

THE NURSE ADVOCATE

By NURSES And MIDWIVES For NURSES And MIDWIVES



مؤسسة حمد الطبية
Hamad Medical Corporation

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Issue 26 July/August 2016

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CONTENTS

Issue **26** July/August **2016**

A Message from your Chief Nursing Officer	2
Nurse Spotlight	3
Meet Jasmine Lizy Kanagamani	
Updates	4
NDNQI RN Satisfaction Survey 2016	
Multidisciplinary Team (MDT) Spotlight	5
Seema Fathima - Helping Patients Breathe Easy	
Special Report	6
The New Annual Performance Review at HMC	
Reflection	7
Are You Research Oriented?	
Research Roundup	8
The Critical-Care Pain Observation Tool	
Service Spotlight	9
Prioritizing Mental Health	
Health and You	10
Facing Challenges with Mindfulness	
Best Practice	11
Preventing Pressure Ulcers	
Education	12
Setting up Clinical Educational Rounds; Reflective Learning - A Brief Introduction	
Events and Happenings	14
Inaugural Gynecological Clinical Case Study Club; Rehabilitation Unit Team Building; International Nurses Day Celebration; Al Khor Hospital Nursing Grand Round; Ophthalmology Unit Appreciation Day; Celebrating International Day of the Midwife	

The team from Al Wakra Hospital featured on this month's masthead (from left):

- | | |
|---|--|
| 1. Jamal Mohammad Allatayfeh
Director of Nursing | 4. Asma Hammami
Staff Nurse, Labor Room |
| 2. Melody P. Sarmiento
Head Nurse, Adult Emergency Department | 5. Emylet Sheema Samuel Philips
Charge Nurse, Emergency Pediatric Department |
| 3. Professor Alison Robertson
Executive Director of Nursing | 6. Sayed Nagah Abdelbadee Hammoud
Staff Nurse, Surgery Department |



The Nurse Advocate is the official publication of the Corporate Nursing and Midwifery Department at Hamad Medical Corporation.

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**THE NURSE
ADVOCATE**

A MESSAGE FROM YOUR CHIEF NURSING OFFICER

Welcome to the 26th edition of The Nurse Advocate.



Eiri Jones, MA, RN Adult and Child
Chief Nursing Officer
Corporate Nursing and Midwifery
Department

Following on from Ann-Marie's farewell in the 25th edition, I am delighted to have arrived in time to write for this edition.

I am privileged to have been offered the post of Chief Nursing Officer at Hamad Medical Corporation. I will be here while the recruitment for a longer-term CNO takes place.

I have been a nurse for nearly 40 years. I am a dual-trained adults and children's nurse from the United Kingdom. I trained at Guy's Hospital London and Great Ormond Street Hospital, London.

I specialized clinically in Intensive Care, and then Children's Heart Care. Over the past 17 years, I have held a range of senior posts, including three chief nurse posts and a regional nurse role in London. I have also worked in Malta, Tunisia, Egypt and Ethiopia.

Throughout my career, my constant focus and drive has been around delivering excellence in care for patients by supporting and developing staff to be strong leaders.

In my first week here, I have observed some excellent care in practice. Over the coming months, I look forward to visiting the many services we deliver here.

I look forward to meeting you, and hope that you will share your ideas on how we can continue to improve on the quality of care we provide at HMC.

Thank you.

Meet Jasmine Lizy Kanagamani



By **LORIELENE PARCIA, REGISTERED NURSE, FEMALE RESIDENTIAL CARE, ENAYA CONTINUING CARE CENTER 2, MENTAL HEALTH SERVICES, HAMAD MEDICAL CORPORATION**

In every issue of The Nurse Advocate, we shine the spotlight on exceptional nurses and midwives in celebration of their achievements and contributions. This month, we speak to **Jasmine Lizy Kanagamani**, Head Nurse at the Female Mental Health Rehabilitation Unit.

Challenges are part of the job for head nurses. However, there is never a bad day if patient recovery is the ultimate reward. For Jasmine, the icing on the cake is the privilege of doing her part to help patients recover. As a staff member of Hamad Medical Corporation (HMC), an organization that makes quality of patient care and patient satisfaction a priority, Jasmine says she chooses to never have a bad day.

GIVE US A BRIEF CHRONICLE OF YOUR NURSING CAREER SO FAR.

In 1990, I obtained my Bachelor of Science in Nursing degree from the Christian Medical College in Vellore, India. My nursing career began as a Staff Nurse, and by 2002, I had worked my way up to the position of Head Nurse. I went on to join the King Khalid University Hospital in the Kingdom of Saudi Arabia as a Staff Nurse. In 2006, I joined HMC as a Charge Nurse in the Psychiatry Department. In this role, I worked with a variety of mental health specializations in different units, including co-coordinating the Electroconvulsive Therapy (ECT) Suite. In 2013, I was promoted to Head Nurse, where I was responsible for the Male Psychiatry Unit 2. I was later transferred to the Enaya Continuing Care Center for Mental Health where I commissioned, and currently manage, the Female Mental Health Rehabilitation Unit. This Unit was established as part of the mental health expansion strategy to develop community-based care for clients with long-term mental health illnesses.

WHAT DO YOU ENJOY MOST ABOUT YOUR JOB?

I enjoy the collaboration that comes with being a part of the Multidisciplinary Team (MDT) and the larger organization of HMC, which allows me to deliver services seamlessly. I also enjoy helping people through their journey of recovery and being able to positively impact their quality of life. Nursing is a dynamic profession. It is gratifying to learn something new every day and to work with leaders who appreciate and reward hard work and promote autonomy in decision making.

WHAT DO YOU FIND MOST CHALLENGING ABOUT YOUR JOB?

