EBNHC NURSING: Celebrating Compassionate Care
Dedication

One definition of a nurse is “a unique soul who will pass through your life for a minute and impact it for an eternity.” The East Boston Neighborhood Health Center Nurse Practice Council proudly dedicates this book to two special nurses, Martha Nencioli and Paula McNabb. Through your years of service to the East Boston Neighborhood Health Center, you have touched the lives of numerous patients and staff. How lucky we are to know you, learn from you, and collaborate with you in caring for our community. We admire and are inspired by your dedication and commitment to quality patient care.

—Nurse Practice Council

To all the nurses at EBNHC: Your dedication and hard work have made us who we are today. Your strength, diversity, and compassion encompass our core values. You are the heart of health care and the heart of our community. Thank you, from all of us.

—Cindy Theodore, Director of Nursing Education and Professional Development
Nursing means holding many different responsibilities. It means facing many challenges. And, ultimately, nursing means many rewards.

This booklet is a celebration of nursing at the East Boston Neighborhood Health Center (EBNHC). We have a long tradition of taking pride in serving the community. Some of us have been here for many years; others are just beginning the long journey (and nursing is indeed a journey).

As nurses, many of us are on the frontlines of health care, performing examinations and administering treatment to the patients who depend on our services. We make important decisions that affect people’s lives every day, coordinating treatment plans among disparate health care providers.

But nursing is more than just a list of duties; it’s not simply a job. This profession goes much deeper than that. No one chooses the career of nursing because she or he wanted to make easy money or have a casual work schedule. We want to make a difference. We care about our patients; we become intimately involved in their lives, their struggles, their unique personalities.

Thank you for your contribution to the health center, to the community, and of course, to our patients. You are the heart and soul of our mission.
EBNHC nurses work in departments across the health center. From pediatrics to Neighborhood PACE, we serve patients of all ages, at all levels of health, from a wide range of backgrounds. As diverse as our patients are, so are we. Although most nurses join the EBNHC team because they want to help people, everyone enters the field of nursing with a unique set of circumstances. We asked our nurses for their stories; here are a few of their responses.

“At a young age, I volunteered in a hospital through school and then worked as a home aid. I loved helping people; I found that I had a nurse in me. I knew then that I wanted to become a nurse.”

Laura Wagner, Vice President PACE Program, Nurse

“What made me want to become a nurse was my mother, Mary Kate Floyd. My mother was an astute nurse with a lovely, compassionate, caring heart. It was an easy decision to want to emulate her. My mother cared for my grandmother who was blind and a bilateral, above-the-knee amputee. Watching my mother feeding and bathing my grandmother certainly created a seven-year-old in training. Ironically, I too cared for my mother until her passing. It was truly an honor and pleasure.”

Mary Lamara, M.Ed, Nurse

“In the 8th grade I had to create a ‘career notebook.’ Back ‘in the day,’ career options for women were far from what they are today! You could choose to be a secretary, teacher, or nurse. Thanks goodness I choose nursing, as it has been my passion all these years. I graduated from the Beth Israel Hospital School of Nursing in 1964 (wow, I know!). We had excellent training and right away we were ‘on the units’ taking care of patients.”

Amy Goldberg, Nurse

“When I was 11 years old, I read all three books written by Dr. Tom Dooley, who worked in Vietnam during the French Occupation. He did wonderful work. I was inspired. I decided I was going to be a nurse and go to Vietnam and work with him. He returned to the states when the war broke out and eventually passed away due to untreated TB. By the time I finished nursing school, my direction and focus had changed. (I probably became more self-centered; to this day I prefer hotel rooms to tents and camping out even under the best of circumstances.) I did have the pleasure of hearing Dr. Dooley speak when I was in high school. He gave a lecture at my church, St. Ignatius Church, which is located on the Boston College campus. He really was inspirational.”

Paula McNabb, Nurse Practitioner

“I left hospital nursing to make a change to community health. I felt like all my education in the hospital was almost too late. I wanted an opportunity to try and prevent these patients from ending up in the hospital in the first place. I was incredibly lucky to find my way to EBNHC—a clinic with an amazing reputation in the health care industry.”

