

The NURSE ADVOCATE

By Nurses for Nurses



Issue 17, February 2015

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Moving Forward: The International Nursing and Midwifery Advisory Board

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



*Professor Ann-Marie Cannaby
Chief Nursing Officer,
Corporate Nursing*

2015 is going to be a very exciting year for us, as we close the Nursing Strategy 2013-15 and embark on the next phase of our journey; our Nursing Strategy 2015-18. Before progressing, it was important to undergo a peer review of our progress to date and our intended next steps. With the support of Dr. Hanan Al Kuwari and the Executive Management Committee, an 'International Nursing and Midwifery Advisory Board' (INMAB), was established with the purpose of providing us with an external view, critical analysis and industry leading insight, to accomplish the goals set forward for the next three years.

Several of you will have had the

opportunity to see members of the INMAB, while touring NCCCR, HGH Emergency Department or in one of the Master Classes provided during their two-day visit on January 26th and 27th. The INMAB, which consists of both local and international physician and nursing leaders, has a broad depth of governmental, educational, operational, research and clinical expertise, which not only spans decades of demonstrated achievement but also several continents.

The two-day inaugural meeting of the INMAB was very productive and provided the group not only with the opportunity to review current and future strategy, but also the opportunity to meet our broader multi-disciplinary team and our frontline care providers. I am very proud of all of the achievements you and your teams have accomplished over the last two years. The INMAB was clearly impressed with the amount of transformation that has occurred during this time period.

Plans are now underway for the next meeting of the INMAB in October 2015. More information will be available to you as we draw closer to the event.



International Nursing and Midwifery Advisory Board

The inaugural meeting of the International Nursing and Midwifery Advisory Board (INMAB) was held over a two-day period at the end of January. The board consists of both physician and nursing members from HMC as well as Sidra Medical and Research Center and from international organizations in the United States, New Zealand, England, Lebanon and Bahrain. The INMAB had the opportunity to review our achievements relating to the Nursing Strategy 2013-15 with an understanding of the aims outlined in the Nursing Strategy

2015-18. The INMAB had the opportunity to visit the HGH ED as well as NCCCR during their first day. On the second day of the visit, two Master Classes were held in the Club Hotel for a mixed group of staff nurses, head nurses, directors of nursing and assistant executive directors of nursing. The INMAB is currently planning on meeting twice a year, with the next visit scheduled for October 2016.

Nursing and Midwifery Career Framework Implementation (2015-2018)

Plans are in the final stages

for the roll out of the Nursing Career Framework. This includes a large communication campaign on the appraisal process, the development of a professional portfolio and personal development plan. An education plan has been formulated focusing on two groups; appraisees (all staff) and appraisers (charge nurse to chief nurse). Nursing and Midwifery Education and Research (NMER) will be conducting education road shows during March / April. More information regarding the education sessions will be sent out via email and featured in "The Nurse Advocate".

Invitation to Apply for the UCQ Masters in Nursing

Professor Ann-Marie Cannaby, Chief Nursing Officer and Ms. Fatima Haidar, Executive Director, Human Resources

As part of the Qatar National Vision 2030, the National Cancer Strategy and the Career Framework for Nurses and Midwives at HMC (NMCF), applications are now being accepted for entry to the January 2016 Masters in Nursing (Leadership and Management) and Masters in Nursing (Oncology) programs at the University of Calgary-Qatar (UC-Q).

Please note:

1. Applications from HMC nurses will only be accepted between 1 February and 1 April 2015.
2. All applications must be made to UC-Q via the following link: <http://www.ucalgary.edu.qa/prospective/programs/master-nursing>
3. Application to the Masters in Nursing (Leadership and Management) is only open to Qatari national nurses.
4. Applicants for the Masters in Nursing (Oncology)



must meet the eligibility criteria (see below).

HMC scholarship requirements

The applicant must:

- Be a Registered Nurse who has worked at HMC for more than 10 years.
- Be willing to transfer sponsorship to HMC (from father/husband/family).
- Have Qatari nationality if

applying for the Masters in Nursing (Leadership & Management).

- Provide a letter of support and recommendation from your Director of Nursing (DoN) and a letter of 'no objection' from your departmental/function head (if different).

