

The NURSE ADVOCATE



By Nurses for Nurses

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Dr. Nabila Al Meer Honored with Prestigious International Awards



Dr. Nabila Al Meer, Deputy Chief of the Continuing Care Group and Supreme Council of Health Nursing Affairs, has received an honorary DAISY Award in recognition of her pioneering contributions to the nursing profession in Qatar.

The DAISY award ceremony took place on September 23 at Sidra Medical and Research Center, Doha, marking the first time the

distinction has been bestowed in Qatar. Established by the US-based DAISY Foundation, the award is presented by over 1,700 healthcare organizations around the world as a way of honoring nurses. More information about the DAISY Award is available at <http://daisyfoundation.org/daisy-award>.

Dr. Mary Boyd, Chief Nursing Officer at Sidra, noted that Dr. Al Meer's

career and dedication to the nursing profession is a strong reflection of Qatar's welcoming and caring culture.

"Throughout Dr. Al Meer's career, which spans nearly 40 years, she has helped restructure nursing governance, education and practices within Qatar. She was also the first Qatari nurse to obtain a PhD in nursing from the University of Miami and a Master of Science from the

University of Texas in the United States."

"She is an inspiration for nurses as her achievements encapsulate the hard work and commitment demonstrated by visionary nurses throughout history. We are honored to acknowledge her outstanding leadership in the field," added Dr. Boyd.

Dr. Al Meer was also recognized with an award in the medical category during this year's Arab Woman Awards for her achievements in the healthcare field. The Arab Woman Awards were launched in 2009 to reward and recognize inspirational Arab women who have made a positive impact on society. The awards are held annually in the UAE, Kuwait, Qatar and KSA and celebrate the significant achievements of Arab women across the GCC.

HMC Nurses Shine at Awards Ceremony

During the GCC Nursing Conference 2014, the GCC Nursing Technical Committee honored two Qatari Nursing Executives from Hamad Medical Corporation (HMC) with the Nusayba Bint Ka'ab Award for their outstanding performance and valuable contribution to the advancement of the nursing profession. The Conference was held in Kuwait on November 18 – 19, 2014.

The Nusayba Bint Ka'ab Award is a prestigious award presented annually by the GCC Health Ministers' Council to deserving nurses in recognition of their outstanding achievements in their respective fields. Two recipients from each Gulf country are chosen to receive the Nusayba Bint Ka'ab award every year.

Dr. Badriya AL Lenjawi, Assistant Executive Director of Nursing was awarded 1st prize and Ms. Soad Suliman Al Ali, Director of Nursing – Labor and Post Natal Units was awarded the 2nd prize.

As an AED of Corporate Nursing, Dr. Badriya plays a fundamental



role in developing leadership and professional development plans for Qatari nurses. She is the national coordinator for the Leadership for Change Program, which also won the Rising Star Award in the category of Education at HMC's Stars of Excellence, which took place in October 2014. She obtained her Baccalaureate in Nursing in 1989 from the College of Health Science in Bahrain, and pursued a Master's Degree in Nursing from Whitworth College, Spokane, U.S.A. and became the first Clinical Nurse Specialist in Qatar in 1996. She attained a Post-graduate Research Diploma in 2004 and continued her education in the United Kingdom, obtaining a Doctorate

of Philosophy from the University of Greenwich in 2010.



Ms. Soad Suliman Al Ali graduated with a BSN from Qatar University. She is the first Qatari nurse who pursued midwifery training in Bahrain and is a certified nurse midwife.

Ms. Soad brought remarkable changes to labor room midwifery practice at HMC by upgrading the skills of midwives. She initiated a plan for delineating midwifery privileges and started a privilege program in 2009. The project 'Empowerment of Midwives at Women's Hospital' received the Award of Merit in the category of Education at the October 2014 Stars of Excellence ceremony.

Nursing Strategy 2015-2018

By Professor Ann-Marie Cannaby – Chief Nursing Officer, HMC



Professor Ann-Marie Cannaby
Chief Nursing Officer, HMC

On the 1st of December, 100 nurses from across HMC were invited to a planning day to start developing the Nursing Strategy 2015-2018. We intentionally invited a mix of Staff Nurses, Charge Nurses, Head Nurses and Directors of Nursing from each hospital, the Skilled Nursing Facility,

and Mental Health and Home Health Care services, so we could hear the views of our front line nurses and midwives. This team came together to identify the key areas of work they would like to see included in the next phase of the Strategy and were assisted by a small group of nurse educators, quality and safety reviewers and nurse researchers.

This event marked the beginning of our work on the Nursing Strategy 2015-2018. A series of activities are planned over the next few months with the aim to create a new three year plan, which will be launched in April 2015. The Nursing Strategy 2015-2018 will build on the achievements of the first Nursing Strategy 2013-2015.

The findings from the planning day on December 1st, along with the NDNQI nursing survey results, will be used to develop the draft Strategy. Further consultation through facility presentation sessions, executive teams, the International Nursing Advisory Board and the Nursing and Midwifery Executive Committee will then occur and will result in the final draft of the Nursing Strategy 2015-2018.

I encourage you to visit the Nursing Strategy 2015-2018 page on the nursing website (http://nursing.hamad.qa/en/nursing_strategy/nursing_strategy_15_18/nursing_strategy_15_18.aspx) to follow our progress and find out how you too can become involved in this important work.

HMC Nurses Attend the 3rd Colorectal Symposium

Researched by: Rodica Nedescu, Clinical Nurse Specialist



The 3rd Colorectal Symposium took place between October 16th and 18th. The three-day event was organized by Hamad Medical



Corporation's (HMC) Colorectal Surgery Unit and attracted over 350 attendees. The Symposium demonstrated that surgery is one

of the key treatments for colorectal cancer. Coupled with chemotherapy and radiotherapy, surgery can play a pivotal role in enhancing survival

rates and quality of life for patients affected by the disease.

During the Symposium, international, regional and local experts in the field, from countries such as Qatar, Germany, the United States, Saudi Arabia, and the UAE, shared new developments and updates in the surgical treatment of colorectal cancer, while also shedding light on the treatment of liver metastasis, which is the spread of cancer cells from the colorectal region to the liver.

