette told me, ‘I don’t think we could use you to your full potential without an advanced degree,’” says Kensky, who felt hesitant about taking on something new during her ongoing struggles. But her mentor’s words lit a fire. Kensky signed up for an online class and discovered the intellectual challenge provided a break from her daily grind. “I’d be recovering from surgery or lying in bed elevating my residual limb, and I got to put on my nursing cap,” she says. The remote class structure also gave her a respite from her identity as a bombing survivor: “I was just Jessica, a nurse in this class, and it was a relief to be anonymous.”

“I didn’t know who Jessica was at first,” says Margie Sipe, director of the DNP program and the professor who taught Kensky’s first class. “She didn’t tell me.” Eventually, Kensky opened up about her situation, and the two started having weekly phone conversations that helped ease her apprehension about starting the program. Nonetheless, Kensky did question the wisdom of her decision. “There were times that I was going in for surgery and I was trying to figure out when I was going to hand in my midterm and I would think, ‘What am I doing?’” she recalls. “But every semester I would re-register, and I would have another great experience, and it just kind of continued.”

After lengthy discussions with Sipe and Erickson, Kensky chose the adult gerontology track with a focus on acute care. “It was hard to know what track was reasonable, or what kind of job I could do when I didn’t know what my physical baseline would be,” says Kensky.

“I took my best guess and figured I could change my mind as I went along.”

**Coming home and looking ahead**

Kensky and Downes moved back to Cambridge for good in 2017, four and a half years after the attack. They were happy to return to Greater Boston, a source of unwavering support, and to their “Boylston Street family”—the fellow survivors who shared and understood their journey. Returning, however, was bittersweet. “Leaving the safe, comfortable community at Walter Reed was more difficult than we anticipated,” she says, referring to both the physical and emotional challenges of living fully independently for the first time since the bombing.

“I don’t think it makes sense for us to have survived the bombing and to have gone through what we’ve gone through and not be happy.”
Last October, Kensky returned to her unit at Mass General, where she now provides patient education and advocacy 20 hours a week. For Higgins, the unit feels whole again. “It felt like there was a missing piece the whole time Jessica was gone,” Higgins says.

While Kensky enjoys working with patients, albeit not providing primary bedside care, it reinforces her decision to earn her DNP. “My worst day physically is when I can’t wear a prosthetic and I’m in my wheelchair,” she says. “I need a job where that’s not a big deal.”

Attending classes on the Institute campus in the RN-to-DNP program has given her a chance to reorient herself to nursing in a safe environment. One of her courses, for instance, required the class to practice physical assessments. “The other students see Jess the person, not Jess the person with a disability,” remarks Sipes, who adds the past year has been one of important transitions for Kensky. “She is a beautiful, smart, energetic person. Once her classmates got over the first interaction, that’s what they see.”

This summer, Kensky is embarking on her first clinical rotation, at Dana Farber Cancer Institute. She may end up working with oncology patients or she might go into rehabilitative nursing, an area she now knows so much about from first-hand experience, to see if she can build on its strengths and address some of its weaknesses.

“My heart is still in clinical work, so if I find a place where I can meet those physical demands, that’s what I would lean toward,” she says. She knows for certain that her nursing background—an asset most patients lack—was instrumental in helping her navigate the health care system, so whatever else she does, she will focus on ways to make health care more accessible for everyone.

Meanwhile, the people around her have no doubt she will use her degree to improve things. “She and Patrick have already accomplished so much since the bombing,” says Higgins, referring to the couple’s ongoing outreach, legislation they helped pass with U.S. Senator Elizabeth Warren to make it easier for civilians injured in terrorist attacks to receive care at military hospitals, and the recent publication of their children’s book, Rescue and Jessica: A Life-Changing Friendship, that served as a way to write about her struggles while giving young readers a better understanding of how a physical disability like losing one’s legs doesn’t have to define one’s life.

The question of her future is starting to come into sharper focus, too. When a student at the documentary screening asked what she wanted to be doing five years from now, she didn’t hesitate. “I want to be working in a clinical role in a meaningful way with patients.” And when another student asked what mattered most to her, she answered, “Happiness. I don’t think it makes sense for us to have survived the bombing and to have gone through what we’ve gone through and not be happy.”