As Head Nurse, I juggle many responsibilities. I am accountable for my decisions and actions. As a mentor, coach, and supervisor, I balance being fair and assertive when evaluating staff performance and allocating development opportunities. A recent challenge I faced included coordinating the newly launched ECT Suite. I was responsible for procuring the equipment, ensuring clinical staff had the required competencies, and making sure everything was up to date and safe to use. Another challenging project was the opening of the Female Residential Unit. I oversaw the transfer of patients and managed resources. Preparing for the 2015 Joint Commission International (JCI) Long Term Standards Survey was also a challenge. We overcame a short preparation period of only six months.

WHAT DOES BEING A NURSE MEAN TO YOU?

I'm passionate about being a nurse. Nursing is a rewarding profession, where one can find satisfaction from caring for people who are unable to care for themselves and seeing them get well and go home well, both physically and mentally.

WHAT ARE YOUR FUTURE GOALS?

To continue delivering safe, effective, and compassionate care with dignity and respect for patients and their families. To help patients on their journey towards recovery.



NDNQI RN SATISFACTION SURVEY 2016

The results are out... and they exceed expectations!



By **MATHEW JACOB, DIRECTOR OF NURSING,**
CORPORATE NURSING QUALITY AND PATIENT SAFETY

In April 2016, nurses and midwives at Hamad Medical Corporation (HMC) participated in the National Database of Nursing Quality Indicators (NDNQI®) RN Satisfaction Survey for the second time.

This was an anticipated exercise as many initiatives have been undertaken since the inaugural survey in 2014. These targeted initiatives have had a positive impact on the professional practice environments of both nurses and midwives at HMC.

Additionally, the 2016 survey expanded the number of eligible participants by 23 percent. This translates into an

increase from 5,500 to 6,780 through the inclusion of the Pediatric Emergency Centers, Home Healthcare Service, Trauma Center, and our Dialysis Centers. Additional nurses and midwives from across HMC who were not eligible before, were also included in this survey.

With 88 percent of eligible staff participating, the response rate was remarkable, compared with the international response rate of 79 percent. The NDNQI® RN survey results were released on 23 May 2016. Participating facilities received both a facility report and unit-level reports.

There were improvements seen across the majority of indicators and facilities. As a system, we demonstrated an improvement across all 11 metrics. HMC is currently exceeding the Magnet® facility benchmark in 7 out of 11 metrics.

The next recommended step is for all unit-based councils, in collaboration with the area leadership, to identify areas for improvement and develop action plans.

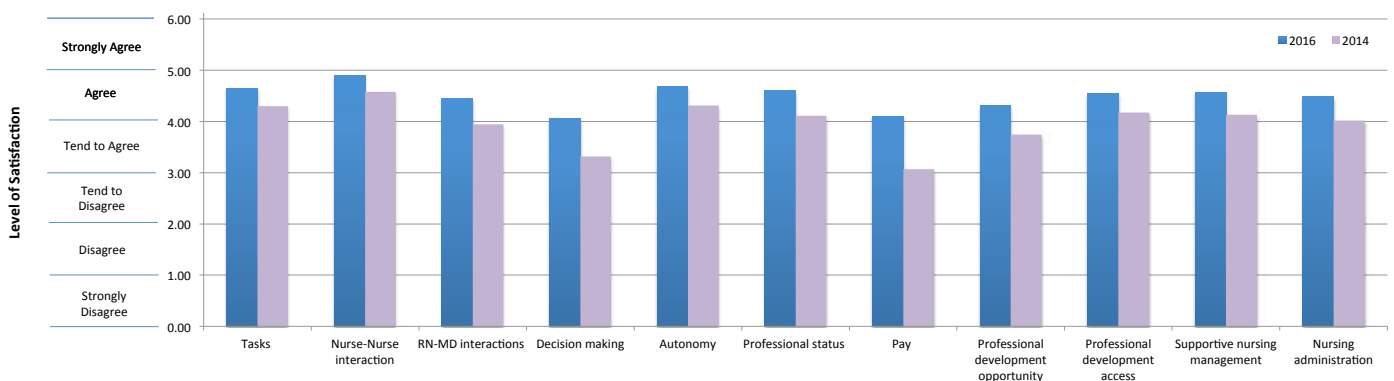
A quarterly report on the status of facility/ service action plans will be submitted to the Nursing and Midwifery Executive Committee for review and support.

Result highlights

Nurse-to-Nurse Interaction was the highest scoring metric, indicating that nurses and midwives are satisfied with intra-professional communication and teamwork.

Decision making scored the lowest. However, there was improvement compared to the 2014 survey results. This is likely due to the introduction of shared governance across many areas.

Nursing Satisfaction 'Levels of Satisfaction' - 2016 and 2014



Helping Patients Breathe Easy

The duties of a Respiratory Therapist (RT) – which include providing emergency care, setting up and operating medical equipment, determining treatments, and monitoring patients – make them a crucial member of any MDT. Seema Fathima, who has been an RT for six years (two of them at Al Khor Hospital), reveals more about her duties and her collaborative work in patient care.

*Behind every patient success story is a team of dedicated professionals who provide holistic care through collaborative practice. The Multidisciplinary Team (MDT) Spotlight puts the focus on exceptional members of the MDT, in celebration of the care and contribution they provide each and every day. In this issue, we speak to **Seema Fathima**, a Respiratory Therapist at Al Khor Hospital.*



By **DEEPA S. NAIR, REGISTERED NURSE, EMERGENCY DEPARTMENT, AL KHOR HOSPITAL**

DESCRIBE SOME OF YOUR DUTIES AS AN RT.

RTs care for patients who have trouble breathing. Causes of breathing difficulty can be chronic respiratory diseases, such as asthma and Chronic Obstructive Pulmonary Disease (COPD). Once we've interviewed and examined a patient, we consult with a physician. From there we develop a treatment plan. This may include removing mucus from the patient's lungs or inserting a ventilation tube into the patient's trachea and providing mechanical ventilation. We also provide emergency care to heart attack patients, drowning victims, and people in shock. Some RTs work in home care. In this capacity, we set up ventilators and other life support equipment. We instruct caretakers on their use. Our patients range from premature infants with undeveloped lungs to elderly patients who have diseased lungs. RTs are also key members of the rapid response team.

