

The NURSE ADVOCATE

By Nurses for Nurses



Issue 13, October 2014

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Welcome Message

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



*Professor Ann-Marie Cannaby
Chief Nursing Officer*

I am pleased to announce that a pay adjustment to basic salaries for nurses and midwives at HMC will be reflected on the October 2014 pay slip. This adjustment is a positive first step in a long-term, comprehensive process to deliver on the HMC Nursing Strategy 2013-2015 objective of uplifting salaries for our nurses and midwives. This initial adjustment is about beginning the process of balancing pay bands and will address the wide variation in current basic salaries. Future adjustments will be based on a review of individual experience and education. Specific details about this adjustment will be communicated by your line manager, and all nurses and midwives who are eligible to receive the adjustment (qualification requires completion of one year of service, as of 1 September 2014) will also receive a letter from HR. The HR Helpdesk is available to address

specific questions; HR Customer Service 4439.1901; hrhelpdesk@hmc.org.qa).

On September 15th at the Club Hotel in Hamad Bin Khalifa Medical City, over 1,000 nurses and midwives joined me, over seven sessions, for the launch of HMC's first "Code of Professional Behavior and Ethics for Nurses and Midwives".

The Code of Professional Behavior and Ethics for Nurses and Midwives provides the public with a basis for making decisions regarding standards of professional conduct and it provides us, as nurses and midwives, with guidance on appropriate professional behaviors and standards. While I'm confident you are already embracing these values, it is important that we pause to consider their importance and also that we respect the privileged relationship that exists between us and our patients.

The Code of Professional Behavior and Ethics for Nurses and Midwives is a set of standards defined by HMC's Nursing Executive Committee. The Code describes the behaviors and conduct that nurses and midwives employed at HMC are expected to uphold. It builds on HMC's Code of Conduct, which applies to all staff, and explicitly defines the standards for professional conduct that nurses

and midwives shall adhere to at all times in their course of duty.

Over 8,000 copies of the “Code of Professional Behavior and Ethics for Nurses and Midwives” have been distributed to all areas where nursing and midwifery are practiced. If you have not received your personal copy of the Code, I would encourage you to ask your supervisor.

In addition to facility led discussions regarding application of the Code, we are planning to conduct several sessions for our general hospitals; Al Wakrah Hospital, Al Khor Hospital and The Cuban Hospital, in late October and early November.

Lastly, I want to encourage all of our frontline nurses and midwives to complete the inaugural National

Database of Nursing Quality Indicators (NDNQI) RN Survey. The survey will run until October 27th and the feedback you provide will help guide us in supporting your professional practice environment, professional development and interprofessional collaboration, to name only a few key areas. It will also provide us with insight as we develop the 2015-2018 Nursing Strategy.

NDNQI RN Survey 2014

By Michaela Vickers, DON Corporate Nursing



The RN Survey is now live and everyone eligible should have received their invitation to participate. We would like to thank those of you who have already completed the Survey online and remind those of you who haven't, to please do so. Please remember that

the Survey can only be completed between the 6th October and on the 27th October.

The Survey only takes a short amount of time to complete. Access the Survey now at www.nursingquality.org/survey.

Please note that you can only complete the Survey if you have been invited to do so by your individual hospital. On your invitation you will find an RN Survey Code, which you will need at the time of log-in.

Each individual's response is important; a high response rate on the Survey will improve the reliability of the data for your unit and your hospital. While your answers are confidential, your AEDoN will receive a generalized report comparing unit characteristics in your hospital with others in the organization and internationally. The RN Survey is completed by more than 300,000 RNs from nearly 900 hospitals.

We appreciate your help in aiming to make this Survey a success in HMC.

NURSING EXECUTIVE NOTICE BOARD



Code of Professional Behavior and Ethics for Nurses and Midwives Launch Event

Professor Ann-Marie Cannaby hosted a total of seven sessions on September 15th to launch the Code of Professional Behavior and Ethics for Nurses and Midwives. The event was held at the Club Hotel in Hamad Bin Khalifa Medical City.

The event had over 1,000 nurses and midwives in attendance and included both an overview of the inaugural Code as well as an update on the Nursing Strategy.

Over 8,000 copies of the Code were published and distributed to all areas where nursing and midwifery care is provided. The Code is also available electronically through <http://cpbe.hamad.qa/en/index.aspx/>

NDNQI RN Survey

HMC's inaugural NDNQI RN Survey is available to complete until October 27th. The survey, which can be accessed online through www.nursingquality.org provides frontline nurses and midwives with the opportunity to provide feedback across a wide range of areas, allowing them to reflect on their professional practice environment and interactions with colleagues and the multidisciplinary team.

If you are a frontline nurse or midwife and have been with HMC for at least 3 months, we would encourage you to ensure your voice is heard by completing the survey.

Hamad Medical Corporation welcomes Michelle (Mish) Hill AEDoNM, Women's Hospital Transition Team



*Michelle (Mish) Hill AEDoNM,
Women's Hospital
Transition Team*

We would like to formally welcome Michelle 'Mish' Hill who recently joined HMC as Assistant Executive Director of Nursing and Midwifery (AEDoNM) for the Women's Hospital Transition Team.

Mish joins us from Australia, where she undertook the role of Director of Nursing and Midwifery Services at the Mater Adult, Women's and Children Health Services, Brisbane. As part of her role, Mish was responsible for strategic leadership, clinical governance, financial management and clinical redesign in collaboration with the wider multidisciplinary team.