For Kensky, nursing and happiness go hand in hand.
A Legacy of Accomplishment

After 21 years, Dr. George Thibault steps down as chair of the Board of Trustees

By Alyssa Haywoode

When Dr. George Thibault became a member of the MGH Institute of Health Professions’ Board of Trustees in 1997, his goal was to help steer the graduate school that was just completing its first two decades.

During the previous 20 years, he had held several leadership positions. They included roles in undergraduate and graduate medical education at Harvard Medical School and its affiliate hospitals, as well as being chief medical officer at Brigham and Women’s Hospital, associate chief of medicine and director of the internal medicine residency program at Massachusetts General Hospital, and vice president of clinical affairs at Partners HealthCare. Clearly, Thibault understood the importance of nurses, physical therapists, and other health care practitioners when he joined the board.

And he already was familiar with the Institute, having taught a CPR course in the school’s early years to students in Ruth Sleeper Hall, the school’s first home at Mass General. He knew it was a place where students from several health professions learned together and that its graduates were well-prepared to provide excellent patient care.

But his first decade was an eye-opening experience. He discovered so much about each of the school’s programs and its efforts to bring students together to learn from and with each other. This firsthand knowledge of the importance of interprofessional education was to be a contributing factor when he was named president of the Josiah Macy Jr. Foundation, which is dedicated to improving the education of health professionals.

“I arrived at the Macy Foundation with a much broader perspective of health professions education than I would have if my only experience had been the education of physicians,” Thibault says. “I credit the IHP with being a bit of a training ground for me, although I didn’t know I was being trained—or needed training. I really got to understand that preparing new practitioners to work in teams was going to be critically important for the future of health care.”

A Bumpy Start

Shortly after joining the board, Thibault realized that although the Institute was doing well academically, its finances were another matter. “There was a lot of uncertainty as to what was going to happen,” he says, noting that stagnant enrollment and some questionable decisions had put the school on shaky financial ground. “Fortunately, we had Matina Horner, who guided us through those difficult times.”

Thibault and Horner instantly bonded over the work of resuscitating the Institute, putting in long hours with other trustees to set a new course. It helped immensely that Horner brought in Ann Caldwell, who had extensive fundraising experience, to take the helm as the school’s president. Caldwell spent the next decade rebuilding the school’s finances and spirit, and Thibault followed suit. “It was obvious to me that the IHP was worth saving, so I got increasingly engaged as we began the process of rebuilding and redefining the school,” he says. “But it needed a lot of work.”
By 2005, Horner was ready to step down as board chair, and Thibault was asked to find candidates to replace her. Several months later, after the search had failed to identify someone who could fill her shoes, Horner asked him to consider taking the job. “I told Matina I wasn’t sure the IHP wanted a male doctor as chair of the board, but she and the rest of the board thought it was fine,” Thibault says.

To Horner, Thibault was the obvious choice. “George listened before he spoke. He took what people said into account,” she says. “He was very articulate, and he pulled things together, and that made for very powerful leadership. After the work that Ann Caldwell and I had done to lay down the foundation for the Institute’s future, George built a leadership team that could take it to the next level.”

**Culture Change**

Jan Bellack, who succeeded Caldwell as the IHP’s president in 2007, spent a decade working closely with Thibault. “We spoke the same language,” says Bellack. “We understood the same macro issues in the field of health professions education.”

To build a strong interprofessional education program, Thibault and Bellack had to change the way the school functioned. “The Institute had been operating as a collection of strong programs,” Bellack recalls, “but it didn’t have a true academic identity. That was a high priority, creating more of an academic culture.”

Thibault and Bellack got to work, increasing the school’s size but keeping its intimate sense of community. Their first major move was to hire Alex Johnson to be the Institute’s academic leader as provost. The School of Nursing was created to bring together its direct-entry and post-professional programs, the communication sciences and disorders and physical therapy departments became part of a new School of Health and Rehabilitation Sciences, and the Center for Interprofessional Studies and Innovation was established to increase continuing education initiatives. Their work

“I really got to understand that preparing new practitioners to work in teams was going to be critically important for the future of health care.”
culminated last fall with the creation of the IMPACT Practice Center, placing all of the school’s client care centers under one roof while providing interprofessional education opportunities for students.

In the meantime, more and more faculty were being asked to serve on committees in the Partners Healthcare system, raising the Institute’s profile while the number of graduates hired by Partners hospitals steadily increased.