Elizabeth Southwick, Nurse

“I wanted to be a patient advocate. Holistic care was appealing, as I was concerned for the well-being of patients, families, and community. I did advocacy work before becoming a nurse.”

Martha Nencioli, Nurse Practitioner

HOW DID YOU BECOME A NURSE?

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EBNHC NURSING

Departments with nursing staff: 14

- Adult Medicine
- CDEM Practice
- Contact Center
- Coumadin Clinic
- Emergency Department
- Neighborhood PACE
- PACE Home Care
- Family Medicine
- Infection Control
- OB/GYN
- Pediatrics
- Senior Care Options (SCO)
- Specialties
- Project SHINE
Although nursing is one of the most rewarding professions, the job isn’t easy. Each day, we face mental, physical, and moral challenges. We must come to terms with challenging lessons about the reality of life, the world, and ourselves. As a community, we stand in solidarity with our nursing colleagues doing great work throughout the world. But why do we do it? What keeps us coming back to this work, day after day? We asked our nurses what nursing means to them.

“It means community prevention through care and compassion. It means being professional and respectful towards your colleagues while trying to improve health outcomes in an urban setting.” Lucia Candreva, Nurse

“Being a nurse at EBNHC means community, family, and diversity. Tremendous heart and genuinely caring for the community separates EBNHC from the rest.” Karen Moore, Nurse

“Being a nurse at EBNHC is to provide services not only for the people in the community around the clinic, but to any patient that needs health care. The nurses at the EBNHC are culturally sensitive due to the fact we work in areas of diversity. We are dedicated, understanding, and we have the ability to work with people with very different levels of health literacy, economic status, etc.” Marcia Silva, Nurse

“Multicultural. Culturally sensitive. Committed to community.” Paula Guilford, Nurse

“It means being part of not just the health center but the community as well. After working here for 43 years I feel as if I grew up with the health center. I’ve been privileged to see it grow from a tiny building on Paris Street to a multifaceted role model across the nation and now worldwide.” Janet Logan, Nurse

“To me, nursing at EBNHC is synonymous with family. When patients call with a concern, more often than not they ask for their favorite nurse over their provider because they have a trust and friendship there. As nurses in community health, it’s not just about the chronic illness or acute health issue, it’s also about the patient’s family and friends, their work, their home. We see the whole patient and empower them to be the best they can be. I love that about nursing.” Elizabeth Southwick, Nurse
As nurses, our work centers around patients. We take care of our patients in many different ways, from healing to dressing to feeding. We understand the impact of a kind word and supportive smile at just the right time. The surprise is that as we affect the lives of our patients, our patients change us, too. We learn to see life through their eyes, for at least a little while. They offer insights, wisdom, and advice. Sometimes they make us laugh. But most importantly, they touch our lives as we connect through the process of healing.

“I remember two patients from early in my career who really gave me resolve that I had made the right decision in becoming a nurse. An 88-year-old woman was brought to the hospital from her home where she had lived for 50 years. She was dehydrated and showed signs of being a little undernourished. She was told she would never go home and would be sent to a nursing home. She refused to eat. A resident was going to insert a feeding tube. I asked for a day. I told the woman that a feeding tube would be awful! I convinced her to try and eat. We started with applesauce. I talked to her about her home, family, etc. She didn’t get a feeding tube. She made me understand how vulnerable patients can feel. Then there was a 30-year-old pregnant heroine user on methadone. I learned a lot from her about the ‘life’ and what she did to support her habit. I told her how smart and clever she was. She relapsed after delivery. She came to see me a few years later—clean, and with custody of her daughter. She said she remembered that I had treated her honestly and with respect. She decided she wanted to respect herself as much. We cried together.”

Martha Nencioli, Nurse Practitioner

“I can never forget my first patients as a nurse. I worked in a spinal cord injury rehab, and my patients with disabilities taught me the lessons I will never forget. These particular folks forced me to learn a different way of navigating the world; they taught me that they are not only patients, but they are people who see the world their ways. They taught me to look beyond the individuals, and to look at the unique nuances of each community and culture.”

