Feature Story

A New Era in Cleveland Clinic Nursing
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From the Editor

Welcome to the fall 2009 edition of Notable Nursing, a publication for nurses by nurses, now in its 9th year of printing. In our spring publication we introduced you to Sarah Sinclair, our first Executive Chief Nursing Officer. Sarah has been busy these last few months assessing our nursing structures, governance, and resources throughout the enterprise. She has begun to put together her executive team and create the infrastructure that will continue to support exemplar nursing practice. In this issue we introduce you to our new vision and strategic plan for nursing care at Cleveland Clinic. In our spring 2010 edition you will see an expansion of our coverage featuring nurses across our healthcare system.

Once again in this edition we present stories of nurses who have expanded their practice to meet the healthcare needs of patients and their families in the inpatient, outpatient and community settings. We describe for you our clinical ladder implementation and feature two of our nurses who succeeded in this advancement. We share with you nursing research studies in process. Please feel free to email us with your questions and comments about our featured stories.

Notable Nursing reflects the commitment of our nurses to deliver the highest quality patient care across our institution. Please share it with your colleagues. You can review past editions of Notable Nursing by visiting clevelandclinic.org/nursing and clicking on Notable Nursing Newsletter.

Sincerely,

Michelle Dumpe, PhD, MS, RN
Executive Editor
A system-wide integration of nurses, best practices and policies is under way, and Sinclair is at the helm. Since joining Cleveland Clinic in February, she has been working on this new strategic plan, which also includes creating a work environment that enhances professional practice and optimizes opportunities for career growth and development.

The plan was unveiled at a large meeting in July attended by hundreds of Cleveland Clinic nurse leaders. Cleveland Clinic CEO Toby Cosgrove, MD, and other leaders within the institution participated in the event, speaking to the nurses about their value within the organization.

“We recognize the value that you bring to our organization — you are the face of Cleveland Clinic. Our success and greatness are tied to you,” Dr. Cosgrove told the crowd. “You will help shape our future and you will help us get there.”

**The Plan**

Sinclair said hundreds of interviews with nurses revealed the four key areas to be the focus of the new integration strategy, which should be implemented fully by the end of 2010: communication, standardization of clinical practice, continuous performance improvement, and leadership development. Teams were assembled to work on ideas to enhance these areas and the ideas were presented at the meeting. Nurses at the meeting spent the afternoon in further discussion on the key areas and the following strategies emerged.

**STANDARDIZATION OF CLINICAL PRACTICE:**

The objective is to ensure that the same level of nursing care is delivered at every Cleveland Clinic facility by all nearly 7,000 of Cleveland Clinic’s nurses. Therefore, nursing standards of...
care, procedures and policies supported by evidence-based research and expert opinion will be implemented across the system. At the same time, roles and responsibilities of all caregivers on the healthcare team are being clearly defined and standardized across the system.

“We are streamlining the policies and staffing across the system so that our nurses can practice at any facility within the health system,” Sinclair says. She emphasizes that patient safety and outcomes are improved when variations in care are minimized.

CONTINUOUS PERFORMANCE IMPROVEMENT:
Work in this area will focus on developing the infrastructure within the Nursing Institute to promote ongoing advancement of patient outcomes — both clinical (safety) and experiential (patient satisfaction) — and operating outcomes (clinical processes).

Sinclair believes a good patient experience cannot be driven from the top. It has to happen at a point of contact with the patient — one of which is the bedside. Sinclair is the new Co-Director of Cleveland Clinic’s Office of Patient Experience and believes that nurses’ interactions with patients “make all the difference in the world.”

“It’s about not waiting for call lights,” she says. “Having a service mentality as a nurse is so important. Every patient’s experience should be beyond expectations.”

COMMUNICATION:
Communication is important between nurses, from all levels of management to nursing staff, and between nurses and physicians. In the next 18 months several methods of communication will be implemented that include, among many other things:

• branding of the Nursing Institute nationally to showcase the level of quality care at Cleveland Clinic
• a central intranet with single access for the Nursing Institute to share ideas and connect with others across the entire health system
• key messages for all nurses from Sinclair delivered via web video on a regular basis
• networking forums for nurses across the system to collaborate and form alliances by sharing experiences

LEADERSHIP DEVELOPMENT:
Nurse Managers have demanding roles that require many skills to ensure the quality of patient care on their units as well as to lead and inspire a staff. The objective in this area is to help Nurse Managers develop the many skills and abilities necessary to be successful. This will be accomplished within the next 18 months through an orientation program for Nurse Managers with less than a year of experience; enhancement of the Nurse Manager Academy; and the development of enrichment opportunities for Nurse Managers.