A variety of topics were discussed in depth, including colorectal cancer in the GCC, risks associated with colorectal cancer, surgical treatment for colorectal liver metastasis, palliative care and management

of colorectal patients; the role of chemotherapy in colorectal liver disease, laparoscopic treatment for colorectal tumors and recovery after colorectal surgery were also among the topics discussed.

A special session was arranged for nurses on Friday the 17th of October, which was attended by over 200 nurses from across HMC. Advanced Clinical Nurse Specialists, Ms. Rodica Nedescu, Ms. Andrea Benn, Ms. Hilary Hopkins and Ms. Valerie Walsh, presented updates on the nursing care required for patients with a diagnosis of advanced colorectal cancer.

Head of the Colorectal Surgery Unit at HMC and Senior Consultant in Colorectal Laparoscopic Surgery,

Dr. Mohamed Abunada stated: "This symposium serves as part of our team's endeavor to maintain and enhance the standard of services offered at HMC for the management of our patients with colorectal cancer and metastatic liver disease."

Ms. Catherine Gillespie, Assistant Executive Director of Nursing for the National Centre for Cancer Care and Research stated: "Understanding the journey, for those of our patients with a cancer diagnosis, is key to ensuring that we are able to deliver knowledgeable and compassionate care. The contribution of nurses to the experience of patients with cancer cannot be underestimated. It is essential that we are able to support patients with up to date, evidence-based knowledge."

Dr. Yousef Al Maslamani is Keynote Speaker as 28 HMC Nurses Graduate from UCQ



Dr. Yousef Al Maslamani, Medical Director at Hamad General Hospital, delivering the keynote address at the UCQ Convocation on 16 Nov 2014. 28 of the graduates were HMC nurses. [Image courtesy of the University of Calgary - Qatar]

International Nursing and Midwifery Advisory Board Established

The Corporate Nursing Department is excited to inform you about the establishment of the International Nursing and Midwifery Advisory Board (INMAB). The INMAB will meet twice a year and the inaugural meeting has been confirmed to take place on the 26th and 27th of January 2015 in the Club Hotel, Hamad Bin Khalifa Medical City.

The INMAB has been established to provide external support and advice for the nursing and midwifery transformation program across HMC.

Dr. Hanan Al Kuwari will chair the meetings which will be attended by seven internationally renowned nurse leaders as well as senior leaders from HMC, Sidra and University of Calgary- Qatar. The overseas members of the Board include exceptional nurse leaders from Australia, New Zealand, Lebanon, USA and the UK with various clinical and educational expertises.

The Board will provide strategic, professional and managerial advice on all aspects of nursing and midwifery care. The group of international experts will make recommendations to progress the development of nursing and midwifery within HMC and advise on issues that affect nursing and midwifery staff directly or have implications for multidisciplinary working, patient care and clinical quality.

The responsibilities of the Board include:

- To review and advise on the implementation of the Nursing Strategy.
- To assess progress against the Nursing Strategy implementation plan, discuss progress and the barriers to change.
- To debate and determine the implications of the Strategy primarily on nursing and

midwifery issues, but also on other professions and departments.

- Use member's expertise to provide strategic advice to HMC and the Corporate Nursing Department on professional and operational nursing issues.
- Influence the progress of nursing service modernization both locally and nationally.
- Communicate corporate and national issues; analyzing the impact on the Nursing Strategy and patient care.
- Ensuring compliance with all aspects of nursing governance.

The meetings will be attended by all AEDONs and on the 27th January every Qatari nurse in HMC will be invited to attend two master classes/lectures provided by two of the overseas experts.

A summary of the event will be provided in the February edition of Nurse Advocate.

The Trauma Journal Club Welcomes First Nurse Presenters

Researched by Kristine S. Luzano, SN, 4N2 - HGH



Research is one of the main pillars of both Hamad Medical Corporation and the Trauma Surgery Section. The Trauma Journal Club is a monthly event that is part of the Department's continuing medical education and research programs.

It provides the trauma critical care fellows and staff the opportunity to critically peer-review publications.

Recently, the Trauma Journal Club opened its doors to nurse presenters. They have allotted

1-2 slots for nurses each month since October 2014, which gives nurses the opportunity to develop their knowledge and professional experience. They also have the opportunity to present ongoing nursing research that they would like to share with the team.

On 19th October 2014, the first batch of nurse presenters were welcomed to the Club at the Wyndham Grand Regency Hotel. Mr. Sayed Mehdi, Charge Nurse of the Trauma ICU in Hamad General Hospital, presented a study by Yongfang Zhou, et. al. entitled:

“Midazolam and propofol used alone or sequentially for long-term sedation in critically ill, mechanically ventilated patients: a prospective, randomized study.” Ms. Kristine S. Luzano, Staff Nurse from 4 North 2, Hamad General Hospital, shared with the team research entitled: “Horizontal Infection Control Strategy Decreases Methicillin-Resistant Staphylococcus Aureus Infection and Eliminates Bacteremia

in a Surgical ICU Without Active Surveillance” by Maria X. Traa et. al.

Dr. Rafael Consunji, who leads the Committee for the Trauma Journal Club and Research Hour with Dr. Ayman El Menyar, said: “The main objective is to update all members of the team with recent evidence that arises from the literature and provide a framework for discussing the results, how they relate to

our trauma patients, the different research methodologies employed and issues at hand. Secondly, it trains all of us in the art and science of scientific presentation. Finally, it allows us a venue to convene, discuss and share some time with each other outside of the hospital.”

Nurses, as prominent healthcare providers, are undoubtedly valuable contributors to such sessions.

Introducing the Gestational Diabetes Mellitus Integrated Care Clinic

Researched by Shilah Ancheta SN, Emergency Department – WH, Annamma Matthew SN, OPD-WH and Ms. Luciana De Leon HN, OPD-WH

About gestational diabetes

Gestational diabetes is the most common medical disorder in pregnancy, affecting approximately four out of 1,000 women worldwide. Diabetes in pregnancy is associated with increased morbidity and mortality for both the mother and the fetus. Even with the recent improvements in diabetic and obstetric care, the perinatal mortality rate remains four times higher and the incidence of malformations is twice as high than it is for non-diabetic pregnancies; for example, there are 3.4 times more babies born with neural tube defects and 3.3 times more babies born with congenital heart disease when the mother has gestational diabetes.