Laura Wagner, Vice President PACE Program, Nurse

“One of my favorite patients was 102 years old. I asked her what her secret was for longevity; she answered me by saying: ‘Look honey, no one ever told me; you figure it out!’ I asked one other patient who was about to turn 100 years old her secret and she answered: ‘Don’t get married and don’t have children!’ Oh well, I had done both.”

Amy Goldberg, Nurse

“It is very rewarding to live and work in the same community. I often run into patients at Shaw’s or Market Basket. One special moment in my career didn’t happen at the clinic—it happened at Market Basket where my elderly patient introduced me to her daughter. Her daughter gave me a big hug and expressed her gratitude for helping her mother through a medical crisis that involved case management between multiple agencies. My job is very rewarding and it feels even better to realize the impact I am having in my own community.”

Hollis Graham, Nurse

“My favorite memories have everything to do with the staff and residents around me. My office is on the unit, so I hear the struggles and I hear the laughter (and there is an awful lot of laughter from the nurses and residents). I get to see the bonding, the frustration, and then the smiles and positivity that come out of working things through as part of a team. I have nurses who I will find deep in conversation with the residents as well as attempting to converse in a language that is not their own because they want to connect with the people they care for. I hear them laugh a lot. I believe that with our PACE population, especially with our people who are cognitively impaired, my best memories have everything to do with a day where the quality of life is good for them, caring is true, and laughter is heard through the hallways.”

Katherine Topazio, Nurse

“I recall some of my earliest patients from when I worked on a med-surg floor at the NE Baptist Hospital and when the Baptist began doing the first total hip replacements. Now they are a first-rate, predominately orthopedic site.
I also remember some of the children I cared for at Boston City Hospital, which is now BMC. One was an asthmatic baby, just months old. She was admitted frequently. When she was four years old, I left to join Dr. Bratton here in East Boston. The patient was from East Boston and I took care of her here. She grew up, married, and I took care of her daughter through her teen years when the family moved.”  

**Paula McNabb, Nurse Practitioner**

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**REMEMBER WHEN?**

“There has been a tsunami of changes since I started working for EBNHC 24 years ago. All nurses’ documentation at one time was handwritten. The immense growth in information technology (IT) has meant that nurses have become adept at informatics and have evolved to meet the growth of IT as it integrated with health care. Working in a community health setting was at one time more illness-focused. Today, community health nursing is a patient-and-family centered, holistic approach. It is largely health promotion and disease prevention. Our patient care today is based on best practices derived from data-driven metrics. These metrics help us know where we were, where we are, and where we need to be. Metrics aid us in the development of new ideas and projects that will help us provide the most efficient, highest quality of care for our patients.”  

**Mary Lamara, M.Ed, Nurse**

“There used to be a huge complement of public health nurses in the basement of 79 Paris Street. They visited all the newborns in East Boston and anyone we were concerned about. That was wonderful. They were also the school nurses for parochial schools in the community. A public health nurse in Pedi did throat cultures on children who complained of sore throats. The TC went to the lab and the results were sent back in 48 hours. We began practical work instruction in the beginning years, which was the first major change we implemented. We only had paper records. We sent a list of the following day’s appointments down to the Record Room; Record Room staff pulled and organized the charts prior to carrying them to the department the next morning. There were no computers. A lot has changed since then.”  

**Paula McNabb, Nurse Practitioner**
MENTORS AND ADVICE: WHO INFLUENCED YOU?

When we first start out, nursing can be intimidating. Luckily, we are not alone, and we are not the first ones to walk this path. Along the way, almost all of us had mentors who showed us the ropes and helped us find our bearings. But we never stop learning. We asked nurses which of their colleagues or mentors they admired, and why.