Sinclair and Nursing Leadership have established goals through 2010 to drive these changes and hold themselves accountable. Regular reviews will be conducted to measure success.
“At the heart of the clinical ladder is the belief that the bedside nurse deserves recognition,” explains Claudia Straub, MSN, RN, BC, Advanced Clinical Nurse, Nursing Education and Professional Practice Development.

The original clinical ladder concept dates back to the 1970s, although most of those developed in that era have not stood the test of time. In their modern incarnation, clinical ladders are used as a tool to maintain the supply of high performing nurses against the backdrop of a national nursing shortage.

“By supporting the nurse’s professional development, the clinical ladder creates challenges and opportunities for professional growth and associates them with appropriate rewards,” Straub explains. Given the current competition for highly skilled nurses, the Cleveland Clinic Nursing Institute is committed to the clinical ladder as essential to effective recruitment and retention.

CLEVELAND CLINIC’S CURRENT CLINICAL LADDER MODEL

The clinical ladder is designed specifically for nurses who work with patients in the inpatient and ambulatory settings. The Cleveland Clinic model has five levels (Professional Nurse I through V) that describe key competencies and accountabilities. New hires begin at Level I or II, depending on whether they have a year or more of experience.

Beyond the first two levels, progressing through subsequent levels requires performance, experience and education, Straub says. Nurses who want to advance up the ladder must apply for each level in order. Each advancement on the clinical ladder is associated with a designated raise in addition to the nurse’s annual salary increase.

Equally important to the salary, Straub says, is the status that the achievement brings. Nurses participating in the clinical ladder are entitled to wear a badge backer that designates their level, and those who make the grade are honored at a special reception each year.

Continued on next page
In the two years since the nursing clinical ladder has been implemented, 165 Cleveland Clinic nurses have been promoted. The hope is that this number will continue to grow.

FROM PORTFOLIO TO PROMOTION: THE PROCESS

The application process begins in the fall with a call for letters of intent. Nurses must write a letter, have it signed by their manager and submit the letter to the Professional Development Council. Applicants then have two to three months to complete their portfolios.

The purpose of the portfolio is to document the nurse’s achievements and competencies, Straub explains. “They are required to detail their clinical experience, describe specific projects they have been involved in, list any in-house committees they participate in, professional memberships and specialty certifications,” she says. “It’s like an expanded resume with all the details included.”

The 20-member Professional Development Council, co-chaired by Straub and Bonnie Deran, RN, reviews each candidate’s portfolio and compares it against the established criteria for the next step on the ladder. “This is important because it is a peer-review process,” Straub emphasizes. “It is their fellow nurses who are evaluating each nurse’s performance to determine if he or she meets the criteria to attain the recognition.”

From start to finish, the application and review process takes about eight months, with the promotions announced each May. “Preparing the portfolio and meeting all the criteria requires a significant amount of time and dedication,” Straub says. “Those who succeed are advanced level nurses who have developed their clinical practice to a higher level, and their accomplishments should be celebrated.”

With the clinical ladder still relatively new at Cleveland Clinic, the Professional Development Council is fine-tuning the criteria for each level. The revised criteria and application procedures for the 2009 candidates will be available by early November when the call goes out for letters of intent.

“We continue to clarify and publicize the process to encourage more nurses to apply,” Straub says. “Those who have taken up the challenge to move up the clinical ladder say that it is well worth the effort and is personally rewarding.”

CLAUDIA STRAUB, MSN, RN, BC, is an Advanced Clinical Nurse in the Department of Nursing Education and Professional Practice Development. She received her BSN from Ursuline College and an MSN from Case Western Reserve University Frances Payne Bolton School of Nursing. Straub is certified in Nursing Professional Development and is Chair of the Nursing Institute Professional Development Council. She has been at Cleveland Clinic for 20 years.