The most recent report from the Centre for Maternal and Child Enquiries (2011) showed that 36% of deliveries were preterm and 67% of births required a caesarian procedure when the mother had gestational diabetes. Babies born to mothers with gestational diabetes are larger than average and according to the same report birth weight was above 4,500g in 5.7% of cases; 7.9% of those resulted in shoulder dystocia.

Gestational diabetes poses a number of risks to both mother and baby and therefore diagnosis and management is absolutely essential to patient care outcomes.

About the Clinic

The Gestational Diabetes Mellitus (GDM) Integrated Care Clinic was developed and implemented at Women’s Hospital’s Outpatient Department. The Clinic is under the supervision of Dr. Faten El Taher (OB/Gyn Consultant), Ms. Shaikha Mahboob Al-Dosari (AEDON Ambulatory Services) and Ms. Luciana De Leon (Outpatient Department Head Nurse).

The GDM Integrated Care Clinic was established in collaboration with a number of departments and specialties; such as Obstetrics, Endocrinology and Nursing, and includes professionals such as diabetes educators and dieticians. The multidisciplinary input is essential for improved patient management outcomes.

The GDM Integrated Care Clinic is an evidenced-based practice Clinic and is aligned with international standards in the UK and the USA. Process

improvement was the core strategy in the identification and development of the GDM Integrated Care Clinic. The current program is continuously developing; the utilization of quantitative and qualitative data provides the opportunity to analyze and enhance services that best serve our patients. We also take into account the feedback we receive directly from patients as they are essential contributors to the overall system.

Our aims

23% of pregnant women presenting at Women’s Hospital require diabetes specific care. The project ‘Diabetes Mellitus in Pregnancy Integrated Care’ was initiated to improve both the safety of patients and the quality of services. The goals of the project are:

1. To optimize diabetes in pregnancy care at Women’s Hospital and reduce the maternal and fetal complications such as still birth, macrosomia, Erb’s palsy, caesarean delivery, gestational hypertension and pre-eclampsia.
2. To expand the service to be able to cope with the increase in demand for diabetic care among pregnant women.



Dr. Faten El Taher (OB/Gyn – Consultant), Ms. Luciana De Leon (OPD Head Nurse) and the doctors and nurses of the GDM Clinic

3. To reduce the rate of admission by optimizing glycaemic control through an improved outpatient service. This will help in reducing both anxiety and uncertainty in relation to glycemic control for patients. In addition, the project aims to alleviate the pressure on beds in Women's Hospital.

Our achievements:

- The comparison between the number of patients seen in 2012, before opening the GDM integrated Care Clinic, and the number of patients seen at present shows a 65% increase, which proves that more GDM patients are being managed in a timely manner.
- Direct admission from the GDM Clinic has decreased by 70% compared to the number of admissions in 2013.
- The number of avoidable admissions was reduced from 11 per day to less than 15 per month.
- Collaboration with the Qatar Diabetes Foundation was established for glucometer provisions for patients with financial issues.
- Access to sub-store clinical items has been improved.
- Guidelines for the care management of pregnant women with diabetes have been developed and are available in English and Arabic.

- The number of rooms available has increased to accommodate the increasing number of patients.
- A dedicated telephone line is being utilized effectively for patients to relay their blood glucose readings, review results for insulin adjustment and seek advice when they need to.

The Impact of the Clinic on staff, patients and the hospital

Listed below are the significant impacts of the GDM Integrated Care Clinic on patients, staff and the hospital.

1. Patients:

- a. Easy access to GDM Clinic by appointment, walk-in or hotline.
- b. Regular, consistent and integrated follow-up care.
- c. Adequate education and counseling of GDM patients.
- d. Patients receive GDM integrated care from obstetrician, endocrinologist, diabetic educators, nurses and dieticians in a single visit.
- e. Improved acceptance and compliance with oral hypoglycemic agent.
- f. Increased awareness about GDM.
- g. Decreased admission rate and stress of hospitalization.
- h. Necessary patients are referred to the Qatar Diabetic Foundation to get a glucometer

and related supplies to improve proper blood glucose monitoring.

- i. Sub-store items such as needles, alcohol swabs etc. can be easily accessed through WH GDM Clinic.

2. Staff:

- a. Healthcare professionals increased their knowledge of evidence-based glycemic management through education programs.
- b. Staff have been more proactive in their roles in caring for GDM patients.

3. Hospital:

- a. Decrease in admissions of GDM patients is beneficial to bed crisis management.
- b. Improved clinic flow for cases that only need to be seen for diabetes management – decongesting the Outpatient Clinic.
- c. Decrease in potential incidents of high risk patients navigating the alley from WH to HGH and a decrease in traffic in the hallway.

GDM Integrated Care Clinic staff have been highly involved and engaged in improving patient care and workflow. The program has proactively empowered the staff in their knowledge and skill sets. Women's Hospital's supportive leaders have provided the vision and support in the development of this program.

References:

- Asia, S. *IDF Diabetes Atlas 2012*
- Dunne, F.P. et al. *Atlantic Dip: pregnancy outcome for women with pregestational diabetes along the Irish Atlantic seaboard 2009*
- Enquiries, C. *Saving Mothers Lives 2011*
- *Hyperglycemia and Adverse Pregnancy Outcomes (HAPO) 2008*

AWH Nurses Support Breast Cancer Awareness Campaign

Researched By: Fatma Naji, HN - AWH



About one in eight women born today in the United States (U.S) will develop breast cancer during their lifetime, according to recent statistics shared on breastcancer.org. In the U.S., after skin cancer, breast cancer is the most common kind of cancer in women. In Qatar, according to the registration system at the National Center for Cancer Care & Research (NCCCR), breast cancer is the most common cancer affecting women. The occurrence rate is 35% of the total percentage of cancers experienced by both men and women across Qatar. According to WHO statistics, the rate in Qatar is high in comparison to international statistics and even among GCC countries. Every week around one case is diagnosed in Qatari ladies and three cases are diagnosed in non-Qatari ladies.