Mish is a Registered Nurse and has a Master's of Science in Midwifery. She has a breadth of both clinical and leadership experience across indigenous, remote, regional and tertiary services (in particular Women's, Newborn and Children's Services) as well as having been the Maternity and Child Health Advisor to the Chief Nurse of New South Wales in Australia.

Mish's expertise is supported by the wide range of memberships she has held in Australia, including the Statewide Clinical Senate, the Statewide Maternity and Newborn Clinical Network, the Women's and Children's Healthcare Australasia and the Private and Catholic Hospital Director of Nursing and Midwifery Committees. Mish has also been a board member for Women's Healthcare Australasia as well as a member of the Nursing and Midwifery Board (Queensland).

In recognition of her contribution to models of care in midwifery and nursing, Mish was appointed as an Adjunct Professor at both the University of Queensland and The Australian Catholic University.

In a healthcare professional's career, the opportunity to be part of developing a new facility and services is very rare, so Mish feels fortunate to have been given the opportunity to come to Qatar and to be a part of both Women's Hospital and the wider HMC team during these exciting times of development.

Mish looks forward to learning more about both the culture in Qatar and at HMC – with a focus on the care provided by the multidisciplinary team at Women's Hospital and the women and families who access their services.

Five Essential Vitamins for Nurses

Researched by Priscilla Magnaye-Arnaez, SN, PEC - Al Sadd

Most nurses will admit to dropping the ball when it comes to making sure they have a good diet. The reasons for this are commonly noted as: the lack of a routine due to working shifts, limited times for breaks and a tendency to focus on the needs of others rather than their own.

As a hardworking nurse you need the correct balance of vitamins and minerals to keep you healthy and energized and to carry you through your sometimes stressful and usually long, working days. Your own health should always be a priority. The good news is there are lots of small changes you can make in order to positively impact your health.

One way to contribute to a good diet is to take the time to understand more about different types of foods and what nutrients and minerals they provide. An article, featured on Nursebluff.com, notes a number of essential vitamins and minerals for nurses. We have listed five of the most essential below, along with information on what types of foods can provide them.

1) Vitamin C: This Vitamin has numerous health benefits; it is an anti-oxidant which fights off certain types of cancers. It also contributes to our body's infection control abilities and is found in high levels in our immune cells – making it very valuable to nurses who are exposed to a number of different infections through patient contact.

Foods that provide Vitamin C include: Oranges, strawberries, lemons, pineapple, plums, lychees, papaya, cauliflower, broccoli, green and red chilli peppers, lambs liver and milk.

2) Vitamin D: This Vitamin, also known as Calciferol, helps our bodies to absorb calcium. Calcium



is very important to our bodies for a number of reasons; it is key to the development of bones, it supports muscle contraction including the most important muscle – the heart. It also acts as a messenger for certain hormones and transmitters which is essential to our level of concentration, intuition and vigilance – all prominent skills required in the nursing role.

Foods that provide Vitamin D include: Mushrooms, tuna, salmon, eggs and milk. Although not a food source, one of the best sources of Vitamin D is natural sunlight; however, you should take care not to over expose skin.

3) Biotin: Also referred to as Vitamin B-Complex, this helps to regulate our blood sugar levels and is a good source of fiber for our bodies. Biotin supports healthy skin and strong nail growth. Biotin is important to our energy levels – it helps us to get through both our shifts and our post-shift activities.

Foods that provide Biotin include: Carrots, tomatoes, onions, eggs, almonds, peanuts, lettuce, cauliflower, potato, cucumber, banana, watermelon, raspberries and oats.

4) Thiamine: This is a vitamin that helps us to process energy. It is also called Vitamin B1 and is essential to how we sustain our strength throughout the day by supporting the nervous system and promoting energy production. Essential for a nurse!

Foods that provide Thiamine include: Asparagus, spinach, lettuce, nuts, sunflower seeds, broccoli, onions, green beans, legumes, tomatoes and oats.

5) Folate: Also known as Folic Acid, this can aid our sleep and help our memory. According to some studies there is a link between low levels of Folate and mental health related conditions such as stress and depression.

Foods that provide Folate include: Spinach, broccoli, lettuce (and other dark leafy greens), avocado, asparagus, papaya, orange juice, strawberries and beans.

Having a healthy diet is very important and is most effective when combined with a well-balanced healthy lifestyle; always taking into consideration physical health and mental wellbeing.

Source: [Top 10 Vitamins for Nurses, http://www.nursebuff.com/2014/06/best-vitamins-for-nurses/](http://www.nursebuff.com/2014/06/best-vitamins-for-nurses/)

Professional Development through Learning

Researched by Jyothi H. Shadashraiah, RN, PEC – Al Sadd



The most effective way to achieve professional development is by increasing your knowledge and skills; the former gives you the intellectual capacity to grow and the latter demonstrates that you can apply that knowledge into practice. This formula applies to nursing and all professions. It is relatively clear to see how we develop our skills; we undertake our work by performing different roles and gaining new experiences. The ways in which we develop our knowledge are more complex; unlike our practical skills, learning activities are often very self-motivated, rather than expected as part of our everyday duties. This article looks at the ways in which we can develop our knowledge to help our progression and highlights why this is important.

Firstly, there are a number of daunting factors that may spring to mind when you are thinking about further education and learning; you may think 'I don't have the time or the energy', or 'I can't afford to', or 'I am not smart enough'. These statements often act as a barrier between nurses and further learning.

A more dangerous factor that influences learning for nurses is

harboring the belief that 'I have a job, I'm good at it, and therefore I don't need to learn anything more'. This idea is completely against the grain of what modern nursing is; a dynamic area of work in an environment where constant learning facilitates essential improvements – all leading to improved healthcare practices and outcomes.