Email comments to straubc@ccf.org.
The Clinical Ladder in Action —

Two Nurses Who Made the Climb

MADELINE SOUPIOS, RN
Personal achievement, involvement and bringing about positive change. That’s how Madeline Soupios, RN, Professional Nurse III, (pictured below), a Cleveland Clinic nurse for 38 years, sums up her motivation for participating in the clinical ladder.

As an ambulatory clinic float nurse, she has the opportunity to work in many different departments in any given month, which, to her, means the opportunity to mentor dozens of younger nurses. Whatever department she is assigned to, Soupios uses her nursing experience to teach.

“I see nurses as being mentors 24/7,” she says. Being able to model positive behavior in difficult situations, such as dealing with distraught families, is as important as demonstrating techniques and procedures, she adds.

“I try to show that you can achieve a lot at any level of nursing,” Soupios explains. “The question is how involved you get on the job.” This has been her personal philosophy throughout her Cleveland Clinic career, first as the Nurse Manager in the surgical ICU for 20 years and continuing in her current position.

When the clinical ladder was first announced in 2007, she felt that it offered still another way to be involved in advancing the nursing profession and serve as a role model to up-and-coming nurses.

Although advancing up the ladder involves incremental salary raises, that ranks low on Soupios’ priority list, she admits. “After a while, you get to the point in your career where the money is not where it’s at,” she says. “It’s more important to me to be a role model and make a statement about changing things for the better.”

BONNIE DERAN, RN
Bonnie Deran, RN, Professional Nurse IV, (pictured above), has been a bedside nurse in the cardiothoracic ICU for more than 20 years. She made the decision several years ago that she wanted to advance her professionalism in her chosen field. As a result, she got involved in the American Nursing Credentialing Center Magnet Recognition process at Cleveland Clinic.

That sparked her interest in participating in other aspects of nursing beyond her day-to-day clinical responsibilities. When she became Vice Chair of the Professional Development Committee, Deran got a firsthand view of the development of the clinical ladder and its goals and objectives.

Deran was intrigued by the professional possibilities and opportunities the clinical ladder offered, she says. “When you participate in the clinical ladder, there is no doubt that it advances your professionalism beyond bedside nursing and gets you more involved in the bigger picture.”

She found that very appealing and in 2008 Deran applied for and successfully completed the process for promotion from Level II to Level III on the clinical ladder. “Creating that initial portfolio was the most time-consuming part,” she says. This year, she only had to update her portfolio to move from Professional Nurse III to Professional Nurse IV.

Dedicated to caring for cardiac transplant and thoracic surgery patients, Deran believes that going through the clinical ladder progression has enhanced her daily practice. “It’s all about what you want to get out of your nursing career,” she says.
More than 30 high schools students interested in a career in healthcare spent a day with Cleveland Clinic nurses in February as part of the local Health Horizons program. The program is a partnership of Cleveland Clinic, the Urban League of Greater Cleveland and Youth Opportunities Unlimited.
Throughout the day, students spent time in the simulation lab on Cleveland Clinic’s main campus. Inside the lab, nurses and residents regularly participate in mock codes utilizing real equipment such as monitors and defibrillators. Under the supervision of nurses, students got a chance to learn about the skills and procedures that are part of nursing practice. In particular, they got a chance to start IVs, take blood pressure readings, listen to heart and lung sounds and do simple dressings. An operating room session included exercises in scrubbing, gowning and gloving.
A descriptive comparative study (approved by the Cleveland Clinic Institutional Review Board) using both observation and patient interviews was used to assess meal consumption patterns of the sample of medical and surgical patients with diabetes admitted between July 2007 and December 2007.

The sample for this study included 458 patients. Data collection included 5,211 tray observations and more than 2,200 patient interviews. Findings from this study indicate that patients ate less than one half of what they were sent.

Examining patterns of meal consumption is of interest to many disciplines. Adequate nutrition is important for proper wound healing and combating infections. “In patients with diabetes, nutrition also plays a significant role in glucose control,” says Mary Beth Modic, Clinical Nurse Specialist in Diabetes. “Studies of this nature are very labor intensive and time consuming. We needed to have a member of the study team available during meal times seven days a week to observe the tray and interview the patient. The data collection period took several months to ensure an adequate sample size.” Additional challenges included those patients who needed to be fed, “slow eaters,” and accounting for food that was brought in by patient’s families.