“One nurse who was a positive influence in my journey as a nurse was Janet Stec (CDEM, now retired). She had a superior and positive quality to care for patients. She was very patient and always walked one more mile to make sure patients received the ultimate care they needed.” Marcia Silva, Nurse

“Carol Dondero was an excellent mentor. She taught me the true meaning of tough love and how to empower patients to care for themselves, while always showing the highest level of compassion. When Carol retired, she said it was because she was learning more from us than we were from her, but really, she was still teaching me every day.” Elizabeth Southwick, Nurse

“Carol Dondero had a real no-nonsense attitude. I admire Karen Ford for her overall patience with the most challenging situations—an excellent teacher for novice nurses. And Nancy Dane, because she represents the true meaning of exceptional patient care.” Caitlin Erwin, Nurse

“Janet Logan and Pat Sheridan for the long-time service to this community.” Paula Guilford, Nurse

“There are too many nurses to count that have influenced me positively as a nurse over the years and I am truly grateful to all of them.” Karen Moore, Nurse

“I feel as if every nurse has something to share and when we sit at the round table we can all bring our positive energy and learn from each other. We all have one good or positive thing to share. We all bring something different to the table.” Lucia Candreva, Nurse

“Over many years, it has been my pleasure to work with so many intelligent, kind, and knowledgeable people. In the early years, Dr. Taylor saw patients in the ER as well as in clinical areas. He and Dr. Lee were wonderful teachers. The nurses lead had more years of clinical experience and shared it all. Some of note were Patricia I.R., who gave me a job, barely out of my teens and just out of nursing school. Connie K., Maryann C., and Diane C., who were the pioneers of team nursing. Most recently: Pat S., Pat G., Karen M., who get it done accurately, proficiently, and expertly, with a smile.” Janet Logan, Nurse
WHAT ADVICE DO YOU HAVE FOR NEW NURSES?

“The advice I would give a new nurse starting at EBNHC (or any new nurse) is first, take a deep breath. It will all come together. Be patient with yourself as there is a lot to learn. Ask many questions—as no question is a silly question. Direct your questions to more experienced staff, which will open lines of communication for future discussions. Look up things that are new to you and seek out opportunities to gain the experience you need. Make a commitment to be a lifelong learner. Above all, take care of yourself. It is so important to create a work/life balance. As caregivers, we are susceptible to stress. Make time to read, exercise, and/or socialize. This will help you be a better person; a better nurse.” Mary Lamara, M.Ed, Nurse

“I would just keep my mind open to different kinds of nursing roles and look around for opportunities because there are plenty. When I thought that programs needed better design, I moved from the bedside to program management. When I realized that the government and other systems that support programming needed change, I added policy to my work. Today, in addition to managing Neighborhood PACE, I serve as Chair of MassPACE, the State Association of PACE Organizations, and as a member of the board of directors of the National PACE Association. If we want the health care system to work better we have to get out there, be knowledgeable, and have a voice.” Laura Wagner, Vice President PACE Program, Nurse

“I have worked as an intake and enrollment nurse for Neighborhood PACE. In a community setting it is imperative to be a good listener and to be observant. There are many nonverbal cues that you can get if you use these two skills. Kindness is probably on the top of the list along with being non-judgmental. I have seen many home situations that were eye opening to me, but I have learned so much from each one. A caring look, a warm touch, or a smile go a long way. Many patients just want validation as to what is going on in their life.” Amy Goldberg, Nurse

“If a nurse is experienced and has hospital experience, it’s important to understand that the health center is a different type of ‘busy.’ I also want nurses new to EBNHC to know that this is a multi-focus role. It involves families, community, sometimes hospital care, and the management of discharges. The work here is often post-hospital, so nurses can see what happens to the patients they cared for when they’re sent home. I advise new nurses to get as much experience here as possible. Learn all you can. Then, when you leave, don’t forget that the people you care for in the hospital are coming home to families and a community that will be working with them. Give them as much help and information as possible to ensure the care is the best. To keep up with new developments in health care, there are courses, CEUs, educational opportunities, and weekly Pedi conferences on Thursdays. I also read articles relevant to the practice, and many departments are more than willing to have you shadow one of their nurse practitioners if you need to. This is very helpful.” Paula McNabb, Nurse Practitioner

“Every day is a learning experience and, due to our diverse patient population, a challenge not just medically, but psychologically, socially, culturally, etc. It means constantly meeting change head-on with creativity, diplomacy, and insight.” Janet Logan, Nurse