Every year during the month of October, organizations, world-wide,

promote breast cancer awareness through a range of initiatives. Hamad Medical Corporation (HMC) organizes a themed activity or campaign every year – with strong support from the nursing community. This year Al Wakra Hospital (AWH), carried out 'The Best Protection is Early Detection' Campaign. The main aim of the Campaign was to reinforce how important it is for the effectiveness of treatment to get checked regularly.

The Campaign took place at AWH between October 14th and 16th in the Obstetrics and Gynecology Out-patient Department. Posters were developed to support the Campaign and to advertise the event prior to those dates.

Nurses were fundamental to the activities led by AWH; however, the Campaign was carried out by a multidisciplinary team from a

range of specialties, facilities and organizations, including:

- **NCCCR team** – supported activities and provided information
- **Supreme Council of Health** – got involved with anti-smoking leaflets and lectures – sharing information about the relationship between smoking and breast cancer
- **Qatar Cancer Society** – offered support and information
- **Dieticians at AWH** – shared dietary health tips
- **Breastfeeding specialists** – shared their expertise
- **Patient and family educators** assigned at the OBS & GYN division – shared their expertise
- **University of Calgary-Qatar students** – supported the nursing-led activities
- **Physicians** – answered medical queries.

During the three day Campaign, patients and visitors had an opportunity to learn more about breast cancer – particularly about breast cancer detection, protection and treatment. The Campaign activities were focused on:

- Vital signs and random blood sugar checking
- Story sharing with the public
- Breastfeeding group discussion (the positive effect breastfeeding has on breast cancer prevention) and lectures in Arabic and English
- Mammogram registration
- Information about the importance of annual screening for women over 40
- Breast self-examination demonstration
- High risk clinic orientation and how to register
- Sharing educational leaflets with the public

- Displaying illustrated pictures related to various campaign topics
- Campaign advertisement (posters and invitations to support the Campaign messages)

The team at AWH and the wider contributors were motivated to

promote this Campaign because it is clear that annual screening does, in fact, save lives. As such, the participants of this event aimed to encourage every single person involved to spread the word and educate their fellow women about the risks and preventative measures alongside the all-important annual screening.

References:

WHO (2007). Cancer control: knowledge into action: WHO guide for effective programs: early detection – <http://www.who.int/cancer/detection/breastcancer/en/>

U.S. Breast Cancer Statistics – http://www.breastcancer.org/symptoms/understand_bc/statistics

Near Misses and Nursing Practice

Researched by Rubie Yves Ignacio SN / Ophtha-OR / Rumailah Hospital

A near miss is a term and concept that everyone working in healthcare understands; it is a situation which could cause injury to a patient which is averted in time to avoid an incident occurring.

As nurses, we follow guidelines on how to report and act on near misses and adverse incidents. In a way, a near miss can be seen in a positive light; we have noticed the problem and taken the necessary actions to correct it before it develops further. Equally, a near miss could be a major concern because it highlights to us that we are not free from error and a near miss is only a step away from turning into a more serious incident – the consequences of which could be fatal. That is a scary thought for a healthcare professional. We should not underestimate the seriousness of near misses when they occur.

Having witnessed a near miss and the events that followed involving a person who I will refer to as Nurse A, I realized that a near miss incident can have a lasting impact on the nurse responsible.

According to Nurse A, after the near miss incident she experienced, every day of her life felt like a horror movie and she became afraid of going back to work. Nurse A got to a stage where checking the files and undertaking basic procedures

would shake her. She described the negative impact of the near miss on her confidence and her sense of ability: “I felt so scared; it’s as if I will make a mistake in any move I make.”

This type of reaction is not exclusive to nurses; in fact, it can happen to all healthcare workers at all levels. Near misses can be traumatic to all involved and reactions can include anxiety, sleeping problems and doubting one’s professional abilities.

It is essential that the review of a near miss be completed by individuals trained in root cause analysis to ensure that a comprehensive review of structures and processes is undertaken, rather than just looking to the individual involved in the near miss. When a review focuses on the structures and processes in place, it provides the opportunity for a more comprehensive overview of all contributing factors. The risk of focusing on the individual, rather than the supporting system, may leave other staff and patients vulnerable when in the same situation.

Nurse A describes how recovery after such an event can require a lot of support. “I almost lost all the confidence I had built up in my

four years of working in the theater; however, with the support of my manager and my friends, I learned how to face and cope with the incident.”

According to Nurse A, the first step in recovery is to accept that you have made an error, mistake or skipped something important. Secondly, you should report it following the protocols that are applicable. Thirdly, you should seek support from your manager, and then your friends if you are shaken by the situation. Finally, you should recognize that regaining your confidence is vital to your role; rebuilding your confidence will enable you to make sure you don’t repeat the same mistake. Learning from a mistake is the best outcome.

In conclusion, nurses are not immune to near misses, and when this does happen, they should report the incident following the protocols stipulated. When near misses present, both the individual and the supporting system should be reviewed to ensure that the best possible action can be taken to avoid a repeat situation. And the individual(s) involved should also receive the support they need to learn from the incident and improve. If we look at near misses as pearls of opportunity to learn valuable lessons rather than opportunities to place blame, this will have a positive effect on how nurses deal with these situations in future.

What you Need to Know about Running a Shift

By Andrew Frazer, Acting AED, Emergency Department - HGH



As nurses we are very good at many things; looking after patients and relatives, dealing with competing priorities, and communicating with a range of clinical and non-clinical colleagues to get the job done. What we don't get a great deal of training in, or perhaps even give a great deal of thought to, is the way that we manage a shift. So, I have set out to give you some practical advice on what you need to do to manage a shift effectively. This isn't the kind of thing you get on your leadership courses. I'm not going to lecture you about the difference between leadership and management, or organizational theory. I just want to give you a way of thinking about what you need to do to get through a busy shift in the Emergency Department (or anywhere else, for that matter - these techniques can be used anywhere).