The study identified reasons for patients’ poor meal consumption. Many of the reasons cited by patients for less than 100 percent consumption are system issues that are correctable. These findings have significance for physicians, nurses and dietitians. Frequently, patients were not present when their meal was delivered. “Paying attention” to meal delivery and patient presence is one intervention that can affect meal consumption.

This research study was interesting on many levels, explains Modic. “As we began to refine our research question, the study morphed into a completely different design. Secondly, many healthcare providers have an intuitive sense about the adequacy of nutrition in hospitalized patients, but little research has been conducted in this area. Lastly, collaborating in research with other disciplines provides a unique opportunity to gain a different perspective on the same clinical question.”

The research team is anxious to share their results and is currently finalizing the manuscript for journal submission. “Research isn’t truly research until it is published,” says Sandra Siedlecki, PhD, RN, a senior nurse researcher and mentor for the study.

MARY BETH MODIC, MSN, RN, CDE, CNS, is a Clinical Nurse Specialist in Diabetes at Cleveland Clinic. She earned her BSN at the College of Mount St. Joseph in Cincinnati and her MSN at Kent State University. She has worked at Cleveland Clinic for 33 years and has been in her current role since 2000.

Email comments to modicm@ccf.org.
Cleveland Clinic now has four ACNPs in the medical intensive care unit (MICU), three in neurosurgical intensive care and one in surgical intensive care. Although that represents 900 percent growth over the last three years, more ACNPs are still needed, Dennison says.

ACNPs work as a team with medical staff, residents, fellows and physician assistants to care for all patients on the unit. In addition, all ACNPs in the MICU have primary responsibility for five of their own patients. The ACNPs round with the staff and are responsible for developing patient care plans, determining consultations, performing certain procedures such as central line placements, prescribing within a limited range of drugs and serving as spokespeople to family members.

In the MICU, the pace is fast and intense. “We have the highest acuity unit in the country, so we are seeing the sickest of the sick,” Dennison says. “Our patients are complex, with multi-organ failure and a high risk of mortality.”

The challenge inherent in caring for these very ill patients, her professional ability to impact their lives and the opportunity to work with a dedicated team are what motivate Dennison. “The physicians are our collaborators, no one is making decisions on patient care in isolation,” she explains. “You can make a huge difference in the outcomes of care as an advanced practice nurse for these patients.”

To ease the strain of caring for this population and help prevent professional burnout, the MICU ACNPs work a seven-day-on, seven-day-off schedule. “It’s very intensive when you are working — we work 6 a.m. to 5:20 p.m., but the schedule allows you to decompress on your days off,” Dennison says.

The need for ACNPs is expanding rapidly, and Cleveland Clinic is supporting nurses who choose to pursue this career path. ACNPs must have a master’s degree in acute care nursing, which requires three semesters of class work plus 500 hours or more of clinical experience, depending on the college. Cleveland Clinic offers financial support for graduate school and is developing partnerships with area colleges and universities that offer the advanced specialized degree.

As the need for ACNPs is expanding, their role at Cleveland Clinic is evolving, Dennison notes. “This is an exciting time to be in the field,” she says. “Our practice is still young, and that means we are still defining the ACNP’s role. There are a lot of opportunities.”

CAROL DENNISON, MSN, RN, ACNP, CCRN, has been with Cleveland Clinic for five years and in her present position since early 2008. She holds a BSN from the University of Akron and earned her MSN with a specialty in acute care at Case Western Reserve University in 2007.

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That simple idea is supported by a considerable body of research on siblings of children with cancer demonstrating that the illness experience may cause significant stress in healthy siblings. “These kids often feel neglected or left out because so much parental attention is focused on the sick child,” Malbasa explains. “That can lead to depression, anger, anxiety, feelings of guilt and social isolation.”

According to her own research on the subject, conducted while she was at Yale, “healthy siblings experience a greater degree of post-traumatic stress than the child with cancer,” she says. “This often is manifested by social problems or difficulty in school.”

To combat the stress and negativity, the Sibling Outreach Program holds quarterly social activities for the healthy brothers and sisters of Children’s Hospital cancer patients. To date, fun activities have included a bowling party, a Valentine’s Day party, an outing to a Cleveland Indians game and a day at the Cleveland Metroparks Zoo. Depending on the activity, participants range in age from toddlers through college-age, and parents and patients are also invited to some of the outings.