HOW DO YOU AND YOUR TEAM WORK WITH NURSING?

Nurses are knowledgeable about the role of the RT. They are appreciative of the expertise we bring to the healthcare team. We cooperate well and support each other. We have

a thorough understanding of what is involved in each other's work. In emergency situations, we work together to develop treatment plans for our patients.

WHAT DO YOU ENJOY MOST ABOUT YOUR JOB?

Caring for people of all ages and the ever-changing conditions make the job interesting. The

responsibilities are challenging at times. But the positive outcomes are always rewarding, especially when working in intensive care units or emergency departments. Each day offers something different.

WHAT ARE SOME OF THE CHALLENGES THAT COME WITH BEING AN RT?

Technology is constantly changing, and with that, our field is becoming increasingly advanced. The equipment used in respiratory care is updated every year. This highlights the need for continuing education in order to maintain staff competency. Also, when working in a critical care setting, there is always a certain level of stress.

WHAT DOES BEING AN RT MEAN TO YOU?

It means that I have an opportunity to help people understand their illnesses. I can help them learn about wellness. I'm a part of a team that develops comprehensive plans to help people improve the quality of their lives. I'm a professional who can make a difference in the quality of patient care in our acute care facilities. This has great significance for me.

WHAT ARE YOUR GOALS FOR THE FUTURE?

This field has so much to offer. My career goals are to grow professionally and to continue providing quality care to patients.



The New Annual Performance Review at HMC

Aligning performance with new job descriptions, scopes of practice and the code of professional behavior and ethics

The Annual Performance Review Form (APRF) is being introduced to nurses and midwives across Hamad Medical Corporation (HMC). The form provides a comprehensive, role-specific performance review. It is aligned with the revised job descriptions, Code of Professional Behavior, and Scopes of Practice for Nurses and Midwives.

The Annual Performance Review (APR) provides feedback on an employee's past performance. It helps nurses and their supervisors agree on standards for future performance and set goals and objectives for personal and professional growth.

Both the appraisee (person being appraised) and the appraiser (direct supervisor) must have a good understanding of the performance review process. Corporate and facility-based information sessions are being held across HMC for both appraisees and appraisers.

Preparing for the APR

Appraisees should read and understand their role-specific APRF (available on the intranet). They should seek clarification from their supervisor as needed.

A professional portfolio should be developed using the materials provided by the Department of Nursing and Midwifery Education and Research (NMER). The Annual Performance Review Guide: A

Handbook to Conducting and Completing the Annual Performance Review provides guidance on this process. The Handbook also provides information on how to prepare for the APR and what to expect during and after the review.

The review process should be continued throughout the year. It is recommended that appraisees and appraisers meet at least twice a year to ensure appraisees are on course to achieve success.

Rating System Change

The Nursing and Midwifery Executive Committee (NMEC) is using Dr. Patricia Benner's Novice to Expert framework¹ for analyzing and rating performance.

This model provides an adaptable five-level framework that can be applied to the Nursing and Midwifery Career Framework (NMCF). Benner's framework allows nurses and midwives to be categorized from novice to expert in each of the five domains. It provides guidance and helps appraisees achieve the next level of competence.

Deciding the Ratings

The performance rating key is used five times throughout the APRF. At the end of each domain, the appraiser will use the performance rating key to determine a rating based on a number of criteria. Various ratings are anticipated, depending

on the domain and the appraisees' competency level within each domain.

The appraiser will take the median of the five ratings and use this as the overall performance rating. Detailed information with graphics is available in the Handbook.

The APR supports a shared vision for delivering the safest, most effective, and compassionate care to patients. It also supports nurses in navigating the NMCF and in their professional development. It provides a transparent set of role objectives, behaviors, and skills for nurses and midwives at each stage of their professional development.

Nurses and midwives are asked to attend one of the APR introductory sessions. Supervisors should attend one of the facility appraiser training courses conducted by the NMER.

All relevant documents are available on the intranet under How We Work > Clinical Services > Nursing and Midwifery Department.

https://itawasol.hamad.qa/EN/how%20we%20work/Clinical_Services/nursing/Pages/default.aspx

ARE YOU RESEARCH ORIENTED?

By **REENA PHILIP, NURSE EDUCATOR,**
NURSING AND MIDWIFERY EDUCATION AND RESEARCH DEPARTMENT

The new Nursing and Midwifery Annual Performance Review will be implemented across Hamad Medical Corporation (HMC) this year. All staff are expected to know the five domains of professional practice. Research is among the five. How well versed are you with research and its terminologies?

Nursing research is often perceived as being academic and not relevant for clinical practice. Most nurses believe that nursing research is important for advancing clinical care. Yet, only a few apply research findings to their practice, take part in research, or read research journals.

Research is usually seen as an activity that's separate from professional practice. It is seen as something that requires significant emotional and personal investment. Other barriers to nursing research include organizational issues, a lack of research culture, support, and knowledge about undertaking research.

With the aim of helping nurses develop the capacity and capability to conduct research, nurse educators from the Nursing and Midwifery Education and Research Department began offering information sessions. Introduction to Research is

accredited by the Qatar Council for Healthcare Practitioners and the American Nurses Credentialing Center. The program is conducted on the 3rd and 4th Monday of every month.

The program provides information on the significance and relevance of research to nursing practice, the different types of research, sampling processes, the procedure for getting HMC approval, and the support offered by HMC to new researchers. Participants also learn about the education required to hold research positions at HMC. Some roles require advanced education or clinical specialization, while others can be performed by nurses with associate or baccalaureate nursing degrees. Each role is different, yet crucial to a successful research process.