1. Think about what staff you have on the shift; knowing your staff is extremely important. As a Head Nurse, Charge Nurse or Team Leader you should be aware of the strengths and weaknesses of your team, and assign roles accordingly. There are

shifts where you have strong team members in all roles, and they are easy to run. Sometimes the shift will almost run itself when you have the right people in place. At other times you have a lot of new staff, or some team members who don't work quite so well. On those shifts it is important to make sure you assign your staff so there is always somebody able with those who are not so capable. You will also need to keep a closer eye on your areas when your team is weaker.

2. BE MOBILE; you cannot run a shift from one place. You should be in each area of your department at least once an hour. This helps you to be PROACTIVE. Being proactive means seeing problems before they develop, such as noting the patient in pain, and ensuring they get analgesia, spotting the frustrated relative, and calming them down by giving them information your team members haven't been able to because they have been too busy. Looking at each area with a critical eye means you can manage your shift properly, rather than running from crisis to crisis. If you wait until things go

wrong, they are harder to deal with. If you go into the area and see them starting to go wrong, you will find it much easier to manage.

3. There is one fundamental question that should guide every action and decision you make, and that question is: Are we providing good patient care? Ask yourself "Would I be happy to receive the care my patients are receiving?" If the answer to either question is no, then something needs to change. There are things that need changing that you have no control over on your shift; the environment is crowded, queues can develop and people sometimes have to wait a long time to see a doctor, or get into an inpatient bed. These are things that you can't do anything about at that time; you can't magically stretch the rooms to make them take another ten patients. And you can't send patients to beds that are already full on the wards. What you CAN do, is make sure that nobody is waiting in pain, and that everyone knows what they are waiting for, and you can make sure that patients are as comfortable as possible while they are waiting. You can spot the sick patient who will otherwise deteriorate unless you get him seen quickly. You can talk to the senior doctor in the area and see if we need to divert medical resources to assessment of patients in the queue. These aren't things you necessarily need to do yourself, but sometimes it is necessary for you to point them out to your team. Everyone is busy, but the trick is to see the priorities. Patient communication and triage are two of your highest priorities. Your team is often too focused on the medical elements of care. In that case, it is your job to see the bigger picture from the patient's viewpoint. Sometimes that will mean pointing out what might be poor care to staff.

4. How you communicate your priorities to your staff is important. Shouting at staff is going to get you nowhere, and is poor leadership. An Emergency Department (and, indeed, any busy nursing environment) can be intensely stressful, and there is a tendency for communication to get shorter under stress. You should use the Situation - Background - Assessment - Recommendation (SBAR) technique to communicate your message. SBAR allows you to outline both the problem and expected solution without the message being lost because you have further increased the staff's stress levels; for example, a conversation may go something like this:

"The situation is there is a two hour wait for assessment at the front desk. The background is that there is only one doctor there at the moment because one is on a break, and there are only two in there anyway tonight because of sickness. My assessment is that if we brought another doctor from one of the other areas, at least temporarily, we could reduce the wait to manageable levels. My request is that you talk to the consultant in charge and ask him to divert a doctor from the treatment area, at least temporarily."

The information above outlines your expectations, and gives a clear

direction, along with your reasoning. Of course, in practice, my example would probably involve you talking to the senior doctor yourself as you would find it easier than your junior staff.

5. Close the loops! If you ask for something to happen, don't go away and assume that it will happen, particularly if it is a complex or difficult issue. Go back and make sure that the solution is working. Even the clearest of messages can be misunderstood when you have someone who speaks one language talking a second language to someone who speaks a third language. That's the reality of our multicultural workforce. It enriches our team, but it can make communication more difficult. With that in mind, go back after 20 minutes and make sure things are going as planned. It may be that a blockage has developed that you didn't foresee, but that can easily be dealt with. Now is the time to deal with it and get the plan back on track, rather than finding out at the end of the shift that your solution wasn't actioned and that things didn't get any better.

6. Value every member of your team. EVERY team member is equally important to patient care. The doctor can't do his job unless the cleaner does his. The nurse relies equally on

the nursing aide and the secretary. All of these people deserve your respect, and just because someone is not as well qualified, or earns less than you do, does not entitle you to treat them with disrespect. You may have been talked down to by someone senior at some stage in your life - remember what it felt like, and don't do it to your team. In return, you will earn their respect, and they will work harder for you as a result. Praise good work, and make it clear where problems arise that excellence is the minimum standard in patient care, and how things should be done differently next time. If things do go wrong, write an OVA as soon as you can and if it's something that you think is a significant problem, talk to someone senior. Nobody in a senior position will complain about being informed about a problem you can't solve yourself.

That's it. It sounds easy when it is written down, but in practice, the reason that nursing care is so exciting is that every shift is different, and every day brings a different problem to solve, often a problem that you have never met before. Your satisfaction should be taken from being able to say at the end of the shift "I made things better for my patients and my staff." That's leadership.

Job Satisfaction: Boosting Morale with a Personal Touch

Researched by Maria Paz Fronteras, SN, PEC Airport

The term job satisfaction is used to identify whether we are fulfilled and happy in our work. There are a number of contributing factors which make up how satisfied we are; these things can include, having opportunities for professional development, good support from management, an interesting workload and amiable colleagues. We know that satisfied nurses result in better patient outcomes.

Working hours make up a considerable portion of our lives; therefore it is important to us that we are happy at work. Being unhappy at work can lead to a number of negative situations and can impact both personal and social circumstances as well as professional outcomes.

One of the ways that we can contribute to our own, and our

colleagues job satisfaction, is by being good team members, by being supportive of one another and doing our elements of work to the highest standard we can. In the Pediatric Emergency Center (PEC), based at Doha Airport, we have a great team of nurses, who are all contributing to their colleagues' experiences.

One small but extremely poignant thing we do for our colleagues is to

help celebrate their birthdays; by holding a simple acknowledgement including a cake. Each time we undertake these celebrations, we all come together for a happy moment and the person whose birthday it is feels special and appreciated. This is so important for morale. The act of celebrating together and the positive reaction it evokes enhances the team and our level of unity - the effect is always a noticeably positive one.

We at the PEC (Airport) would like to ask you all to consider the ways you can contribute to the job satisfaction



of your colleagues and how you can enhance your own job satisfaction. Every single person can make an impact.