“It’s hard to keep current, but it’s very important. I’m on professional list serves. I read journals. I exchange ideas with colleagues. As a professional, you have to have desire and curiosity.” Martha Nencioli, Nurse Practitioner

“Nursing at EBNHC and especially PACE means that we are here as guests in our participants’ homes and in their time of need. We are present with them at their most vulnerable, a time they may not be able to share with anyone but us, a gift. A time that is sacred in many ways and its impact has everything to do with this: We have to create an environment where the patient as well as their significant others feel secure enough to tell us what they need, what they like, what they don’t, and what they want so that we can guide their care. When we help to create this environment, we have achieved a great trust, one which reaffirms what we do, makes us feel that we matter, affects us, enables us to help those we serve, and gives them the best quality of life.” Katherine Topazio, Nurse
“I see every day how our nurses help our patients and providers. Our nurses are patient educators and advocates, and provide vital clinical support for providers. Nurses spend time meticulously reviewing medications with patients and help patients organize med boxes. These services can help with med adherence and improve clinical outcomes, such as improving blood pressure. Nurses help our patients get necessary medications (thanks to all those PAs!), equipment, and home services. They diligently care for chronic venous stasis ulcers and take pride when the patient’s wound is all healed. Our nurses triage our sickest patients and help ensure patients get the care they need. I could go on and on! Thank you, nurses!”
  
Roberto Mastroianni, RNP

“I feel like I have a team that really gets to know my patients in a way that wouldn’t have been possible beyond the personal neighborhood relationships that tended to dominate in the early (pre-HIPAA!) days. They work very hard and are incredibly more efficient in their roles today than they were in the past, yet they manage to engage patients in a friendly and helpful way despite our growth and decreased departmental intimacy. I have never been more impressed with the skill level and sense of responsibility to the patients, whether LPN or RN.”
  
Fran Keubler, MD

“One thing that strikes me is the ‘a patient is down’ call to action. I noticed everyone calls for a nurse, even the providers! Nurses complement the team working together with a provider in accomplishing all goals at an appointment. We couldn’t do it without them. Jen Carney, who was an RN in OB, had to do the Heimlich maneuver on me once. Scared the heck out of both of us. I was very glad she was close at hand. I never ate another corn muffin after that (spared me some calories!). Bonnie who is still in OB is also a very kind and caring nurse. I’ve seen her in action with patients and the humanity of nursing shines through.”
  
Carol Singletary, Registered Dietician

“Nursing is one of the most important pieces to our care teams. They bring the skill and knowledge which allow our patients to receive the best care possible without limitations. The nursing care we are providing creates a healthier community and the stepping stones for our younger patients to thrive.”
  
Jeff Schuster, Vice President of Health Center Operations

“When, in the midst of a trying and hectic day, I sometimes find that my empathy is waning, it is the nurses who guide me back in the right direction. I am proud to work alongside these dedicated, smart and talented nurses. I have seen so many occasions when if not for the nurses, one of my patients would have been lost to care, and it is through the persistent hard work of our nurses that lives have been changed and lives have been saved!”
  
Stephanie Quamo, MD

THANK YOU, EBNHC NURSES!

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“Our nurses mean compassion and care applied very practically to meet the needs of our patients in a way that’s actually effective. Our nurses make connections with each patient as an individual, and know better than anyone that you have to tailor your plan to what will work for the patient and the patient’s family.” Catherine Silva, MD

“Nursing is looking beyond the medical problems to see the patient as a whole. I feel that EBNHC supports its nurses to be able to take the time to connect with patients to understand the impact that social issues have on medical issues. We are empowered to go the extra mile to seek out or collaborate with other departments to help ease the social issues many of our patients are faced with.” Hollis Graham, Nurse
Nursing is an art:
and if it is to be made an art,
it requires an exclusive devotion as hard a preparation,
as any painter’s or sculptor’s work;
for what is the having to do with dead canvas or dead marble,
compared with having to do with the living body,
the temple of God’s spirit?
It is one of the Fine Arts: I had almost said,
the finest of Fine Arts.

—Florence Nightingale