Participants are encouraged to begin with a question. Questions about patient care have their roots at the bedside. Nurses caring for patients are in a perfect position to examine their practice and ask how it can be improved to benefit patient care.

Bedside nurses play a vital role in triggering this process by being willing to challenge tradition and asking: "Why do we do this?"

Is there a better way?" An alert nurse who identifies potential problems in the unit's population can be the catalyst for a research project that can help improve patient outcomes.

Participants who have completed the Introduction to Research program have said they felt empowered and motivated to start a research project and write a paper on it. They also noted the importance of attending the Collaborative Institutional Training Initiative (CITI) Program before embarking on a research project.

Many nurses who felt intimidated by research now believe that change is possible if research is no longer seen as someone else's job. This will pave the way for evidence-based practice becoming the norm. Many nurses also suggested the idea of establishing research councils, which will provide a forum for brainstorming and exploring potential research topics.

Research has enough facets to provide a role for any nurse who is willing to embrace the challenge. So, the next time you have an opportunity to take part in a research project, say: "Yes! I'm up for the challenge!"

THE CRITICAL-CARE PAIN OBSERVATION TOOL

ADVOCATING FOR NON-VERBAL CRITICALLY ILL PATIENTS

REVIEWS AND MORE RECENT PRIMARY STUDIES SUPPORT THAT CPOT IS A RELIABLE AND VALID ASSESSMENT FOR MOST PATIENTS UNABLE TO SELF-REPORT IN CRITICAL-CARE SETTINGS.



By **DR. RICHARD GRAY**, ASSISTANT EXECUTIVE DIRECTOR OF NURSING, RESEARCH, CORPORATE NURSING AND MIDWIFERY DEPARTMENT

DR. HIBA TOHID, CLINICAL RESEARCH COORDINATOR, WEILL CORNELL MEDICINE, QATAR
MS. LISSA TUCKER, RESEARCH FELLOW, ACADEMIC HEALTH SERVICES

The Critical-Care Nursing Network at Hamad Medical Corporation (HMC) put forward an Idea For Improvement (IFI) form related to assessing pain in ventilated and sedated patients. They suggested that the Critical-Care Pain Observation Tool (CPOT) was a better means of assessing pain.

A review of existing research, a rapid synthesis of evidence, was completed. This was done to establish if current research supports the use of CPOT for pain assessment in ventilated and sedated patients in the critical-care setting. The review followed many

of the methodological principles for undertaking a non-quantitative systematic review.

Published literature was identified from Ovid MEDLINE and EMBASE (searched on 9 September 2015). The findings from clinical guidelines, existing systematic reviews, and later primary studies, were summarized. No attempt was made to repeat data abstraction from primary studies published.

Reviews and more recent primary studies support that CPOT is a reliable and valid assessment for most patients

unable to self-report in critical-care settings.

Studies also suggest that CPOT is workable for use in research and clinical practice, though training of observers is important.

Further research may be needed to strengthen current evidence, particularly in patients with neurological trauma.

It was concluded that CPOT is a valid, reliable, and workable tool to measure pain in most patients in critical-care settings who are unable to communicate.

Prioritizing Mental Health

At the Enaya Continuing Care Center Female Residential Care Unit, women living with chronic mental illness have hope for a better quality of life

By JASMINE BENJAMIN, HEAD NURSE, FEMALE RESIDENTIAL CARE, ENAYA CONTINUING CARE CENTER 2, MENTAL HEALTH SERVICES, HAMAD MEDICAL CORPORATION

The Enaya Continuing Care Center is a unique facility in Qatar. It is the first community-based group home for patients with severe and long-term mental illness. It was introduced by Hamad Medical Corporation in 2013 in line with the Qatar National Mental Health Strategy.

In 2015, it solidified its position with the opening of the Female Residential Care Unit. Located in Muaitheer, the Female Residential Care Unit offers community-based recovery and rehabilitation services in a home-like setting. It serves women over the age of 18 who have

been diagnosed with chronic mental illness. Twenty patients are currently being cared for at the Unit. The aim is to help these women regain their independence so that they can rejoin society as contributing members.

The Unit is staffed by a team of consultants, registered nurses, a dietitian, a case manager, a social worker, and a psychologist. These professionals work together with patients, their families, and the community to deliver quality patient care. Collaborative multidisciplinary care is seen as an important aspect of the Unit's success.

Patients who are received into the Unit usually display a poor ability to manage daily activities. However, after undergoing the rehabilitation program, they show improvement in social interactions. They can take care of themselves and show greater responsibility for their own lives.

Staff at the Female Residential Care Unit hope to continue helping patients be independent and take charge of their lives. They are committed to helping patients develop the skills they need to integrate back into the community. The aim is for all patients to enjoy an improved quality of life with their families.

SERVICES OFFERED AT THE FEMALE RESIDENTIAL CARE UNIT

Psychosocial Interventions that emphasize self-management strategies
Healthy Living Guidance and support to monitor physical health and improve unhealthy lifestyles
Self-Care Assistance to help patients regain their confidence and routines
Living Skills to support patients in meeting their goals in areas such as cooking, education, and budgeting
Managing in Society to promote community integration and participation based on individual patient wishes
Medication to help patients find the best regime while minimizing distressing side effects



FACING CHALLENGES WITH MINDFULNESS

A few minutes of practice a day can go a long way towards improving your presence of mind



By **RUBIE YVES IGNACIO, REGISTERED NURSE, DEPARTMENT OF OPHTHALMOLOGY, RUMAILAH HOSPITAL**

“I can still remember the first day I opened the door of the operating room. I saw the fast-paced movements of nurses, patients, and all other members of the surgical team. At the time, I was not sure if I would be able to survive all the challenges my new role would bring. However, I would soon learn that being ‘mindful’ helped me overcome the hurdles. The ability to be mindful during every intervention and interaction can improve performance at work and one’s own health” (Battie, 2016 p.2).