Recognizing learning as part of the nurse role, it would be sensible to start to think: Where do I start? What are effective ways for me to learn? What options do I have? Below is a list of ways in which you can develop your ability to learn, become an active learner, enhance your knowledge and prepare yourself for further study. The act of learning is incredibly varied but the outcome of enhanced knowledge is invaluable to professional development.

- **Read:** Try to make work related reading a habit and, if possible, part of your routine. Reading journals, newsletters, blogs, reputable websites and text books is a cheap or free learning activity, which you can regularly do. Reading these types of things keeps your knowledge and information fresh. You are always best to follow your particular interest when choosing what to read. When you start to look you will realize just how much information is at your fingertips – the trick is to be selective and don't overload yourself.

Tip: Save your electronic newsletters in a folder marked 'to read' – that way you know exactly where they are and can easily access or scroll through it when you have some time.

- **Utilize Learning Events:** There are numerous activities, seminars, conferences and workshops that take place year round – many of them

provided by HMC. A good way to actively learn is to make the effort to attend. There may be a cost for joining these, but some are free and many are inexpensive. Enriching your knowledge through organized educational activities not only allows you to learn from an expert, it also gives you the opportunity to network and discuss with other nurses. Next time you receive an invitation or see an advertisement, why not take the opportunity?

- **Get Active and Involved:** Joining groups and committees is a great way to actively learn and to contribute to the learning of others. For example, members of the Nursing Newsletter Committee research articles, or support others in their research on a monthly basis – learning new things along the way. Being an active member of a group opens you up to learning and looks impressive as part of your resume.

- **Work towards Official Qualifications:** Learning activities such as reading and attending conferences and joining committees are great examples of the varied opportunities to enhance knowledge, but getting official and certified qualifications is always the next step. Being certified in something acts as official evidence of what you know. Certification validates our competencies and opens the door to more professional opportunities.

- **Advance your Qualifications:** Learning is an ongoing process and although a diploma you obtained five years ago may have got you the job you wanted, your skills and ambitions may have changed over time, as may the requirements of your job. Advancing your qualifications will support further professional development and open up

opportunities; for example, if you have a Diploma or Associated Degree – have you considered working towards a BSN? Or, if you have a BSN would you be interested in a Masters or Doctoral Degree.

Tip: Of course there are a number of things to consider when talking about enrolling in official programs to enhance or gain qualifications, such

as availability and cost etc; however, it is always worthwhile to find out as much as you can about your options; for example, asking what opportunities may be available through your place of work. Find out as much as possible about the course you are interested in and talk to the course organizers to discuss any worries or concerns. You can then make an informed decision about whether this is the best option for you.

The key to successful learning to help develop your professional career is to always ensure you are on the path of active learning. Knowing more about your professional field and always looking to be kept updated on developments is for everyone and nurses should employ this mindset as a matter of best practice.

Source: Renee Thompson <http://www.nursetogether.com/climbing-the-ladder-of-nursing-knowledge-a>

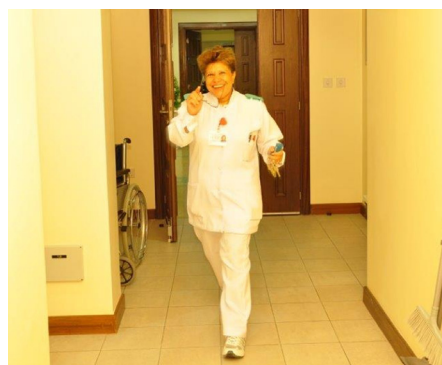
The New Internal Medicine Clinic

Written By Ms. Elizabeth Thiebe, AEDoN AMIS

The new Internal Medicine Clinic opened the doors to patients on 7th September, under the medical direction of Professor Abu Samra. It is located in Building 10 Hamad Bin Khalifa Medical City. This new Clinic provides continuity of care to existing chronic disease patients and allows for a comprehensive follow-up program. The new Clinic will also decompress the current internal medicine clinics at Hamad General by transferring appropriate patients to the new clinic.

“The Internal Medicine Clinic has been designed from the ground up with the patient in mind; allowing patients to receive expert care without having to go to the hospital,” explains Professor Abu Samra, Chairman of the Department of Medicine.

- The Internal Medicine Clinic provides treatment, education and support; helping patients with chronic diseases manage their medications and conditions and avoid complications. The Clinic is designed to help patients manage their complex conditions.
- Bringing together all required services in one building, the Internal Medicine Clinic is HMC’s newest outpatient care facility. The patient-centered, friendly environment has been designed to maximize comfort and privacy. The co-location of



outpatient and key support services, including pharmacy, laboratory services, and dedicated parking, improves the patient experience and enables more efficient workflow.

- The Internal Medicine Clinic is an important milestone in a new approach to HMC’s chronic disease management care services; providing safe, effective and compassionate care while reducing patient waiting times and enhancing the patient experience and clinical outcomes.
- The Clinic is staffed with nurses, doctors, pharmacists and admin staff who share the vision of trying different models to provide the best care for our patients. The Clinic is designed to minimize the movement of patients; each patient has their assessment, examination, teaching and any phlebotomy or ECG in the same room. Nurses and doctors come to the patient rather than asking the

patient to move from room to room. This is what patient-centered care is all about. Most patients do not even need a waiting room chair as they are taken directly from registration and cashier to the examination room. Our chronic disease patients will establish a relationship with one of our Clinic doctors and schedule a visit once every three months.