NDNQI RN Survey 2014

By Michaela Vickers, DON Corporate Nursing



Between 6 and 27 October 2014, over 5,500 nurses working across HMC's network participated in our first NDNQI RN Satisfaction Survey. Your participation in the survey was greatly appreciated. Research and experience tell us that satisfied nurses lead to better patient outcomes; understanding your opinions and concerns is an important aspect of improvement and growth on our journey towards becoming one of the best nursing services in the world.

The results for all hospitals have

now been received. We will begin the process of reviewing and analyzing your responses for key themes. Action plans will be created and initiatives established to address identified concerns; we'll be able to identify the areas in most need of improvement at the unit level and we will work with you to develop solutions and appropriate interventions.

In the coming weeks we'll host a number of small meetings and information sessions to share the results of the survey with DoN's and HN's who, in

turn, will review the results with their units. This will allow us to start having conversations with you about developing and implementing plans for change, determining how to best measure and monitor the effects of interventions and also to celebrate our successes.

Kindly watch your email for additional information about the survey results. If you have additional questions, please contact Michaela Vickers at 4439 3200 or via email at MVickers@hmc.org.qa.

Nurse Communication Channels Survey Results

Between 3 September and 1 October 2014, over 450 nurses and midwives working across HMC's network participated in our first nursing communication channels survey. The survey was designed to evaluate our communication channels and to help ensure you have access to relevant, up-to-date information; especially information about changes and improvements, new initiatives, events and opportunities.

We would like to thank everyone who completed the survey. Your participation was greatly appreciated and your feedback will help guide the way in which we communicate with you about major initiatives, such as the development of The Nursing Strategy 2015-2018. The results reinforced many of the assumptions we had, including that

nurses and midwives get most of their information about nursing at HMC from the intranet, emails and memos. We were delighted to learn that a high percentage of nurses and midwives who completed the survey regularly visit the nursing website (<http://nursing.hamad.qa/en/>) and read The Nurse Advocate.

We also learned new information, including that some of our nurses and midwives didn't receive a copy of The Nursing Strategy 2013-2015 and/or some of the associated progress reports; kindly note that if you didn't receive these documents they, and a variety of other useful resources, are available on the nursing website. Some of you also took the time to provide suggestions for improvements, including making the nursing website more interactive

and adding more mechanisms for feedback. We also learned that some nurses and midwives didn't realize the website could be accessed from outside HMC; the nursing website is hosted on HMC's public website, not the intranet, and can be accessed inside and outside the hospital. You also provided valuable feedback that we'll use to improve The Nurse Advocate, including adding more articles about patient care and information about specific diseases and disorders and their associated therapies.

A sincere thank you to those of you who took the time to complete the survey. We appreciate your feedback and have already begun implementing some of your suggestions.

Education News

Researched by Sheeba Pattattu Sankaran, Nurse Educator and

Daniel Robert Kelly, Sr. Nurse Educator, Nursing and Midwifery Education and Research

In this section we aim to keep you updated about educational developments, courses and other learning associated activities.

• **Postgraduate Certificate in Learning and Teaching in Higher Education**

The Department of Nursing and Midwifery, Education and Research (NMER) is delighted to announce that nursing and midwifery educators, along with some colleagues from the emergency ambulance service, have begun a one year post-graduate certificate in learning and teaching in higher education.

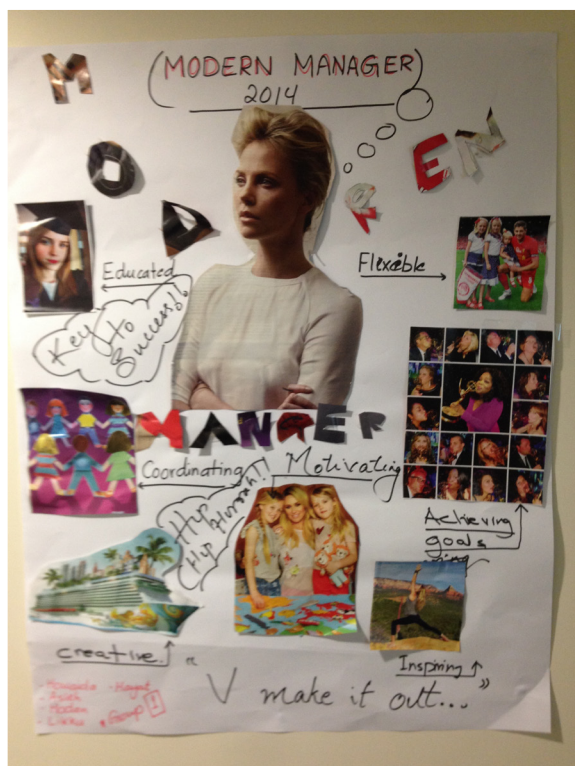
This program is mandatory for any nurse educator working in an institute of higher education in the UK. Utilizing this qualification here will enable our educators to enhance

their practice as teachers and to offer HMC staff a higher quality learning experience. As we improve our education practice, we can expect that this will have a knock on effect to patient care outcomes.

We are fortunate to have the program delivered by staff from Birmingham City University (BCU) from the UK. The course is offered as 'blended learning', which means that some of the program is delivered on-site, here in Doha, alongside continued support from BCU by email and via their virtual learning platform.

The program is comprised of two modules delivered over a nine month academic year with continuous support and assessment points starting in September 2014.

In addition, students are mentored throughout their program, here in Doha, by nursing and midwifery educators who have previously completed the course and who are experienced in supporting educators. The role of the mentor will be to help facilitate teaching experiences for the course participants in order for them to demonstrate their learning and development as they progress through the modules of the program.



The program modules will consider the psychology of learning and educational approaches that match individual learning styles as well as a variety of approaches to teaching and learning for students to apply in their classes and workshops. Attention will also be paid to curricular design, planning a teaching session and assessment of learning in different learning environments.

This is a wonderful opportunity for HMC's education staff and we are

grateful for the continued support from our leadership.