An article entitled *The Mindful Nurse*, written by Lois C. Howland and Susan Bauer-Wu, was published in *American Nurse Today*. The article highlighted the concept of mindfulness. It included tips for developing mindfulness in

one’s own nursing practice. The authors define mindfulness as “the capacity to intentionally bring awareness to (a) present moment experience with an attitude of openness and curiosity. This ability to notice attentively and see situations more clearly can help one to respond thoughtfully rather than react. This has particular relevance for nurses in terms of self-care and optimal care of patients.”

The positive effects of mindfulness can be experienced through a few simple techniques:

Feeling your breath

Spend 10 minutes being aware of your breath. Feel the sensation of breathing in and out. Taking a few slow, mindful breaths before entering a patient’s room can activate your parasympathetic nervous

system. This causes the “relaxation response,” which helps you feel more centered and more present with the patient.

This “awareness of breath” meditation helps slow your mental activity. It helps build your capacity to stay focused.

Tuning in to your body

When your mind is full of uncertainty, self-criticism, worry, anxiety, and negative thoughts, shift your attention to the physical sensation of your feet. Feel how your feet are resting on the floor. This practice will help you relax and settle your distracted mind.

Using movement

Mindfully moving your body through gentle stretches in the morning, during breaks or while walking along the corridor can slow down your

busy mind. It can increase the feeling of being grounded. Do this by focusing on your body’s movements. Focus on the connection to your bones, muscles, nerves, and tendons.

Practicing mindfulness in daily life

One can use daily routines such as brushing your teeth, taking a shower, or preparing food to practice mindfulness. Notice the steps involved in simple activities. Bring curiosity to routine activities as if you’re doing them for the first time. Explore with all your senses (sight, smell, hearing, touch, and taste). You may discover something new.

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1. Howland, L.C., Bauer-Wu, S. 2015. *The mindful nurse*. *American Nurse Today*, 10 (9):12-13, 43. <http://www.americannursetoday.com/wp-content/uploads/2015/09/ant9-Mindfulness-820.pdf>. Accessed March 15, 2015
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PREVENTING PRESSURE ULCERS

Hamad General Hospital surgical units take charge of eliminating avoidable pressure ulcers



By **AMAL KAMEL, DIRECTOR OF NURSING, SURGICAL UNITS AND LITHOTRIPSY, HAMAD GENERAL HOSPITAL**

Pressure ulcers are a major problem not only for patients but also for hospitals, as they drive up healthcare costs. A hospital acquired pressure ulcer (HAPU) is defined as a pressure ulcer (PU) that occurs after a patient is admitted to the hospital, while a unit acquired pressure ulcer (UAPU) is defined as a PU that occurs to a patient who is admitted to a specific unit.

As part of implementing the Hamad Medical Corporation (HMC) Nursing and Midwifery Strategy, we joined the National Database of Nursing Quality Indicators (NDNQI). This provided HMC with the opportunity to conduct a quarterly pressure ulcer survey. The first survey occurred during the last quarter of 2013. The results indicated the number of UAPUs in surgical units was higher than expected. This pointed to an urgent need to improve performance.

The Plan

To reduce the number of UAPU in the surgical units to zero, it was decided that staff awareness needed to be increased. Staff training was also required in the areas of accurate assessment, prevention, and management of pressure ulcers. Quarterly prevalence audits and incidence reporting would provide ongoing monitoring of improvement initiatives.

The Interventions

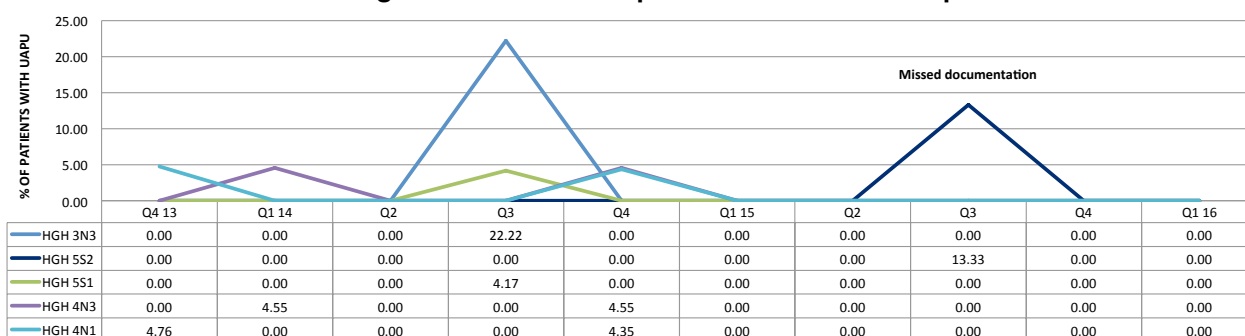
- In March 2014, surgical unit nurses were provided information on pressure ulcer staging definitions and methods of management, along with wound care dressing products that were available at HMC
- In March 2014, Wound Care Link Nurses (WCLN) were assigned to the surgical units to assess and monitor high-risk patients

- In May 2014, all nurses completed the NDNQI online pressure ulcer training program
- In June 2014, WCLN completed their diploma in wound care, accredited by Jordan University
- Skin protective barriers, such as creams and ointments, were made available for patients to prevent skin breakdown. New air mattresses were provided
- In September 2014, Ms. Afaf Elsayed A.S. Ahmed Ismail, a Clinic Nurse Specialist for wound care and tissue viability, joined Hamad General Hospital. She reviewed the plans for pressure ulcer prevention, patient monitoring and evaluation

The Outcome

There was one UAPU identified in the third quarter of 2015 due to missing documentation. However, the surgical units met the goal of zero UAPUs from the first quarter of 2015.