- The nursing staff is in place for the first four clinics. All of the staff come from either medical/surgical units or critical care nursing. Under the guidance of Sr. Maha Mohamed Elsayed, our Acting Head Nurse, they are learning how to apply their nursing skills in this new ambulatory setting. The transfer of skills is going well.
- In the first two weeks, the staff have heard many compliments from patients. Patients are pleased with the available parking, the short wait times, the onsite pharmacy and the quality of the care.

The Internal Medicine Clinic is an important part of HMC’s focus on expanding access to a wide array of outpatient services, improving the patient experience and providing the safest, most effective and compassionate patient care.

Come and visit us to see this new model of care in action.

Improving and Standardizing Care: The Newborn Care Foundation Course for Nurses

Researched by: Shilah G. Ancheta, SN, Emergency Department – WH, and Ms. Shirley Johnson and Mr. Faisal Manakkal, Nurse Educators, Nursing Education & Research Dept.



Women's Hospital and the Nursing and Midwifery Education and Research Department recently initiated a Newborn Care Course for nurses working in Obstetric Units who take care of low risk newborns. This course is among the first ANCC accredited courses, which is also credited with 22 CNE points. The course is co-facilitated by subject matter experts including Nurse Educators, Neonatologist, Consultants, Clinical Nurse Specialist and Clinical Pharmacist from the Neonatal Intensive Care Unit.

Why was this course introduced?

The need to further enhance nurse skills in post natal areas was identified due to the implementation of the transitional care model, which means that low risk babies can be roomed-in with their mothers and basic procedures can be carried out in that area. This includes administration of IV antibiotics, naso/orogastric feeding, suctioning, medication administration and managing emergency situations in the newborn. There was also a gap identified between staff in the assessment, stabilization and emergency management of newborns; therefore it is also an aim of this program to bridge that gap, ensuring consistency across the board. To

support this, Women's Hospital Administration, in coordination with Nursing and Midwifery Education and Research Department, has agreed to provide educational expertise aimed to support the development of a contextually relevant and interactive training program, with both simulation and clinical assessment to enhance participation and knowledge sharing.

What does the course involve?

The Newborn Care Course is a three day intensive training and development course. It provides a comprehensive overview of the knowledge and skills needed to provide holistic care – utilizing family-centered and inter-professional care principles. The course addresses the assessment and care of newborns from birth to discharge in the obstetric care units. Simple and complex health related issues associated with neonatal care are also addressed in order to prepare the nurses and midwives for a special role in the field of maternity and newborn nursing.

Contents and topic outlines are as follows:

- Module 1: Introduction to Newborn Care

- Family-centered care and parental involvement
- Developmental care including kangaroo care
- Inter-professional collaboration and communication
- Ethics
- Maternal factors and fetal effects
- Module 2: Comprehensive Newborn Care
 - Newborn assessment and stabilization
 - Newborn physical examination
 - Infant nutrition
 - Pain assessment and management
 - Medication administration
 - IV therapy
 - Thermoregulation
- Module 3: Common problems in newborn
 - Neonatal emergencies
 - Hypothermia
 - Hypoglycemia
 - Hyperbilirubinemia
 - Sepsis

The simulated education and clinical practicum elements will provide the nurse learner with opportunities to integrate and apply central concepts and a critical care skill set in both simulated and clinical practice.

Women's Hospital and the Education

and Research Department advocate that the offering of a Newborn Care Foundation Course is pivotal to ensure a minimal level of competence, which is benchmarked across all obstetric practices within the Corporation.

The program further envisions knowledge translation and embedment of positive practice environments. A total of 80 staff have so far successfully completed the course.

For more information on this course, please contact: Faisal Manakkal (Nurse Planner/ Nurse Educator): fmanakkal@hmc.org.qa / Shirley Johnson (Nurse Educator) sjohnson2@hmc.org.qa

Professionalism in Nursing

Researched by Jessie Mohan, SN, Critical Care Unit – HGH

Before we begin to discuss the idea of professionalism in nursing, it is important to understand the concept of having a profession. The word profession carries with it more weight than using the word job. To say you have a profession, or that you are a professional, highlights that you undertake a chosen paid occupation that has required an amount of prolonged training and formal qualification. Professionals are defined as individuals who are expected to display competent and skilful behavior in accordance with the demands and requirements of the work they undertake. Nursing is, by this definition, a profession.

If you are a nursing professional then the work you undertake, your day-to-day behavior, work ethic and the outcomes of those things all amount to your level of professionalism. The concept of professionalism in nursing likely began with Florence Nightingale; she is widely recognized as setting the bar for nursing standards – bringing with it an expectation of excellence.

There are a great number of contributing factors which play a major role in professionalism for nurses. These include attitude, appearance and communication skills.

Attitude

Attitude in nursing is everything. As a profession that puts you in a position to help, support and treat others when they are in most need, it is essential to have a complimentary attitude; for example, nurses above all else should genuinely care for others and demonstrate that care as part of their

professional role. Moreover, nurses may see many extreme scenarios, such as birth, prolonged illness and death. It is the effective response of the nurse to these things that demonstrates her/his professionalism. Nursing is also frequently linked to long working hours, or night shifts, or working at weekends or on national holidays – a nurse demonstrates professionalism by accepting the necessary elements of their work even if they are not desirable. Professionalism through attitude can also be seen in the way a nurse works with her/his colleagues – fostering approachable, helpful, positive and effective partnerships with their colleagues. Having this type of attitude benefits the work environment and therefore the outcomes of patients; it is therefore an example of professionalism.