“I think the Institute is a great success story,” Thibault says. “It demonstrates that you can grow in size, you can become more academic and scholarly, and yet you can retain those pieces from your heritage that are so important to make people proud of the organization: the sense of community, the sense of being part of a great clinical tradition.”

“We’ve Made Great Headway”

It wasn’t long after Bellack arrived in 2007 that Thibault announced he would be relocating to New York City, leaving Partners for the Macy Foundation. He agreed to stay on at the Institute as board chair, although it was unclear how things would work given the distance (and never mind the fact that Thibault, an avid Red Sox fan, was entering enemy Yankee territory). But he made it a point to be at every important Institute event, from board meetings to Commencement to retirement parties.

During Thibault’s presidency at the Macy Foundation, from which he stepped down this past July, the organization distributed grants intended to help break down the silos of medical and health care education. The foundation provided a grant to the Institute to create a program that pairs students from the Institute with students from Harvard’s medical and dental schools. “It’s a reciprocal partnership that is making a difference,” Bellack says. “The students are learning to work in teams, which helps improve patient care and patient experience—and also lowers costs by making sure you’re getting the right provider with the right patient at the right time.”

Despite the progress that Thibault has seen at both the Institute and the Macy Foundation, he admits there’s much more to do. “We’ve made great headway, but most people weren’t brought up with interprofessional education,” he says. “Institute students get it, and around the country more and more students are being exposed to it, but there is still a disconnect between what we’re teaching in the schools and what’s actually happening in practice.”
New Board Chair Jeanette Ives Erickson Looks Ahead

Building on the MGH Institute’s core values of excellence and interprofessional education will be a main focus of Jeanette Ives Erickson as she begins her term as chair of the Board of Trustees.

She replaces Dr. George Thibault, who led the school’s governing body for the past 13 years. Dr. Ives Erickson, chief nurse emerita at Massachusetts General Hospital, knows the IHP from several perspectives. She joined the board in 2009 (and was vice chair for the past year), earned her Doctor of Nursing Practice degree in 2011, and is an adjunct professor in the School of Nursing.

“I want the Institute’s Board of Trustees to continue supporting the IHP’s faculty and students as we work to further develop an environment that fosters respectful conversations where everyone can learn and grow together,” says Ives Erickson, who spent 21 years at Massachusetts General Hospital as senior vice president for patient care services and chief nurse before stepping into her new role in July.

“I’m looking forward to working with President Paula Milone-Nuzzo on this and other initiatives that will ensure the Institute is a beacon of hope and leadership in this changing world.”

She believes the school’s new four-year Strategic Plan will generate philanthropic support to continue its mission of educating the health care leaders of tomorrow. “The IHP needs to have robust fundraising success so that we can provide more student scholarships, advance the research agenda, and be innovative in the way we educate the next generation of practitioners,” she says. That includes continuing a recent increase in alumni giving as well as reaching out for financial support to foundations and businesses that align with the school’s mission.

Ives Erickson supports Milone-Nuzzo’s goal to further develop ways in which students, faculty, and staff can serve the community in better and broader ways. She says this community involvement includes grappling with tough public health issues like gun violence, climate change, and the opioid epidemic, and continuing the dialogue around diversity that has occurred on campus during the past two years.

“We care for a diverse patient population, we have a diverse workforce, and a diverse group of students,” Ives Erickson says. “That’s crucial because we want to make sure we provide equitable care and treat people as individuals. And, most importantly, we have to speak up when we see injustice.”
Animating New Ways to Assist ALS Patients

By Beverly Ford

Jordan Green has brought Hollywood technology to the MGH Institute.

Using sensors similar to those that filmmakers use to turn live-action movements into animation, the speech-language pathology researcher and his colleagues track patients’ facial muscles to detect the early onset of neurologic disorders such as stroke or Amyotrophic Lateral Sclerosis, also known as ALS. His research provides clinicians with the next generation of tools for improving clinical assessments and maximizing outcomes in treatments for improving speech and swallowing.

Dr. Green recently was appointed the school’s inaugural Matina Souretis Horner Professor in Rehabilitation Sciences, named in honor of the former Radcliffe College president and long-time Institute trustee, following the successful completion of a $2 million fundraising campaign. He also recently was named director of research, taking over for long-time faculty member Robert Hillman who remains as director of the PhD in Rehabilitation Sciences program.