HGH Adult Surgical Units - Unit Acquired Pressure Ulcer Improvement



Setting Up Clinical Educational Rounds

For a successful activity or program, follow tried-and-tested guidelines



By **TAWFIQ ELRAOUSH, DIRECTOR OF NURSING EDUCATION, CPD LEAD PLANNER, NURSING AND MIDWIFERY EDUCATION AND RESEARCH DEPARTMENT**

Clinical Educational Rounds are activities that occur at the unit or work group level. They enhance the knowledge, skills, behavior, and performance of nurses and midwives. They can be based on policies, procedures, equipment, resources, or even a patient's specific condition. They can be held on a regular basis or as required.

Clinical Educational Rounds can be interdisciplinary, with residents, interns, students, attending physicians, and faculty members attending. It is noteworthy that residents and students are not eligible for the Qatar Council for Healthcare Practitioner – Accreditation Department, or QCHP-AD, credit hours.

Identifying the Needs of Target Learners

To ensure that a Clinical Educational Round meets the needs of target learners, follow these tips:

- Review literature on new treatment modalities, evidence, service design, and trends in patient needs
- Review national, regional, and international data from regulatory bodies and policy drivers
- Conduct focus group discussions to understand the learning needs of individual wards, units, specialties or facilities
- Conduct clinical observation or competency assessments where knowledge or skill gaps exist
- Review feedback from clinical leaders (charge nurses, head nurses, clinical nurse specialists, etc.) in relation to individual staff members or group needs
- Review results from formal needs assessment surveys
- Conduct rounds
- Review performance improvement data
- Conduct consultation events and activities
- Review area OVAs and debriefings held during near-miss, adverse occurrences and sentinel events

Selecting the Methods

A variety of learning and teaching methods can be used during Clinical Educational Rounds. These include interactive lectures, small group discussions, case presentations, problem-based learning, Q&As, simulations and role play, drills (code drills, disaster drills), seminars, tutorials, and brainstorming.

Choosing the right method may depend on the number of participants, the clinical environment, resources, subject matter (knowledge, skills or attitudes), and your familiarity with the

method. Teaching aids such as PowerPoint presentations, flip charts, white boards, videos, and manikins may improve interaction.

Closing and Evaluating

At the end of the Clinical Educational Rounds, address both the learners and the planning team, covering the following points.

For the learners:

- Summarize what has been covered
- Promote self-reflection and self-assessment
- Give feedback to the learners on actions performed
- Leave time for questions, clarifications, and propose further self-directed readings, etc.

For the planning team and presenters:

- Debrief and discuss the challenges of delivering learning and teaching activities in the clinical setting
- Check what went well and what can be improved
- Decide what you would do differently the next time

Some Rules to Remember

- Set up a planning team that represents your target audience
- The planning team must notify nursingCPD@hamad.qa when it intends to deliver the activity or program
 - At least 25 percent of the activity must involve interaction between participants, i.e. discussions, Q&As, etc.
 - All members of the planning team and presenters must complete the Declaration of Conflict of Interest form. The form should be sent to nursingCPD@hamad.qa
 - Accredited Clinical

Educational Rounds must follow Category 1 Group Learning Activities "Educational Round and Journal Clubs" QCHP standards.

- To ensure that your planning is in compliance, read about the standards by visiting the following link: <https://itawasol/EN/how%20we%20work/education-and-training/Continuing%20Professional%20Development/Pages/CPD-Workshops.aspx>

CLINICAL EDUCATIONAL ROUNDS ARE DESIGNED TO ENHANCE THE KNOWLEDGE, SKILLS, BEHAVIOR, AND PERFORMANCE OF NURSES AND MIDWIVES.

References:

1. Gaberson K, Oermann M. (2010). *Clinical Teaching Strategies in Nursing*. 3rd Ed. Springer Publishing Company, LLC
2. Karen E., David M. (na). Effective Clinical Teaching in the Inpatient Setting. Retrieved on 15th April 2016 from <https://www.inova.org/upload/docs/Education%20and%20Research/Education/Dept--of--Medicine/effect-clinical-teach.pdf>
3. McKimm J. (2003). Facilitating learning: Teaching and Learning Methods. Retrieved on 15th April 2016. From http://www.faculty.londondeanery.ac.uk/e-learning/small-group-teaching/Facilitating_learning_teaching_-_learning_methods.pdf
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REFLECTIVE LEARNING – A BRIEF INTRODUCTION



By **FIONA O'RIORDAN, NURSE EDUCATOR,**
NURSING AND MIDWIFERY EDUCATION AND RESEARCH DEPARTMENT



Reflective practice can be described as “reviewing experience from practice so that it may be described, analyzed, evaluated, and consequently, used to inform and change future practice in a positive way” (Bulman and Schutz, 2013). It allows healthcare professionals to apply retrospective analysis to critical incidents, education, and training activities to learn from their experiences using a structured evidence-based format of debriefing.

Applying reflective learning and debriefing models in clinical settings can lead to positive outcomes in patient care. It can ease continuous development of healthcare professionals. The skills nurses can pick up include reflection in action and reflection on action (thinking while performing and after performing a task or action), critical

thinking and decision making, effective self-assessment strategies, and experiential learning.

What to expect during a session?

Reflective learning sessions aim to promote dialogue through rich, in-depth conversations. The facilitator, typically a nurse educator, will begin with straightforward questions such as “What happened?” and “How did I react?” More questions will follow to deepen the conversation. The rest of the group will give their views and suggestions on the situation.

All issues that have been brought up should be resolved by the time the session concludes. Key learning points will be summarized and recommendations should be focused and feasible to achieve.

EDUCATION ON THE WEB

This month, we highlight BMJ Learning (<http://learning.bmj.com>)

BMJ (British Medical Journal) Learning is a website that offers high-quality continuing medical and nursing education for healthcare professionals. It features hundreds of accredited, peer-reviewed learning modules in text, video, and audio formats.