Appearance

The way we look is important; it says something about us and is often the first thing that people base their impression of us on. It is important for a nurse to look professional as it gives patients a sense of security that they are in experienced and safe hands and it also sends the message to colleagues and superiors that you take yourself seriously in your role. A clean uniform, neat hair, clean shoes and being well groomed makes the statement that you care about yourself and demonstrates by association that you are capable to care for others. People who look sloppy may give a negative impression, which may translate to the impression that you are not professional, i.e. you are disorganized, lazy or uninterested. Our looks can display our professionalism.

Communication

We can demonstrate professionalism in the way we communicate with both colleagues and patients. Understanding effective communication is an important part of the nurse role. Making good decisions about what we communicate, when, how and to whom are all examples of how we convey professionalism through communication; for example, we may demonstrate cultural sensitivity in dealing with a patient of a different religion or gender. Providing families with up to date information about their loved one is also good professional practice. Even the simple things, like being polite can convey professionalism.

Although only three areas have been covered in this article, the ways in which nurses convey professionalism are countless. Hopefully, the above examples at least display a key message, which is that all decisions we make as nurses should be made with a view to providing the best care, contributing as much as we can as a team member and demonstrating the highest standards – these are the things that underpin our professionalism as nurses.

Sources:

- Chronology of the evolution of nursing professional development.
- American nurses association (2009 b) Scope & standards of nursing professional development. Silver spring, MD: American nurses Association. ANA (Nurse Books)
- Scope & standards for professional nursing development (2000).

Applying Pain Management in the NICU

Researched by Gisha Mathew, SN, NICU – WH



The Neonatal Intensive Care Unit (NICU) is a place where infants receive life sustaining care. Many undergo procedures daily which are potentially painful. A number of myths exist about neonatal pain, such as the belief that, due to an immature central nervous system, infants of a certain age don't feel or respond to pain. There has also been a belief that using opioids in the control of pain in infants may do more harm than good – suggesting that they will have no memory of painful experiences in any event. Contrary to these beliefs many studies have shown that infants, including premature ones, have a capacity to experience pain and, subsequently, untreated pain may affect long term neuro-developmental outcomes.

In the NICU, infants experience procedural, post operative, chronic and disease related pain. While adults are capable of expressing and communicating when they are in pain, infants or neonates are unable to do so. By using pain assessment tools, staff can measure pain, resulting in the ability to anticipate and intervene with safe and effective treatments/procedures.

Methods to manage pain include using pharmacological or non-pharmacological agents or a combination of both. Pharmacological medications include opioids such as fentanyl, morphine and sucrose. Non-pharmacological methods

include developmental care strategies, such as swaddling, music therapy, breastfeeding and kangaroo care (where the infant is held skin to skin with the parent). Although these practices are common, many studies suggest that pain is not treated consistently in neonates.

HMC advocates for sucrose as front line or adjunct therapy for the most painful procedures in infants. In the NICU at Women's Hospital, nurses assess pain using the Premature Infant Pain Profile. A score of 7-12 indicates the administration of sucrose at 24%. Sucrose helps to relieve mild to moderate pain in preterm and term infants associated with heel pricks, vein puncture, peripheral intravenous insertion, and lumbar puncture, etc. We administer sucrose on the anterior aspect of the tongue, following variable dosing guidelines as per NICU protocol. We follow proper documentation as per policy and we provide parental education alongside this to assure parents that their child is being assessed and treated for their pain.

The nurses and wider care team on the NICU are committed to our patients and their families, always ensuring that we deliver the safest, most effective and compassionate care. Our approach to pain management is just one of the ways that aim we do this.

Simulated Learning Activities: The Pediatric Mock Code

Researched by Neethu Augustine, SN – PEC Al-Shamal

The Pediatric Mock Code is a simulated exercise designed to improve the outcomes of care administered during child code situations. Pediatric Mock Codes deal with or focus on life threatening cases; for example, cardio

pulmonary arrest (CPA), altered level of consciousness, shock, seizures, hypoglycemia, hypothermia and respiratory distress that needs airway management.

There are a number of existing in-house training sessions which educate nursing staff on individual procedures; these include Pediatric Advanced Life Support (PALS) the Neonatal Resuscitation Program (NRP)



and Basic Life Support (BLS). All of these contribute to improved care; however, evidence shows that these programs alone are not sufficient in improving patient outcomes. It has been noted that on average the information provided by these courses is only retained for approximately 4 months. It was therefore considered imperative to develop a more effective and complete learning exercise. The simulated Pediatric Mock Code was designed to offer such a solution; it aims to actively teach, in real time, the most effective implementation of procedures and responses during a pediatric code event.

The Pediatric Mock Code is an exact simulation of an emergency event. This includes creating an atmosphere which is as close as possible to the real thing. The Code Team members are instructed to treat the scenario as a real one. This type of simulation exercise is valuable because it allows us to look at the bigger picture; we are able to see, through practice, if there are any problems in implantation procedures as we play them out from beginning to end. The exercise also allows staff to practice applying treatment and procedures in a 'real' situation, rather than learning individual procedures in a disjointed way. This gives staff more confidence and better prepares them for what is likely to happen during the event – subsequently, it contributes to avoiding any secondary complications.