Growing up, Green had never even had heard of speech pathology until, as an undergrad at California State University, Chico, a professor suggested it might be a good career choice for him. “It was an intersection of a lot of topics I was interested in—psychology, neurology, music, physiology,” recalls Green. “It seemed to combine many of my interests, so I took a couple of courses and I discovered I really enjoyed it.”

That led to a job as a hospital clinician, working with children with muscle problems and facial deformities. Frustrated by the lack of therapies available to his young patients, Green decided to write a research grant proposal that, to his delight, was accepted. That began his path to becoming a researcher who has written more than 100 articles that have appeared in peer-reviewed publications and received multiple awards for his research and teaching. Green’s research has been funded by the National Institutes of Health and other organizations for more than 20 years.

Upon arriving at the Institute in 2013 from the University of Nebraska, he established the Speech and Feeding Disorders Lab, which he runs with a team of research faculty, post-doctoral fellows, and students in the school’s PhD program. He also holds affiliate appointments at Massachusetts General Hospital, Spaulding Rehabilitation Hospital, and the Speech and Hearing Bioscience and Technology program at Harvard Medical School.

Green has established working relationships with several area researchers and physicians, including Dr. Bohdan Pomahac, a transplant surgeon and the director of plastic surgery at Brigham and Women’s Hospital. Pomahac, who led the team that performed the first full face transplant in the United States, said the sensor technology first used by Green more than seven years ago is helping doctors measure and refine facial transplant techniques, which will result in shorter recovery time for patients.

“It provides us the tools for measurement that can help us improve what we’re doing,” says Pomahac, who notes that Green’s pioneering research is an important factor in establishing standardized care requirements for face transplant recipients.

Green’s work is also helping doctors and researchers understand more about ALS, the debilitating muscular disease that affects 6,000 people annually in the United States.

“Jordan is really an expert in motor speech technology and one of the few people in the world with this kind of expertise,” notes Dr. James Berry, a neurologist at Mass General who collaborates with Green on ALS research. “He’s really pioneering and cutting a new path.”
Aiming to Publicize Childhood Disability Hiding in Plain Sight

By Lory Hough

When Tiffany Hogan tells parents their child has dyslexia, a condition that makes it difficult to read words on a page, they are understandably concerned. So they begin educating themselves by buying books, looking at advocacy websites, and seeking qualified tutors to help their child.

When she tells parents their child has a condition called DLD, it’s another story.

“Almost all of them have never heard of it,” says Dr. Hogan. More often than not, neither has their child’s teacher. Or their neighbors. Or their friends. That’s because DLD, or Developmental Language Disorder, is virtually unknown outside of the academic world, despite being as common among children as its well-known cousin, dyslexia, which has become a household word over the past few decades.

“I once wrote in a paper that DLD is a great mystery because these children have difficulty learning and understanding language for no obvious reason, something that comes with ease for most children,” says Hogan, a professor in the Department of Communication Science and Disorders and director of the Speech and Language Literacy (SAiL) Lab.

“Unfortunately, there are no organizations solely devoted to educating the public about DLD and few informational books or websites where people can learn about it.”

Hogan aims to begin changing that this summer, when she and her team of researchers begin testing about 700 kindergarten students in several elementary schools in and around Boston, using a grant from the National Institutes of Health. The five-year study aims to raise public awareness of the condition and prevent students with DLD from slipping through the cracks.

Only about a third of DLD students are identified or are being treated in schools, despite it affecting about two students in every typical classroom of 24. Problem is, the condition is difficult to spot because many students with DLD can read just fine but have trouble following and understanding what they’ve heard or what they’ve read. “It’s harder to see what a child can’t comprehend, so it’s often missed,” Hogan says.

“Dyslexia isn’t as hidden—it’s more obvious because a child can’t read printed words.” And to further complicate things, she says about half of students with DLD also have dyslexia.

Unlike students with ADHD, children with DLD don’t typically act out or fidget in class, the kinds of actions that command a teacher’s attention. Instead, they may be quiet or look like they’re daydreaming when, in fact, they may be trying really hard to follow the classroom conversation. Often, they’re mislabeled as lazy.