To access the website, go to Medical Library on the intranet, and then to E-Resources and register yourself. The Qatar Council for Healthcare Practitioners (QCHP) provides free access to BMJ Learning to nurses who are licensed to practice in Qatar. To gain access to all of the modules (some are free without access), obtain a code from your institution's point of contact with QCHP. This will upgrade your membership account.

The learning modules at BMJ Learning deal with everyday issues in primary care and hospital medicine. They are evidence-based, peer-reviewed, and are regularly updated. Most modules take between 30 minutes and one hour to complete. If you are interrupted, your progress will be automatically saved in your BMJ portfolio, and you can resume where you left off the next time.

(Modules are available for QCHP Category 2 – Self-directed Learning Activities. You must enter the title of the completed module and upload the completion certificate onto your CPD e-Portfolio.)

INAUGURAL GYNECOLOGICAL CLINICAL CASE STUDY CLUB

By SHIRLEY JOHNSON, NURSE EDUCATOR, NURSING AND MIDWIFERY EDUCATION AND RESEARCH DEPARTMENT



THE FIRST GYNECOLOGICAL Interprofessional Clinical Case Study Club was conducted at Women's Hospital on 14 January 2016. The case chosen for discussion was Pelvic Inflammatory Disease. The session was led by East 6 Charge Nurse, Shirley Thomas and Specialist Obstetrician, Dr. Mariam Maducolil.

A reflective approach was used to discuss the case. There was a focus on various aspects of managing Pelvic Inflammatory Disease. Staff were enthusiastic and participated in the discussion. One positive aspect of using a case study club in a small group setting is that it encourages active participation. This approach also resulted in a deeper understanding of the topic, which was evident by the participants' reflections of their real-life experiences in managing similar cases.

Daphne Kennedy from the University of Calgary in Qatar attended the session with her students. She thanked the team for the great discussion and expressed her desire to attend future sessions.

REHABILITATION UNIT TEAM BUILDING



By ABICEL LOWEN NIEBRES FILIO, CHARGE NURSE, REHABILITATION UNIT, RUMAILAH HOSPITAL



By CAROLINE GABAS, REGISTERED NURSE, REHABILITATION UNIT, RUMAILAH HOSPITAL

TEAM BUILDING FOCUSES on improving communication, boosting morale, and motivation. It includes ice breakers to help team members get to know each other, effective strategies for working together, tips for improving productivity, and learning about one's own strengths and weaknesses. Team building is about creating a positive work culture.

For these reasons, the Rumailah Hospital Rehabilitation Unit conducted its first team building activity on 2 April 2016. Held at the Sheraton Park along the Doha Corniche, the initiative was supported by the nursing leadership, including Head Nurses, Mariezl Fonbuena, Aleyamma Christy, Anam Al-Mardahi, and Mohammad Abdel Hadi, Director of Nursing, Jasmin Cherian, and Assistant Executive Director of Nursing, Alan Dobson.

Treasure hunting was the theme of the day. A total of 40 staff attended the event. Team members focused on building effective communication to complete the required tasks.

The activity lasted two hours and concluded with a debriefing session. The performance of each team and the role of team work in the day-to-day hospital work environment were discussed. The response and feedback from attendees was positive.

The next team building event will take place in the third quarter of 2016.

INTERNATIONAL NURSES DAY CELEBRATION



By REZIELYN D. CLANOR, REGISTERED NURSE,
CARDIOTHORACIC INTENSIVE CARE UNIT, HEART HOSPITAL

ON 12 MAY 2016, Heart Hospital celebrated International Nurses Day. The celebrations recognized the dedication of nurses to their noble profession. The International Council of Nurses has been celebrating the occasion since 1965. The date was chosen to recognize the anniversary of the birth of Florence Nightingale, the founder of modern nursing.

The International Council of Nurses theme for 2016 was Nurses: A Force for Change – Improving Health Systems' Resilience and was adopted by Heart Hospital for their celebrations. The three-hour event opened with speeches from Acting Executive Director of Nursing,

Mohd. Al-Zubi, and CEO and Medical Director, William McKenna. A video presentation recognizing the role of nurses at Heart Hospital followed. Nurses in attendance took the opportunity to honor their leaders for their support and guidance. Head Nurse of the Cardiothoracic Intensive Care Unit, Shiny Shiju, accepted an appreciation plaque on behalf of Mincy Shaji, who is pursuing her studies at the University of Calgary.

Various contests were also held, with winners taking home exciting prizes. However, the highlight of the celebration was the outstanding dedication and hard work of every nurse at the hospital.

AL KHOR HOSPITAL NURSING GRAND ROUND



By DEEPA S. NAIR, REGISTERED NURSE,
EMERGENCY DEPARTMENT, AL KHOR HOSPITAL

AL KHOR HOSPITAL (AKH) successfully hosted the second Nursing Grand Round on 14 April 2016 in collaboration with the Department of Nursing and Midwifery Education and Research. The forum was themed A Year's Journey to Quality Nursing Care.

The event's main emphasis was the Unit-Based Council activities that were conducted in 2015. The hospital's Executive Director of Nursing, Faiza Bahnas, opened the event with an inspirational speech. Shared Governance lead and Joint Commission International coordinator, Hanan Fathi, gave an introduction on the Unit-Based Council and emphasized its significance in empowering frontline nurses and transforming frustration into accomplishment.

She also briefed the attendees on the different projects that were held in various departments and units of AKH that helped improve patient care through evidence-based practice. Some of these projects were used as presentation topics at the event.

A video on International Patient Safety Goals was presented and this was followed by a quiz with prizes given out to the lucky winners. About 1,500 healthcare professionals from across Hamad Medical Corporation attended the event, making it a very successful Nursing Grand Round.