The main objectives of the Pediatric Mock Code are:

- To alleviate the fears and anxiety related to CPA
- To increase the confidence and comfort level
- To improve the communication between physician and nurses
- To empower teamwork
- To enhance the knowledge and familiarity with pediatric resuscitation guidelines
- To improve the neonatal and pediatric survival rates
- To reduce the medication errors

The simulation is a multidisciplinary exercise – this is also in line with the idea of keeping it as real as possible; in reality the treatment will be administered by a multidisciplinary care team. By having a simulation which includes all parties, we effectively strengthen team dynamics and develop communication practices which all contribute to improved outcomes. This is vitally important as, according to the Joint Commission, failure to work as a team during resuscitation events is a major contributing factor to neonatal deaths. Along with ensuring that the proper staff are involved it is also important that the correct equipment is used – as in a real situation.

The Pediatric Code Team includes:

- A Pediatric Intensive Care Unit (PICU) or Emergency Department Physician
- A Nursing Supervisor
- An Intensive Care Unit (ICU) or Emergency Department RN
- A Respiratory Therapist
- Other nursing staff (support roles)

The exact number of members involved in the simulation and the frequency of training may vary in each healthcare facility, according to the size and need of the unit. Ideally, mock codes are recommended to be conducted quarterly.

As part of the simulation process, it is also necessary for teams to have a pre-briefing and a debriefing. This is usually conducted by the appointed team leader. The pre-briefing discusses the situation and sets expectations of the exercise. It also sets limitations and outlines the condition of the mock patient. Everyone's role is clearly defined in the pre-briefing. Debriefing is completed soon after the exercise is complete. It allows the team to reflect as a group and individually on how successful or problematic the simulation was. De-briefing includes three phases: description, analysis and application of learning.

Performance feedback is also provided by the facilitator during debrief to everyone involved. Team members are assessed for skills such as: communication, team leadership, IV/IO placement and fluid management, medication preparation and administration, reassessment skills and the use of pediatric weight based emergency reference tools like Broselow tape. Debriefing is also important for self evaluation of all the participants – the combination of feedback, group discussion and self-evaluation allows each member to refine their resuscitation behaviors and apply newly acquired knowledge.

It is clear that there are positive outcomes from implementing the Pediatric Mock Code and these demonstrate the importance of regular training. As they say, good practice always makes perfect. Simulation can provide an effective mechanism for improving competency in a given area. It provides a platform for deliberately performing skills necessary for an effectively practicing nurse.

ANCC Preceptorship Training for Nurses: Facilitating Orientation and Learning, *Researched by Leetha Thampi, SN, NICU – WH*



As part of a program which is designed to enhance preceptorship skills among nurses, HMC's Department of Nursing and Midwifery, Education and Research, recently organised a training program which nurses can undertake within the clinical setting. Preceptorship skills are skills that enable someone to teach, train, mentor and supervise others. Preceptors are usually formally appointed to support new or junior staff in their professional development.

Preceptorship training is accredited by the American Nurse Credentialing Center (ANCC) and the Department of Nursing and Midwifery, Research and Education is an authorised provider of continuing nurse education.

A total of 29 nurses from different HMC facilities made up the first batch of preceptorship trainees. During the course, Alan Dobson, Assistant

Executive Director of Nurse Education, explained that the purpose of this activity is to "enable experienced nurses to apply knowledge, skills and tools required to be an effective preceptor of new staff and nursing students within any HMC facility". He further explained that as an Academic Health System and with a view to meeting Magnet standards, preceptorship training for nurses is a useful strategy for facilitating learning and clinical orientation.

Jincy Oomen, Staff Nurse at Women's Hospital, added that, as a result of the training, nurses were able to gain more confidence, which is beneficial to their role as a preceptor. "Now we are more confident in our new role as preceptor, because we can support new nurses through demonstration, modelling and dialogue during the orientation period. Moreover, the training supports staff by increasing motivation through

empowerment. The preceptorship training and the actual role of the preceptor encourages critical thinking and supports self-directed professionals."

The areas covered in the training included:

- Examining the roles and responsibilities associated with effective preceptorship
- Outlining the principles of adult learning
- Planning, implementing and evaluating teaching in the clinical environment
- Effective facilitation of competency assessment within clinical practice etc.

One of the first trainees, Ancy K. John, Staff Nurse at Women's Hospital explained how the course was directly beneficial to her. "After the training program, I was able to apply knowledge and skills to case studies and preceptees in a more proficient manner. It helped me to make sense of complicated and difficult situations, and the way that the training was delivered was an excellent medium. Learning from experience enables us to improve performance, patient care and our own ability for lifelong learning."

Nurse Educators Shirley Johnson and Safia Karim lead the training sessions.

Monitoring Device Related Infection Rates Using Electronic Data Entry: A Pilot Study, *Researched by Kakoli Roy, Quality Management – HH*

Infection control data is vital to any hospital; it allows us to track such things as Hospital Acquired Infections (HAI). Since joining the National Database on Nursing Quality Indicators (NDNQI), frontline nursing staff at HMC have played a major

role in providing data input in this area. To support and facilitate this, the Corporate Nursing Department established a comprehensive approach to building a repository for infection control data. The objectives of the system were to ensure that data entry

to the NDNQI site is accurate and precise.

HMC's Heart Hospital (HH) was chosen as the location for a pilot study which would review and assess the use of electronic data collection for the



purposes of monitoring device related infections. This study took place during July 2014. Importantly, the study provided an opportunity for us to review the system's effectiveness in order to make necessary changes before wider implementation across HMC facilities.

As determined by the Corporate Nursing Department, the project was led by three separate teams:

- the site coordinator of each hospital oversees that the data is submitted on time and she/he also serves as the conduit for all data entries to make sure that all data is entered correctly
- infection control practitioners provide the actual infection rates of the hospital
- the Health Information Management (HIM) team are

responsible for developing the SharePoint portal for data entry and collection.