Hogan will lead a team of collaborators—Julie Wolter from the University of Montana, Suzanne Adlof from the University of South Carolina, Jessie Ricketts from Royal Holloway, University of London, and Yaacov Petscher from Florida State University—to track the students with DLD from kindergarten to second grade. The same team, led by Dr. Adlof and including the MGH Institute’s Annie Fox, assistant professor of quantitative methods, will use a second NIH grant to follow a separate group of DLD students from second to fourth grade.

Hogan’s goal is to make DLD as familiar as dyslexia by helping to create an informative website and working with teachers and parents to help reduce the number of kids with DLD who are overlooked.

“This grant, this work, it’s the right time, with the right team,” she says. “I could not be more excited.”
For Nurses, a DNP Curriculum That Works

As the assistant vice president of nursing for cardiology and intensive care services at Robert Wood Johnson University Hospital in New Jersey, Julie Arsenault juggles dozens of issues during the busy workday, leaving little time left for professional development. But she’s found that the MGH Institute’s reimagined online Doctor of Nursing Practice program is making her a better administrator.

“It helps me apply classroom learning to real scenarios I see regularly in the hospital,” says Arsenault, who upon graduating hopes to use her degree as a springboard to become a chief nursing officer.

Tina Sansone is an acute care nurse practitioner at Massachusetts General Hospital who already is seeing the dividends of her DNP studies, even before she’s completed the program. “It hasn’t changed my practice but it’s changed how I look at my practice,” says the Amesbury resident.

The redesigned DNP program aims to build nursing leaders in both the clinical and executive nursing worlds. Starting in the fall of 2017, the 34-credit program in which students took three courses each semester, transitioned into a program with one integrated nine-credit course each semester. This new approach, says the DNP program’s director, Margie Sipe, has multiple benefits.

“These nurses are people who have very busy lives, and we determined that having one class per semester was a much more efficient way for them to learn,” says Dr. Sipe, a 2013 graduate of the program who has been a nurse executive and nursing educator for many years.

Students learn the same information in the same timeframe as before, but it is integrated so that they can digest it more easily. Each semester builds sequentially on work that moves students through preparing, analyzing, applying, and finally synthesizing important advanced nursing practice content.

“It helps me apply classroom learning to real scenarios I see regularly in the hospital.”

– JULIE ARSENAULT, ASSISTANT VICE PRESIDENT, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

Sansone, who intends to pursue a leadership role as an advanced practice nurse after completing the program, agrees. “With this program, while it’s a lot of work, you don’t have to worry about competing deadlines overlapping for multiple courses.”

The program combines the best of online and on-campus learning methods. Each semester features synchronous online evening discussions regarding assignments, giving students time to review and complete assignments when it best fits their schedule. Twice each semester, the cohort arrives on campus for intensive weekend sessions where they review curriculum topics, collaborate, receive feedback from peers and faculty, and listen to guest speakers offer real-world examples about what they’re learning. The format makes it more convenient for full-time nurses to pursue their doctoral degree.

“There is a significant amount of information to absorb and assimilate, so bringing the students together, combined with the flexible online learning, creates an environment where they are supported by faculty and classmates,” says Sipe. “The integrated and accelerated case model program design enables students to see the connections between key concepts, giving them the opportunity to immediately apply new ways of thinking in their jobs. Our graduates will become the leaders and translators of knowledge and processes to advance nursing practice and transform the delivery of health care.”
**Class Notes**

The following abbreviations are used in Class Notes: APTA – American Physical Therapy Association; BWH – Brigham and Women’s Hospital; MGH – Massachusetts General Hospital; NWH – Newton-Wellesley Hospital.

**Communication Sciences and Disorders**

Emilie Larrivée, MS ’10, recently joined the CSD faculty as an instructor.

Indigo Young, MS ’14, is an instructor at the IHP. She helped run the 2018 summer reading program at Harvard-Kent Elementary School.

**Health Professions Education**

Eric Johnson, MS ’15, co-authored the study “Predicting Suicide Attempts and Suicide Death Following Outpatient Visits Using Electronic Health Records,” published in the American Journal of Psychiatry.

**Nursing**

The Clinical Journal of Oncology Nursing, edited by Ellen Carr, MS ’88, won the Gold Award from the Association of Media & Publishing.

Kathleen Avery, MS ’93, co-authored a paper in the journal Critical Care Nurse entitled “Blogging as an Innovative Method of Peer-to-Peer Educational Sharing.”