Note: For the Masters in Nursing (Oncology), preference will be given to Qatari nationals who meet the

UCQ admission requirements.

UC-Q admission requirements:

1. Bachelors/baccalaureate degree in nursing from a recognized institution;
2. Grade point average (GPA) of 3.0 or above;
3. Successful completion of one undergraduate 3.0 credit course in research methodology;
4. Successful completion of one undergraduate 3.0 credit course in statistics;
5. Qatar citizenship or permanent residency;
6. Must be eligible for HMC scholarship (see below);
7. English proficiency demonstrated through:
 - a. Completion of an undergraduate degree from a designated English speaking country OR;
 - b. Completion of UC-Q Bachelor of Nursing OR;
 - c. Completion of UC-Q English for Academic Purposes (EAP) program OR;
 - d. Minimum IELTS score of 7.0 or minimum TOEFL score of 8.0.

A personal statement (2 page maximum) that addresses all the following points must accompany the application:

- Outline of professional experience as a nurse to date and how this has prepared you for future education;
- Reasons for wanting to undertake graduate level education ;
- Reasons for your particular interest in nursing management and leadership;
- Goals upon completion of the program, including your plans for undertaking a management and leadership role at HMC;
- Any additional information you wish to provide to the Admissions Committee.

Preferred attributes for Masters in Nursing (Oncology):

- A minimum of two years (full-time or equivalent) clinical experience in a nursing field relevant to oncology.
- Capacity to speak Arabic fluently.

2016 Application process and timetable

Once applications are assessed by UC-Q, eligible applicants will be invited to an interview during the week of 17 May 2015 (Oncology) or 24 May 2015 (Leadership). The applications of successful interviewees will be forwarded to the University of Calgary in Alberta, Canada, for consideration for admittance to the Faculty of Graduate Studies. Upon formal

confirmation of acceptance from the University of Calgary, applicants can apply for a HMC scholarship.

Scholarship recipients will be required to sign a scholarship contract with HMC that includes a commitment to completing three years, following graduation, working EITHER in the assigned Clinical Nursing Specialist (Oncology) post OR an assigned position with leadership responsibilities.

Staff from both NMER and UC-Q will be available at HMC on Tuesday, 24 February 2015 at the following times and locations to answer questions:

- 7:30am to 10:30am at Hamad General Hospital near the visitor lifts on the ground floor.
- 11:30am to 2:30pm at NCCCR in the main entrance (right hand side).

Interested nursing staff, from all HMC facilities, are invited to attend either location for more information about this opportunity.

This is an exciting opportunity for HMC staff to develop professionally and personally in line with the Qatar National Vision 2030 and the Career Framework for Nurses and Midwives at HMC (NMCF).

Protected Engagement Time: An Evidence-Based Approach

Researched by: Mr. Ashish Kumar, MSN, AMPS – RH

Nursing is a unique and dynamic profession which involves fulfilling many different roles. Nurses are in continuous and direct contact with patients, and as such spend extended periods of time with them. This places them in a unique position to develop therapeutic relationships via skilled and goal directed interventions. A therapeutic relationship is reported to be the central component of nursing care, but competing dynamics in the

busy nursing schedule within some clinical specialties, ward cultures and settings can negatively impact on the development of therapeutic relationships. This may result in nurses spending less time actively listening, engaging and building a rapport with patients, and more time with the technical and administrative aspects of care. To address these issues a concept of Protected Engagement Time (PET) has been developed.

PET refers to time which is reserved for engaging with a patient for the purpose of strengthening the nurse-patient relationship. This time is valued and respected according to this system. Several studies have been carried out to analyze the effectiveness of PET. The following is a summary of some of those studies.