The Nurse Role

In order to ensure a successful pilot, a great deal of preparatory work was undertaken. Discussion and information was initially delivered to the Head Nurses at HH via the Nurse Management Meeting. The Head Nurses were then responsible for delivering relevant information to the wider nursing team. Approximately 80 Charge Nurses and Acting Charge Nurses were given access to the SharePoint data entry system. They were provided with hands-on training to ensure that they accessed the site properly and entered data effectively. Ms. Ruby Santander, Director of

Nursing, provided initial support in the training phase before handing over to the site coordinator, Kakoli Roy.

Additionally, nurses were encouraged to give feedback on the use of the electronic data system. During the early phase of the pilot, nurses from CICU (Coronary Intensive Care Unit) gave feedback, corrections and suggestions that allowed discussion around enhancing the data collection and increasing accuracy.

The Outcomes

There were a number of small issues highlighted during this study and consequently a number of suggestions and decisions were made that will help this system to be enhanced before it is carried across all facilities. The pilot was also noted as being invaluable to the HIM team as they will be able to carry their knowledge forward when they come to work with other hospitals on similar activities.

The HH nursing team is enthusiastic about building and contributing towards the journey of excellence and we look forward to the implementation of this project which we helped to assess, review and perfect.

Education News

Researched by Sheeba Pattattu Sankaran, RN, MSN, Nurse Educator, Nursing & Midwifery Education & Research

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

1. ANCC Accredited Programs:

- **Evidence Based Practice and Clinical Decision Making in Nursing:**

The purpose of this program is to enable the learner to search for and demonstrate an understanding of the theory of evidence-based practice and its application into clinical care environments. It will also enable the

learner to utilize the concept of critical thinking in clinical decision making – both in nursing care and nursing processes. Finally it will demonstrate how using reasoning and problem-solving skills to analyze information allows us to identify priorities clearly and precisely and formulate a management plan of care.

- **Basic ECG Interpretation Skills:** The purpose of this program is to enable the learner to develop basic skills in understanding and application of 12 Lead ECG within

clinical practice areas; utilize critical thinking skills in managing peri-arrest situations through case scenarios; provide theoretical and practical learning opportunities (in a simulation scenario) in the use of Automated External Defibrillation (AEDs) following recommended evidence-based practice guidelines.

- **Cancer Foundation Program:**

This Program will act as a generic foundation of cancer care for post registration nurses. These nurses will work, on the whole, in non-oncology

specialty areas. The Program has been developed in collaboration with the National Cancer Transformation Team, the National Centre for Cancer Care and Research education staff, and the Educational staff within the Nursing & Midwifery Education and Research Department – to meet the needs of staff across all HMC facilities. A key focus will be supporting patients in an

oncology setting, where patients are frequently diagnosed and attend as both inpatients and outpatients.

2. Preceptorship Training at HMC:

- The purpose of Preceptorship Training at HMC is to equip preceptors with the necessary knowledge and skills to enable them to effectively support new staff and nursing

students within any HMC facility/ sub-specialty clinical area. As part of HMC's Nursing Strategy, Academic Health System and Magnet standards, Preceptorship is considered a useful strategy for facilitating learning and facilitating the clinical orientation of new nurses and students within the clinical setting.



The Nurse Spotlight

Researched by Fatma Najji, HN – AWH

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 and to celebrate their contributions to our profession.

This month we are celebrating.....

Who: Ms. Tamara Salama Al Shdafat

Position: Director of Nursing (DoN) Obstetric Service-Mother & Child Division

Hospital: Al Wakra Hospital

About

Ms. Tamara Salama Al Shdafat joined HMC in December 2013 as Director of Nursing within the Obstetric Service of the Mother and Child Division. She has over 15 years experience working in maternity health and is a skilled leader in the field of nursing. Tamara is originally from Jordan, where she previously held key leadership positions within global health organizations.

Questions and answers:

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

A: I think nursing is a great job. It is a privilege to be in a position where I



Ms. Tamara Salama Al Shdafat
Director of Nursing (DoN) – Obstetric service – Mother & Child Division, Al Wakra Hospital

can work with people from all walks of life and provide them with the care they need. As a nurse I know that I will do things for people that impact them in ways that they will remember for a lifetime – that is a nice feeling. I have pride in my position because I know that I am helping people at the most challenging and intimate times of their life. I get a lot of satisfaction from being by their side and making a difference.

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

A: I don't see challenges as something to avoid; I am at my most engaged

when I am challenged. The most challenging and engaging aspects for me have been related to furthering my education – this was important to me because I have always taken an active role in my patient's care, and education allows me to further my scope of practice. I completed my Masters Degree in Women's Studies in Jordan in 2008 and I know that having my Advanced Practice Nursing Degree provides greater autonomy and an opportunity to impact patient care.

Q: What does being a nurse mean to you?

A: Being a nurse means a lot to me and it is so much more than people outside of the profession think it is. When I say "I am a nurse" I know that some people have an image of a bedside nurse undertaking small tasks. In reality nursing is a complex role which demands a range of skills, utilized in a number of different environments.

Q: What are your goals for the future?

A: As part of my current role at the Mother and Child Division at Al Wakra Hospital, my immediate goals are to contribute, along with the wider management team, to enhancing the quality of our healthcare services.

USEFUL LINKS

Researched by Rezielyn Clanor, SN, CTICU – HH

The internet is a useful resource for nurses; there are many sites dedicated to the nursing profession which offer clinical and research information, community channels and humor, critical thinking perspectives, further learning opportunities and career advice, etc. This month we share with you the following sites:

- www.thenursingsite.com

This site filled with articles, resources and links to other information for nurses. It provides information regarding nursing procedures and tips on common nursing issues.