Sara Looby, MS ’00, Katie Fitch, MS ’01, and Jane Hubbard, MS-Dietetics ’95, all of whom work at MGH, were among the co-authors of “Dietary Sweeteners and Relationship to Coronary Plaque Burden Among HIV-Infected Individuals,” published in the journal Open Forum Infectious Diseases.

Carine Luxama, MS ’06, recently joined Bridgewell, a Massachusetts nonprofit providing social and human services that empower people with disabilities, as a nurse prescriber.

R. Gino Chisari, DNP ’11, director of the Norman Knight Nursing Center for Clinical & Professional Development at MGH and chief learning officer for nursing for the Lunder-Dineen Health Education Alliance of Maine, was named the inaugural incumbent of the Dorothy Ann Heathwood Endowed Chair in Nursing Education.

Samantha Blanchard, BSN ’13, a thoracic staff nurse at MGH, recently became certified in medical surgical nursing.

Cammie Townsend, DNP ’13, is the lead nurse planner at Boston University School of Medicine’s office of continuing medical education.

Kara Warner, MS ’14, and Rose Gallagher, BSN ’16, were part of a multi-specialty team at MGH that treated a patient with normal pressure hydrocephalus, a rare brain disorder.

Lauren Donahue, MS ’15, an outpatient research nurse in the Center for Clinical Investigation at BWH, is currently participating in a research trial designed to develop a novel therapy for dissolving the buildup of abnormal proteins in heart tissue.

Maureen Hemingway, DNP ’16, was a member of a MGH team that presented “Working Together: A Multi-Disciplinary Approach to Team Training” in New Orleans at the Association of Operating Room Nurses.

**Occupational Therapy**

Dominic Lloyd-Randolfi, OTD ’17, works for the San Diego health care tech start up Covalent Careers, where he manages one of the company’s websites, www.NewGradOccupationalTherapy.com.

Loren (Fields) McMahon, OTD ’17, works at Boston Children’s Hospital in the Augmentative Communication Program. She recently sat on a panel at Rehabilitation Engineering and Assistive Technology Society of North America’s conference, and presented a poster at the World Federation of Occupational Therapists in South Africa.

Since graduating, Ray Salvador, OTD ’17, returned to his home state of Washington to become the clinic director at Washington Hand Therapy in Bellevue.

Devin Diedrich, OTD ’18, works at Covalent Careers as the associate director of social media.

**Physical Therapy**

Colleen Kigini, DPT ’02, is among the leaders of the APTA’s newly created Frontiers in Rehabilitation Science and Technology (FiRST) council, dedicated to implementing new and available technologies in key areas of PT practice.

Lauretta (Laurie) Hack, DPT ’05, who was named the 49th McMillan lecturer by the APTA, spoke about how wisdom and courage are needed to effect positive change at the organization’s 2018 NEXT Conference and Exposition in June.

Nancy Kirsch, DPT ’05, published an article in the March 2018 issue of PT in Motion regarding the ethics of determining students’ readiness for practice after clinical experiences. Kirsch, who regularly writes for the magazine regarding various ethical issues in the PT world, is a professor of physical therapy at Rutgers University and practices in northern New Jersey.

Colleen Peyton, DPT ’05, therapy services program coordinator of quality and research at UChicago Medicine, is a co-investigator in a study that is investigating a smartphone app that could help prevent blindness in infants.

Ann Barr-Gillespie, DPT ’06, vice provost and executive dean in the College of Health Professions at Pacific University in Oregon, was a panelist regarding a health care workforce shortage in the state.

Asha Gummadi, MS ’08, a neurological physical therapist at Main Line Health in Pennsylvania, won the Sprint and National Geographic Chasing Genius: Unlimited Innovation Challenge and received a $25,000 grant for developing Therex Portal, a smartphone app that helps deliver physical therapy services in developing countries with little access to nearby treatment.

Robin Dole, DPT ’09, was named dean of the School of Human Service Professions at Widener University in Chester, PA.

Deidre McLoughlin, DPT ’09, is the team physical therapist for the 2018 Under 23 National Team that competed at the 2018 World Rowing Under 23 Championships in Poznan, Poland.

Vanessa Delleheim, DPT ’11, presented the poster “Development of a Decision Tree to Assist with Treatment of Burn-Related Ankle Contracture” at the American Burn Association’s annual conference in Chicago.