Study 1: This study is a qualitative study (case study), carried out by Scott Lamont in a 500 bed General



Hospital in Sydney, Australia. The researcher's first patient was Terry, a 61 year old male affected by a cerebrovascular accident (CVA) with left sided hemiplegia. Terry's speech was severely impaired due to dysphasia. To aid communication, the use of a communication board was used. In this case, a primary nursing problem was the patient's food intake. Since admission, the patient had little or no food. When approached with the food, the patient would respond by waving nursing staff away. It was also reported that the patient was irritable occasionally and that it was difficult to engage him in routine care. It was considered that the patient may have been experiencing depression, secondary to CVA, though no objective signs were noted during routine observation and interventions. A mental health liaison nursing referral was completed and it was decided to implement PET. During initial PET sessions, nurses recognized that the patient was angry. Through subsequent engagement nursing staff elicited that the patient's anger was due to frustration; he felt a loss of pride and control over his life. It was hypothesized that eating was the only thing that the patient still had control over; therefore, by refusing it, he was showing his anger. During

the second week of PET, nursing staff began to recognize that the patient's irritability towards staff had reduced and his dietary intake gradually increased.

The researcher's second patient was a 74 year old female named Sally. Sally had been admitted for removal of a benign cervical meningioma. Sally had a longstanding history of depression and anxiety. She has had 33 presentations in the Emergency Department with suicidal ideation within the last four years – secondary to anxiety and depression. Sally also described chronic pain in her left hand, following a fall two years previously. Nursing staff reported that Sally was 'tearful, irritable and hostile'. Sally believed that she was not being taken seriously by nursing and medical staff because she wasn't in severe pain. Sally also made several verbal complaints about nursing staff. Upon mental health liaison referral, it was noted that Sally was compliant with antidepressant medications. It was decided to incorporate PET. Sally had been asked to write her concerns on paper so that they could be addressed during PET. As part of her PET, the assigned nurse would spend a few moments with Sally at the beginning of each shift. The nurse would then spend two dedicated periods of 10-15 minutes

with her, to address her concerns and frustrations. Nurses were asked to assess potential underlying issues such as pain, insomnia, and coping skills and also to look beyond the behavior to understand the patient's needs. In this study, PET has been used to assess the needs of Sally. Over seven days of applying PET, nursing staff reported a reduction in difficult behavior as her needs were met and her concerns were addressed.

Study 2: This was an experimental study (pre-experimental post-test design only) carried out by Edwards (et al) in acute mental health care. The researcher implemented PET twice a week between 3 and 5pm. Seventeen patients and sixteen nurses participated in the study. To assess the effectiveness, 14 questions were used, out of which 10 were based on the Likert scale and four were open-ended questions. Results showed that 58% of participants said PET was useful for them and 52.94% reported that PET had a positive impact on their feelings.

Study 3: This was an experimental study carried out by Butler in an acute mental health setting. PET was implemented as a 90 minute session, three times per week. Interactive activities and games were included as part of the PET. Practical concordance, motivational strategies, exploring beliefs and attitudes towards illness, and education, were also provided during the PET sessions. Interventions were assessed with a post-test questionnaire. Results showed that 41% of patients reported that because of PET their specific needs had been met and 33% of patients said that they were able to approach staff. More than 41% of patients stated that they were involved in their treatment plan through PET.

Conclusion: Although Protected

Engagement Time (PET) has emerged in a mental health setting, it is suggested that its application and usefulness is not limited to mental health only. This intervention is inexpensive and relatively easy to implement. By applying PET we can potentially address the underlying feelings and concerns of our patients, service wide, and as is demonstrated in the above studies, can affect level

of care and our patients' satisfaction levels. For these reasons, PET would potentially be a valuable tool to embrace across HMC and requires further discussion.

References:

- Lamont S. Protected engagement time in general hospital and its influence on the nurse patient relationship. *Mental*

Health Liaison, 2010. 1(1), 9-15.

- Edwards K et al (2008). Evaluating protected time in mental health acute care. *Nursing Times.net*.2008Sept:28-29.
- Butler J. protected therapeutic and engagement time: an evaluation of a service improvement initiative, *Advance Practice Bedfordshire* 2006:3(1).

International Nursing News

Occupational injuries to nurses drop by a third following mandated staffing ratios in California (U.S.)

- A 2004 California law, mandating specific nurse-to-patient staffing standards in acute care hospitals, significantly lowered job-related injuries and illnesses for both registered nurses and licensed practical nurses, according to UC Davis research published online in the *International Archives of Occupational and Environmental Health*. The study is believed to be the first to evaluate the effect of this law on occupational health.
- Using data from the U.S. Bureau of Labor Statistics, J. Paul Leigh and his colleagues compared occupational illness and injury rates for nurses during, several years before, and after implementation of the new law. They also compared injury and illness rates in California to rates for all other states combined. This approach, known as the "difference-in-differences" method, helped them account for a nationwide downward trend in workplace injuries and separate the effects of California's staffing mandates attributable to the new law.