OPHTHALMOLOGY UNIT APPRECIATION DAY



By RUBIE YVES IGNACIO, REGISTERED NURSE,
DEPARTMENT OF OPHTHALMOLOGY,
RUMAILAH HOSPITAL

TO ACKNOWLEDGE the hard work of nurses at Rumailah Hospital's Department of Ophthalmology, on 24 April 2016, Director of Nursing Khadija Khalid Mohammed, in coordination with her charge nurses, organized the third Staff Appreciation Day.

Khadija Mohammed said: "Appreciating and recognizing the hard work of staff will help motivate them. It will inspire them. This event is also about building good relationships. We are a team. A family."

During the event, many awards were given to staff in recognition of their contributions to the unit. These included awards for Best Performance of the Year, Extraordinary Colleague, Butterfly, Outstanding and Dedication in Service, Best in Service, Customer Service, and Selfless Act of Time and Dedication.

Khadija Mohammed was the recipient of the Best of the Best award for leading and inspiring the team.

CELEBRATING INTERNATIONAL DAY OF THE MIDWIFE



By **SHILAH ANCHETA, REGISTERED NURSE, ACCIDENT AND EMERGENCY DEPARTMENT, WOMEN'S HOSPITAL**

NURSES AND MIDWIVES working at the maternity units across Hamad Medical Corporation (HMC) celebrated the International Day of the Midwife on 5 May 2016. This day recognizes and highlights the important role that midwives around the world play in improving the quality of life for mothers and their babies.

This year's theme was Women and Newborns: The Heart of Midwifery. The event at Women's Hospital was led by Maureen Brown, Assistant Executive Director for Midwifery Education. She presided over activities that included education sessions and presentations, a poster competition, a cake baking contest, and choral singing.

Presentation topics highlighted the importance of professional working practices. Presenters included:

- Dawn Meredith, Clinical Midwife Specialist, who offered guidance on professional record keeping in midwifery practice
- Dr. Ann O'Connor, Senior Consultant, who spoke about personal safety behaviors in high-risk clinical settings, such as during childbirth
- Kavinshiney Anson, Charge Nurse at the Labor and Delivery ward at Al Wakra Hospital, who provided the outcome of a recent performance improvement

project that focused on the importance of skin-to-skin contact after delivery. The technique supports neonatal transitions and improves infant feeding behavior, promoting a mother-and infant-friendly environment of care

- Dr. Kevin Hugill, Director of Education, Nursing and Midwifery, who examined evidence-based practices in relation to skin care and hygiene for neonates

Afternoon workshops were also conducted. These included a perineal suturing session led by Simy Sebastian and Dr. Rati Barman. The attending midwives had the opportunity to discuss evidence-based practices and to practice suturing in a simulated setting.

A small group of new mothers also attended the event. They shared their personal stories and thanked the midwives for their service.

Commenting on the success of the event, Haila Salim, Executive Director of Nursing at Women's Hospital, said, "This occasion provides us with an opportunity to reflect and celebrate the important role played by this professional group. Our midwives are highly qualified and offer holistic care in all areas of maternity services."



Calendar of Events

July – November 2016

JULY

26 TUE

Nursing Sciences Showcase, Ibn Nafis Auditorium, Women's Hospital

AUGUST

27 SAT - 31 WED

Radiation Protection Officer Course 2016, Bayt Al Dhiyafah

OCTOBER

6 THU – 8 SAT

3rd Qatar Internal Medicine Conference, Sheraton Hotel, Doha

NOVEMBER

4 FRI - 6 SUN

3rd International Qatar Spine Conference, Sharq Village and Spa, Doha

17 THU - 19 SAT

4th Arab Pediatric Pulmonary Congress 2016, Doha

18 FRI - 19 SAT

3rd Genito-Urethral Reconstructive Live Surgery Workshop, Hilton Hotel, Doha

24 THU - 26 SAT

Qatar First International Wound Management Conference, Qatar National Convention Center, Doha



Useful Dates

HEALTH AWARENESS DAYS

January 4	World Braille Day
February 4	World Cancer Day
February 10	National Sports Day
March 8	World Glaucoma Day
March 13	GCC Nurses Day
March 20	World Oral Health Day
March 21	World Kidney Day
March 24	World Tuberculosis Day
April 2	World Autism Awareness Day
April 7	World Health Day
April 17	World Hemophilia Day
April 25	World Malaria Day
May 5	International Day of the Midwife, World Asthma Day
May 8	World Red Cross Day/Red Crescent Day
May 12	International Nurses Day
May 31	World No Tobacco Day
June 1	National Cancer Survivor Day
June 14	World Blood Donor Day
June 24	World Sickle Cell Day
June 28	World Hepatitis Day
August	Psoriasis Awareness Month
August 1	World Breast Feeding Week
September 15	World Lymphoma Day
September 21	World Alzheimer's Day
September 29	World Heart Day
October 8	World Sight Day
October 10	World Mental Health Day
October 12	World Arthritis Day
October 20	World Breast Cancer Day, World Osteoporosis Day
October 25	World Polio Day
October 29	World Stroke Day
November 14	World Diabetes Day
December 1	World AIDS Day
December 2	International Day of Persons with Disabilities



Tell us what you think about The Nurse Advocate!

The Corporate Nursing and Midwifery Department is always looking to improve the ways in which we communicate with you.

Our newsletter, The Nurse Advocate, is one of the main ways we keep in touch and let you know about our recent work. To help us improve the newsletter, we want to find out what you think of it. Whether you read the newsletter regularly, or not at all, we would really appreciate your feedback.

Please take a few minutes to complete our short survey. It is very important that we have your feedback. Your participation is completely voluntary and responses are anonymous.

The questionnaire is available at nursing.hamad.qa

The survey will remain open until 3pm on 25 August.