The program’s second objective, Malbasa says, is to educate parents about meeting the emotional and psychological needs of their healthy children during this period. More than 100 parents attended a symposium last winter featuring psychologists, oncologists and other experts speaking on the effects a cancer diagnosis has on family dynamics. “It gave parents the opportunity to learn about how one child’s illness affects the other children in the family and gain an understanding of why their healthy children may be acting out or exhibiting symptoms of anxiety,” Malbasa explains.

Malbasa, along with pediatric social worker Kristy Neylon, LISW, and pediatric psychologist Mara Richards, PhD, plan and supervise the program activities. “We work together to try to make sure these kids are maintained during the experience of their sibling’s illness so they can grow up to be healthy and productive,” Malbasa says.

Feedback from parents and the program’s young participants has been very positive, she adds. “Parents are grateful that these activities are available and they report that their kids are having fun at the various events.”

The Sibling Outreach Program received a $5,000 start-up grant from Bear Necessities Pediatric Cancer Foundation in Chicago. Now, Malbasa says, she is working on finding a corporate or other major donor to fund the program’s next stage, which she hopes will include an expanded schedule of fun activities and educational offerings.

TARA MALBASA, RN, MSN, CPNP, CPON, has been a Pediatric Nurse Practitioner in the Cleveland Clinic Children’s Hospital since 2006. She earned her undergraduate degree from Boston College in 2003 and an MSN from Yale School of Nursing in 2006. While at Yale she worked as a staff nurse at Yale New Haven Hospital. She is a member of the National Association of Pediatric Nurse Practitioners and the Association of Pediatric Hematology/Oncology Nurses.

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Exploring the Value of Caring Touch

Nurses touch patients on a daily basis, simply by the nature of their professional duties. But beyond starting IVs, providing personal care or changing a dressing, nurses often provide caring touch — a pat on the hand, back rub or even a hug intended to lift a patient’s spirits and provide a measure of comfort.

Nurses here wished to learn if caring touch was actually desired by patients. They also wished to learn if nurses provided caring touch as part of their routine care.

Patricia Adler, PhD, RN, CNS, and her team set out to answer those questions in a recent descriptive comparative study of nurses and patients entitled Caring Touch: Do Nurses Provide What Patients Need?

“Little research has been done on caring touch and how it demonstrates empathy,” Adler says. The idea for this study evolved out of a discussion she had with other nurses on empathy and how nurses communicated empathy and caring.

In this study, 60 hospitalized patients and 60 nurses on six medical/surgical units volunteered to complete surveys. Adult patients, who were a mix of men and women, were asked about what types of caring touch they need and prefer, as well as what factors interfered with or promoted their receiving caring touch (e.g., personal comfort level, pain, threat of sexual harassment, etc.). Likewise, nurses were asked what types of caring touch they provided and what factors interfered with or promoted their use of caring touch in the hospital.

This study was the first of its kind done at Cleveland Clinic, and Adler says the results will help nurses better understand “what patients need and how they can enhance a patient’s experience in the hospital.”

The results of this study provide a “starting point” to further explore the topic of caring touch. Follow-up studies may be done to focus on specific cultures and caring touch needs or new ways to provide caring touch that are acceptable to patients based on the medical and nursing plan of care. Interventions may be developed that focus on patient satisfaction and meeting needs related to touch. After all, caring touch is a natural part of nursing as nurses facilitate, maintain and enhance human connections with patients (and families).

“Most nurses go into nursing because they want to help people. They want to connect with them,” Adler says.

For more information on this study, please email Nancy Albert, PhD, CCNS, CCRN: albertn@ccf.org.
The Stanley Shalom Zielony Center for Nursing Education presented *Genomics: Mapping the Future of Patient Care* April 24 on Cleveland Clinic’s main campus.

Rebecca Mitchell, MSN, RN, CNS, of Cleveland Clinic’s Center for Personalized Genetic Healthcare was the featured speaker. She spoke on the current state of genomic knowledge, genetic contribution to disease, the Genetic Information Nondiscrimination Act and pedigree construction, among other topics.