- **Leadership and Management**
NMER is pleased to announce that the newly revised Leadership and Management (L&M) Program has commenced on the 19th October 2014. Course one is aimed at staff who wish to know more about L&M and/or who are in clinical management positions and want to develop themselves toward managerial and leadership roles.

There were 32 participants on Course one, all of who will go on to complete assignments in their clinical area supported by their managers. The learners participated in many activities and also designed collage posters on the concept of modern management. Completion of Course one awards 50.5 CNE points and a certificate is awarded on successful completion. Course two and three will begin in 2015.



The Nurse Spotlight

Researched by Joy Chryssi De Castro, SN, Coronary Care Unit – HH

HMC is fortunate to have a number of exceptional nurses. In the nurse spotlight we hope to share with you the achievements of our colleagues to celebrate their contributions to our profession. This month we are celebrating:

Who: **Mincy Shaji**
Position: **Head Nurse**
Where: **Coronary Care Unit, Heart Hospital**

Background:

Mincy is originally from Kerala in India. She began her nursing career as a bedside nurse in her home country – a position she was in for three years. Mincy started working for Hamad Medical Corporation in November 2000 and worked as a Staff Nurse in the Coronary Care Unit. She is currently a Head Nurse in the same unit.

Questions and answers:

Q: What is the most enjoyable part of your job?

A: Each and every day of my life as a nurse is enjoyable. I enjoy the smiles of my colleagues, the greetings of the patients and the



warm atmosphere that our Unit brings. What I enjoy most is making a difference to someone's life. The process of having a person come to me as a patient and leave me as a person who I have helped gives me a sense of fulfillment that is extremely satisfying; I am aware at that stage that I have touched their life and made their dark days brighter. The experience of having patients come into my care in a critical case with the chance of losing their life but then witnessing them get better and better is beyond comparison.

Q: What do you find most challenging about your job?

A: Challenges are unavoidable, especially being a head nurse in a critical care area. I manage more than 90 staff members and critically

ill patients. It is fair to say that my role requires grace under pressure. Teamwork is the key to success. I make sure that my staff and I have a harmonious relationship; we share difficult times together and we celebrate each other's success. I treat all my staff as family; I make sure that I acknowledge their achievements, support their strengths and motivate them to improve on their weaknesses.

Q: What does being a nurse mean to you?

A: Nursing is both a job and a calling. If I were to start my life all over again, I would still be a nurse. For me, not being a nurse would be like waking up to a day without the sun.

Q: What are your goals for the future?

A: I do believe that education is one of the most important treasures that we could have, and part of my goal is to finish my BSN degree. As a head nurse in the coronary intensive care unit, my goal to my unit is to become one of the best trans-cultural nursing care unit in the corporation and together as a team we will be ready for magnet status.

Fun Stuff

Researched by Ruby Untalasco, CN – Skilled Nursing Facility

In this month's fun stuff section: Test your knowledge with our 15 questions quiz, find the hidden words in our medical terminology word search and review the answers to last month's crossword to see how well you did.

15 Question Quiz

Test your nursing knowledge with these patient care related questions:

1. Nurse Tristan is caring for a male client in acute renal failure. The nurse should expect hypertonic glucose, insulin infusions, and sodium bicarbonate to be used to treat:

- a) hypernatremia
- b) hypokalemia
- c) hyperkalemia
- d) hypercalcemia

2. Ms. X has just been diagnosed with condylomata acuminata (genital warts). What information is appropriate to tell this client?

- a) This condition puts her at a higher risk for cervical cancer; therefore, she should have a Papanicolaou (Pap) smear annually
- b) The most common treatment is metronidazole (Flagyl), which should eradicate the problem within 7 to 10 days
- c) The potential for transmission to her sexual partner will be eliminated if condoms are used every time they have sexual intercourse
- d) The human papillomavirus (HPV), which causes condylomata acuminata, can't be transmitted during oral sex

3. Maritess was recently diagnosed with a genitourinary problem and is being examined in the emergency department. When palpating her kidneys, the nurse should keep which anatomical fact in mind?

- a) The left kidney usually is slightly higher than the right one
- b) The kidneys are situated just above the adrenal glands
- c) The average kidney is approximately 5 cm (2") long and 2 to 3 cm ($\frac{3}{4}$ " to 1- $\frac{1}{8}$ ") wide
- d) The kidneys lie between the 10th and 12th thoracic vertebrae

4. Jestoni with chronic renal failure (CRF) is admitted to the urology unit. The nurse is aware that the diagnostic test is consistent with CRF if the result is:

- a) Increased pH with decreased hydrogen ions
- b) Increased serum levels of potassium, magnesium, and calcium
- c) Blood urea nitrogen (BUN) 100 mg/dl and serum creatinine 6.5 mg/dl
- d) Uric acid analysis 3.5 mg/dl

and phenolsulfonphthalein (PSP) excretion 75%

5. Katrina has an abnormal result on a Papanicolaou test. After admitting that she read her chart while the nurse was out of the room, Katrina asks what dysplasia means. Which definition should the nurse provide?

- a) Presence of completely undifferentiated tumor cells that don't resemble cells of the tissues of their origin
- b) Increase in the number of normal cells in a normal arrangement in a tissue or an organ
- c) Replacement of one type of fully differentiated cell by another in tissues where the second type normally isn't found
- d) Alteration in the size, shape, and organization of differentiated cells

6. During a routine checkup, Nurse Mariane assesses a male client with acquired immunodeficiency syndrome (AIDS) for signs and symptoms of cancer. What is the most common AIDS-related cancer?

- a) Squamous cell carcinoma
- b) Multiple myeloma
- c) Leukemia
- d) Kaposi's sarcoma

7. Ricardo is scheduled for a prostatectomy, and the anesthesiologist plans to use a spinal (subarachnoid) block during surgery. In the operating room, the nurse positions the client according to the anesthesiologist's instructions. Why does the client require special positioning for this type of anesthesia?

- a) To prevent confusion
- b) To prevent seizures
- c) To prevent cerebrospinal fluid (CSF) leakage
- d) To prevent cardiac arrhythmias

8. A male client had a nephrectomy 2 days ago and is now complaining of

abdominal pressure and nausea. The first nursing action should be to:

- a) Auscultate bowel sounds
- b) Palpate the abdomen
- c) Change the client's position
- d) Insert a rectal tube

9. Wilfredo with a recent history of rectal bleeding is being prepared for a colonoscopy. How should the nurse Patricia position the client for this test initially?