- www.freenursetutor.com

This site makes nursing and healthcare education more engaging and more effective through practical, interactive and computer-based learning activities – as a supplement to traditional methods of teaching and learning.

- www.learningnurse.org

The Learning Nurse is an independent, free and safe learning resource for nurses at all levels to assess, develop and enhance their professional nursing competence.

- www.nursingcrib.com

Nursingcrib.com aims to promote excellence in nursing education, research, practice and service.

Fun Stuff

Researched by Ritze P. Siason, SN,
Observation Unit – RH

Answers to last month's puzzle:

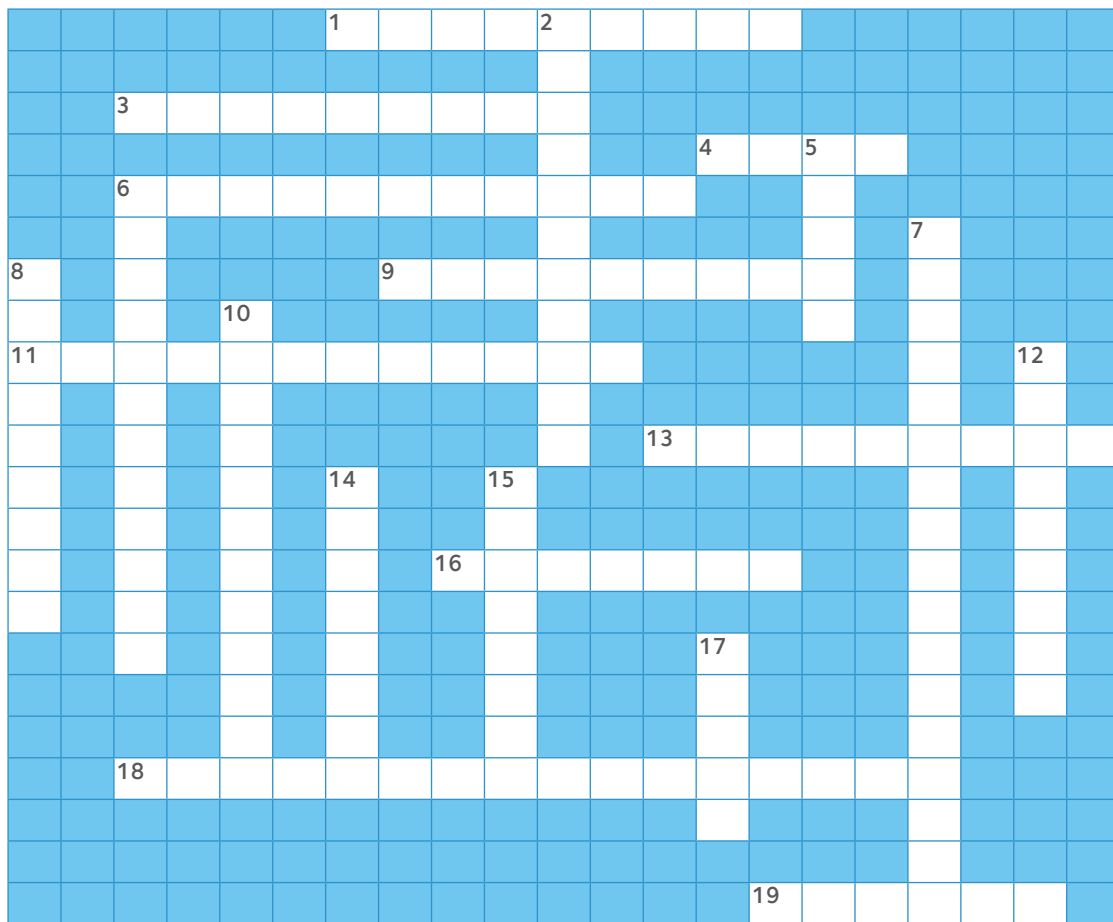
In last month's issue we asked you to name 27 different bones throughout the human body. How well did you do?

BONES

Back to Basic



Cross Word



Across

1. A yellow pigment derived from hemoglobin release with the breakdown of RBCs.
3. Initiation of breathing is stimulated by the clamping of the _____ which causes a rise in BP which increases lung perfusion
4. 37 weeks gestation is considered what?
6. A protective mechanism that allows the infants to become accustomed to environmental stimuli.
9. Ophthalmia neonatorum is an inflammation of the eyes resulting from an infection when passing through the birth canal of a mother who has what STD.
11. The removal of the male foreskin.
13. Type of adipose tissue that is unique to newborns?
16. Touching the infants lip or cheek with the nipple will elicit the _____reflex.
18. The maintenance of balance between heat loss and heat production.
19. A term newborn heart rate of 120 is considered _____.

Down

2. Nasal flaring, retractions and grunting when expiring are sign of ____distress.
5. If the baby does not void within 48 hours of birth the doctor may suspect _____ impairment.
6. A newborn BP of 110/70 is indicative of _____.
7. A generalize edematous area of the scalp most commonly found on the occiput.
8. Greater than 60 respirations per minute.
10. A ____ is used to suction the baby's airway.
12. Wrapping of the baby in a blanket.
14. Stools while in utero.
15. _____ is clearly visible when bilirubin levels reach 5 to 7 mg/dl
17. The _____ score permits a rapis assessment of the need for resuscitation of the neonate.

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/>



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