- For California, they estimated that the law resulted in an average yearly change from 176 injuries and illnesses per 10,000 registered nurses to 120 per 10,000, representing a 32 percent reduction. For licensed practical nurses, a position that involves less scope of practice than registered nurses, the average yearly change went from 244 injuries per 10,000 to 161 per 10,000, representing a 34 percent reduction.
- Leigh speculated that the lower rates of injuries and illnesses to nurses could come about in a number of ways as a result of improved staffing ratios. Back and shoulder injuries could be prevented; for instance, if more nurses are available to help with repositioning patients in bed.

Likewise, fewer needle-stick injuries may occur if nurses conduct blood draws and other procedures in a less time-pressured manner.

- "Even if the improvement was a temporary or 'halo' effect of the new law, it is important to consider our results in debates about enacting similar laws in other states," said Leigh. "Nurses are the most recognizable faces of health care. Making their jobs safer should be a priority."

Source: Abridged version of: University of California - Davis Health. (2014, October 2). "A one third drop in occupational injuries to nurses following mandated staffing ratios in California." *Medical News Today*. Retrieved from: <http://www.medicalnewstoday.com/releases/283255.php>.

Man Saved by HGH's Trauma Team Speaks at Trauma Center Event

Researched by: Kristine S. Luzano, RN HGH 4N2

Hamad General Hospital's Trauma Center celebrated its seventh anniversary alongside hosting its 3rd Multi-disciplinary Critical Care Education Day on December 15, 2014, at the Radisson Blu Hotel. The theme for the Educational Day was "Severe Pelvic Fracture: Evolution of Multi-disciplinary Clinical Pathway to Save Life." Participants and attendees of the day were made up of the wider Trauma Center team, including nurses, doctors, physiotherapists, occupational therapists and other allied health professionals. However, one person particularly stood out at the event; a previous patient who had offered to speak on the day.

Mr. Nel Balquin's journey with the trauma team started on the night of December 19th, 2011 and continues today; after his recovery, Nel was so inspired by the trauma team that saved his life, he committed to helping other people like him. Nel's speech was very emotional for everyone in the team and was a poignant climax to a wonderful event. Nel kindly shared a copy of his speech so that we could share his story with the nursing community – exactly as he told us on the day.

"Good Evening everyone. I am Nel Balquin, a fitness coach and a long time patient of the trauma team. My story began on the night of December 19, year 2011. I actually don't remember what had happened, my colleagues and doctors were the ones who told me of the details, the only thing I could remember was I was walking, then nothing. They explained to me that I got into a



"What my doctors did were not easy procedures and without them I wouldn't be here with you today..."

vehicular accident. I was walking when a car suddenly hit me and I flew meters away from where I stood. I'm glad bystanders called for help, an ambulance came in and took me to the ER. I just woke up in an isolated room, already lying in a hospital bed with tubes inside me, my left arm was in a cast, and my right leg was mangled. I was very confused about what was happening. My doctors then told me of the extent of my injury: I had bruises all over my body particularly on my abdomen and perineum area, I had a huge laceration on my forehead which needed a plastic reconstruction (particularly on my upper eyelid), an open fracture on my left elbow, torn ligaments on my right knee and fractures on my pelvis. And, apparently, my abdomen including my pelvis suffered the biggest blow. They had to open me up to repair a ruptured bladder and to control internal bleeding. My pelvis was in

pieces, literally, (I had a comminuted fracture of the left iliac bone, left acetabulum, left superior and inferior pubic bones and left sacroiliac joint). My pubic bones were separated from my right sacroiliac joints. They had to put in screws, percutaneous iliosacral screws to be specific, to stabilize my pelvis. It was a very long journey for me; for eight months I stayed in the hospital with fevers, complications, and to receive therapy. I couldn't walk, couldn't eat, couldn't even clean myself, but in those tough times I knew I wasn't alone. My doctors, nurses, family and friends supported me and helped me to recover every day. What my doctors did were not easy procedures and without them I wouldn't be here with you today talking in front of you sharing my story. I would like to use this opportunity to thank you from me and my family for saving me, for taking this journey with me and for not giving up until I could walk on my own and start again with a new life."