Madhuri Kale, DPT ’12, MS ’05, who works at BWH, was quoted in a Harvard Medical School health letter article about the benefits and risks of multigenerational playgrounds.

Manasvi Kadakia, MS ’17, recently began working at Reliant Rehabilitation in Rockland.

**Physician Assistant Studies**

Chrissy Cornish, PAS ’17, works in the emergency department at Boston Children’s Hospital.

Hannah Kobett, PAS ’17, works on the OB/GYN unit at Southern New Hampshire Health.

Anna Cardoni, PAS ’18, works at MGH in the cardiac surgery step down unit.

We invite you to submit your news and photos to alumni@mghihp.edu, or at www.mghihp.edu/alumni.
LAST WORDS: JOHANNA COOPER, MS-NURSING ’01

FAMILY CARING, UP CLOSE AND PERSONAL

It started insidiously, as ovarian cancer often does, with the very quiet symptom of recurrent urinary tract infections, although perhaps there were other things that Bessie had never mentioned to me.

When I first met her, she was a healthy woman in her 60s, with a long, thick braid down her back, a Navajo woman living near the Zuni Reservation in New Mexico with her extended family.

Then suddenly she was transferred out from our small rural facility with bilateral pulmonary emboli; and five years of multiple treatments began.

As a family nurse practitioner for the Indian Health Service, I also became the occasional medical provider for her sister, husband, daughters, sons-in-law, grandchildren, and even her great-grandchildren. I sat with many of them through hospitalizations in Zuni and Albuquerque. Wrote family medical leave letters for their employers. Heard about a dream where Bessie was flying. Watched new babies arrive. Witnessed unexpected financial and family crises erupt. Listened to their struggles in caring for their mother and grandmother and wife and sister. Helped decide her treatments and then, toward the end, on hospice.

One day toward the end of Bessie’s life, her daughter called, asking me to come and say goodbye to her. I had never been to her home. Many of her family members were there and they gave me a few minutes alone with her, which was a great honor. She died the next day. I will be forever grateful for their recognition and generosity.

I’m not sure I truly understood what it meant to be a family nurse practitioner until I started caring for multi-generational family units. Knowing a family certainly helps me to provide better care for my patients, but it can also be a challenge. I can’t always remember where and from whom I heard something and which family member I can talk with about it. Sometimes I hear the same story from different perspectives, and am reminded about all the different truths. There have also been instances where I have had to watch a family crumble from substance abuse, leaving me worried about the future of children I have known since they were born.

I’m not sure I truly understood what it meant to be a family nurse practitioner until I started caring for multi-generational family units. Knowing a family certainly helps me to provide better care for my patients, but it can also be a challenge.

It can also be challenging working in such a small and rural setting. I regularly run into my patients outside of work—at the grocery store, the post office, birthday parties, or one of our few restaurants. Some have become friends; some were friends first, and over time I became their health care provider. Balancing my professional role and private life is tricky, and I wonder if I will ever find the right balance.

Long before I entered the IHP’s nursing program, I had learned about the Indian Health Service at a recruiting booth while attending a public health conference. I thought that might be an interesting thing to do one day. After getting my degree and spending eight years working in Boston hospitals, I suddenly remembered that encounter. By then, I had developed the skills I’d need to practice in such a setting and felt ready for a change, so off I went head-first into a new adventure.

I am now settled in the Southwest, and in the nine years since I arrived, have grown to love its wide-open views and sparsely populated land. The stars are thick at night and I often see elk, coyote, and other animals on my way to and from work. I have found it a fine place to make my career, where I truly can practice up close and personal.

Johanna Cooper graduated from the MGH Institute in 2001 with a Master of Science in Nursing degree.

Interested in writing about your experience for Last Words? Please send an email to news@mghihp.edu.
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• **Gregory L. Lof Dissertation Research Fund** to advance research science by supporting the financial needs of graduate students from any IHP program who are in the research phase of their thesis.

• **Leslie Portney Fund for Interprofessional Leadership** to support travel by students, faculty, or staff to interprofessional educational experiences, allowing them to expand their knowledge and bring new ideas back to the Institute.

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**PLEASE JOIN US!**

Thursday, October 18, 2018
6:00 p.m. – 8:00 p.m.
One Constitution Wharf

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Boys & Girls Clubs of Boston

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