Cleveland Clinic will begin offering its wound, ostomy, continence (WOC) educational program online in 2010. The Ann Goldstein Online WOC Nursing Education Program offers students the same range of curriculum and access to expert faculty as the live school program. Online WOC Nursing Education allows students to complete the program and become eligible for certification right from the comfort of their own homes with many opportunities to interact with classmates and faculty along the way. Each course includes a clinical component that may be completed with an approved local WOC nursing preceptor.

The training prepares students to play a vital role in pre- and post-operative management of the person with an ostomy; to be instrumental in the prevention and treatment of pressure ulcers, fistula, and other skin disorders; and to be a specialist in the care of patients with urinary and fecal incontinence. Students will acquire the necessary skills to provide patients with effective psychological support, discharge planning, rehabilitative counseling and follow-up care.

To enroll, students must be registered nurses and have earned a BSN and have at least one year of medical-surgical nursing experience.

VISIT clevelandclinic.org/OnlineWOC for further details on this program or to register for the class beginning in 2010.
In her 10-year nursing career, Meredith Lahl, RN, MSN, CNS, has moved from Cleveland to Philadelphia and back to Cleveland and fulfilled her personal and professional goals along the way.

Lahl recently was awarded the first Carolyn Nieman Clinical Excellence Advanced Practice Nurse Award, an honor that she accepted with sincere humility. “The award was named in honor of Carolyn Nieman, a nurse practitioner here who was much loved and respected,” Lahl says. “To have been nominated for this award by my peers indicates to me that my work is valued. That’s a very humbling experience.”

As a Pediatric Clinical Nurse Specialist, Lahl devotes her time and energy to 47 patients on four pediatric nursing floors. She describes her role as a clinical expert, an educator, consultant and researcher.

“I have the opportunity to fulfill these roles every day,” she says. “In a single day I could be answering questions from staff nurses, teaching families about a new diagnosis, quantifying improvements in nursing practice, rounding with physicians, developing patient education materials and mentoring other nurses.”

It’s a job that requires intensive mental, emotional and psychological focus and, Lahl admits, it can be stressful at times. “But,” she says, “I love what I do. My responsibilities can be complex, and every day is different.”

Her “first love,” as she describes it, is pediatric oncology, an attraction she discovered in her first job. Her current responsibilities include the pediatric oncology unit, and Lahl continues to find great personal satisfaction in working with these children and their families. “It’s a patient population that I am drawn to,” she explains.

A greater Cleveland native, Lahl earned her BSN and MSN at the University of Pennsylvania. Returning home for the summers during her undergraduate years, she worked at Cleveland Clinic as a nurse associate. After graduation, she landed a staff nurse job in pediatric oncology at Children’s Hospital of Philadelphia and discovered her calling in caring for these children.

The pull of family and hometown was strong, however, and Lahl returned to the Cleveland area in 2004 to work in the Cleveland Clinic pediatric ICU. Later that year, she posted for and won her current position.

Teaching families and modeling that experience for nurses is among the favorite aspects of her job. Most rewarding, Lahl says, is “when nurses want to learn more and actively seek out more information so that they can deliver better patient care.”

Dedicated to promoting professional practice, Lahl is an active member of several professional organizations. She is co-president elect of the local chapter of the Association of Pediatric Hematology/Oncology Nursing and recently was named the co-chair of the Content Expert Panel for Pediatric CNS Role through the American Nurses Credentialing Center.

Already on the faculty of several area nursing schools, Lahl says that her next goal is to pursue a PhD in nursing with the ultimate goal of being an adjunct professor. “I would like to add my expertise in pediatrics to local nursing schools and help bring clinical practice into the classroom,” she says.

Lahl believes that she has found her clinical practice niche at Cleveland Clinic. “There are always opportunities here,” she notes. “This has been a good year for me professionally. Now I have to look for some new goals to achieve. I think I’m up for the challenge.”
In May, Cleveland Clinic nurses enjoyed a visit from Patricia Benner, RN, PhD, FAAN, Professor Emerita in the Department of Social and Behavioral Sciences at the University of California, San Francisco's School of Nursing. Dr. Benner delivered a presentation entitled “Teaching, Learning and Supporting a Complex Practice of Care” to hundreds of nurses over breakfast. Later, she toured Cleveland Clinic’s main campus and met with a smaller group of nurses for additional discussion. The program was sponsored by the Murphy Foundation, Cleveland Clinic and Ursuline College.