- a) Lying on the right side with legs straight
- b) Lying on the left side with knees bent
- c) Prone with the torso elevated
- d) Bent over with hands touching the floor

10. A male client with inflammatory bowel disease undergoes an ileostomy. On the first day after surgery, Nurse Oliver notes that the client's stoma appears dusky. How should the nurse interpret this finding?

- a) Blood supply to the stoma has been interrupted
- b) This is a normal finding 1-day after surgery
- c) The ostomy bag should be adjusted
- d) An intestinal obstruction has occurred

11. Anthony suffers burns on the legs, which nursing intervention helps prevent contractures?

- a) Applying knee splints
- b) Elevating the foot of the bed
- c) Hyper extending the client's palms
- d) Performing shoulder range-of-motion exercises

12. Nurse Ron is assessing a client admitted with second- and third-degree burns on the face, arms, and chest. Which finding indicates a potential problem?

- a) Partial pressure of arterial oxygen (PaO₂) value of 80 mm Hg
- b) Urine output of 20 ml/hour
- c) White pulmonary secretions
- d) Rectal temperature of 100.6° F (38° C)

13. Mr. Mendoza who has suffered a cerebrovascular accident (CVA) is too weak to move on his own. To help the client avoid pressure ulcers, Nurse Celia should:

- a) Turn him frequently
- b) Perform passive range-of-motion (ROM) exercises

- c) Reduce the client's fluid intake
- d) Encourage the client to use a footboard

14. Nurse Maria plans to administer dexamethasone cream to a female client who has dermatitis over the anterior chest. How should the nurse apply this topical agent?

- a) With a circular motion, to enhance absorption
- b) With an upward motion, to increase blood supply to the affected area
- c) In long, even, outward, and

- downward strokes in the direction of hair growth
- d) In long, even, outward, and upward strokes in the direction opposite hair growth

15. Nurse Kate is aware that one of the following classes of medication protect the ischemic myocardium by blocking catecholamines and sympathetic nerve stimulation is:

- a) Beta -adrenergic blockers
- b) Calcium channel blocker
- c) Narcotics
- d) Nitrates

The answers to last month's 15 question quiz:

- | | |
|--|--|
| 1: (C) Hypertension | 9: (B) 28 gtt/min |
| 2: (A) Pain | 10: (D) Upper trunk |
| 3: (D) Decrease the size and vascularity of the thyroid gland | 11: (C) Bleeding from ears |
| 4: (A) Liver Disease | 12: (D) may engage in contact sports |
| 5: (C) Leukopenia | 13: (A) Oxygen at 1-2L/min is given to maintain the hypoxic stimulus for breathing |
| 6: (C) Avoid foods that in the past caused flatus | 14: (B) Facilitate ventilation of the left lung |
| 7: (B) Keep the irrigating container less than 18 inches above the stoma | 15: (A) Food and fluids will be withheld for at least 2 hours |
| 8: (A) Administer Kayexalate | |

Answers to last month's word search:

C	D	D	Y	K	R	N	E	C	H	O	C	A	R	D	I	O	G	R	A	M
P	U	Q	Q	E	R	K	N	N	Z	Q	A	S	D	F	V	C	B	N	M	L
N	M	Y	O	C	A	R	D	I	A	L	I	N	F	A	R	C	T	I	O	N
M	X	Z	M	N	V	B	O	D	S	A	Q	E	R	R	T	Y	U	I	O	P
B	N	S	F	K	L	O	C	O	R	P	U	L	M	O	N	A	L	E	P	L
P	O	I	T	Q	W	C	A	A	L	K	S	A	P	U	Q	T	P	H	Q	M
I	G	H	J	K	C	A	R	D	I	A	C	A	R	R	E	S	T	C	B	V
H	J	K	N	Y	O	P	D	W	R	N	D	Y	U	N	C	M	C	B	R	M
W	E	F	D	H	G	D	I	E	C	G	B	Z	M	B	N	M	A	A	A	W
Q	F	A	N	M	F	H	T	I	U	I	E	T	E	C	F	H	K	L	D	V
A	R	R	T	Y	U	I	I	K	H	N	D	F	C	S	D	V	B	R	Y	I
B	A	T	Y	B	C	M	S	H	R	A	L	D	H	F	G	I	O	X	C	B
Q	W	T	R	I	O	P	M	H	G	P	S	G	Y	N	M	G	S	H	A	H
I	P	U	L	M	O	N	A	R	Y	E	D	E	M	A	L	H	S	S	R	L
I	E	F	G	H	F	E	R	Y	U	C	M	L	O	A	R	T	Y	I	D	S
B	M	S	F	A	S	D	A	O	R	T	I	C	S	T	E	N	O	S	I	S
W	Q	T	U	I	W	F	H	K	L	O	L	K	I	N	M	K	F	S	A	J
F	F	S	A	J	Y	G	Q	S	T	R	E	S	S	T	E	S	T	X	M	H
B	D	H	J	K	H	H	Y	A	F	I	O	I	K	D	W	S	G	W	D	D
N	S	F	H	J	M	J	J	F	H	S	A	N	O	D	E	E	R	I	U	R
N	N	M	G	R	F	H	H	E	T	J	K	Q	R	T	U	L	H	K	N	Y

Your Opportunity is Here!

HMC Nursing and Midwifery Internal Transfers and Promotions Program



We recognize that nurses and midwives are at the core of great patient care. The HMC Nursing and Midwifery Internal Transfers and Promotions Program provides a vehicle for HMC's nurses and midwives to plan and develop their journey of professional growth.

The Program is designed to:

- Increase opportunities for promotion.
- Promote professional development through attainment of new qualifications, training and education.
- Increase role clarity and consistency.
- Provide opportunity to diversify and focus on an area of interest.
- Support and encourage the development of nursing and midwifery leaders.

Learn more, visit our website
<http://nursing.hamad.qa/en/>