The nurses in attendance, and indeed everyone present, were affected by Nel's emotional story and his sincere appreciation to the team. This is a story that reminds us why we do what we do and just how important it is. Albert Pike, a prominent US writer and attorney from U.S. history, said: "What we have done for ourselves alone dies with us; what we have done for others and the world remains and is immortal." Let us not underestimate the good we do for our patients no matter how big or small because, in the end, it leaves an indelible mark on their lives.

Electronic Health Records

Researched by Sindhu Pradeep SN Staff Nurse, East-5 - WH



The modern world of healthcare increasingly uses technology for the purpose of improving and supporting the care we provide. An example of this can be seen in the introduction of the Electronic Health Records (EHR), which HMC has recently started to implement. Below is an introduction to the basics of EHR along with some identified 'lessons learned' from implementation in other organizations. The information is taken from: HealthIT.gov | the official site for Health IT information (U.K.)

What Are Electronic Health Records (EHRs)?

EHRs are, at their simplest, digital (computerized) versions of patients' paper charts. But EHRs, when fully up and running, are so much more than that.

EHRs are real-time, patient-centered records. They make information available instantly, "whenever and wherever it is needed". And they bring together in one place everything about a patient's health. EHRs can:

- Contain information about a patient's medical history, diagnoses, medications, immunization dates, allergies, radiology images, and lab and test results
- Offer access to evidence-based tools that providers can use in making decisions about a patient's care
- Automate and streamline providers' workflow

- Increase organization and accuracy of patient information
- Support key market changes in payer requirements and consumer expectations

One of the key features of an EHR is that it can be created, managed, and consulted by authorized providers and staff across more than one healthcare organization. A single EHR can bring together information from current and past doctors, emergency facilities, school and workplace clinics, pharmacies, laboratories, and medical imaging facilities.

EHRs allow you to:

- Provide real-time access to patient results and clinical information across care disciplines
- Enable that healthcare organizations meet The Joint Commission requirements for patient confidentiality
- Access patient information securely from wherever and whenever it is most convenient for the care team

Key Benefits

- Improve patient care as clinicians can focus on the patient's overall health and not just the encounter
- Increase efficiency by placing real-time, updated information with the care team in time to make fast and effective decisions
- Increase access to information from multiple venues in the health system

What can we learn from other organizations that have implemented EHR?

The HealthIT.gov site also shares the below lessons learned from implementation of EHR in other organizations:

- **Lesson 1 : Rapid transition from paper charts to EHRs helps ensure success**
The shorter the transition from paper charts to electronic health records, the better the chance of success. If the transition is too slow, the practice may get frustrated and revert back to paper records.
- **Lesson 2: Conduct chart abstraction before "go-live"**
Providers should work with their vendor to determine how far in advance they can populate patient charts with clinical data, so that providers do not have to start with a clean slate during their first electronic visit with the patient.
- **Lesson 3: Cut back on patient load during "go-live" period**
Reducing patient volume during the initial "go-live" period reduces staff anxiety. It's best to schedule all appointments during this period as if they were new patient appointments.
- **Lesson 4: Make training a priority**
Providers and staff need to ensure that they receive the full amount of training hours available. Training should be conducted in an environment which is free of distractions. Providers and staff should not be conducting business while training.

Sources:

<http://www.healthit.gov/providers-professionals/faqs/what-electronic-health-record-ehr>
<http://www.healthit.gov/providers-professionals/ehr-implementation-lessons-field>

Notice: Lexicomp App Subscription Renewed

Professor Moza Al Hail, Executive Director of Pharmacy

Lexicomp is an application (app) which can be installed on your smart devices. It allows you to easily access clinical medication information at the point of care, by using advanced technology. It is designed for healthcare professionals to make safer and faster decisions.

The Executive Director of Pharmacy at HMC, Professor Moza Al Hail, is pleased to announce, in partnership with Corporate Pharmacy and the Therapeutics Committee, that HMC has renewed their subscription to Lexicomp.

If you are going to use this application, please note the following:

- The new 2015 product code is: **8B6X5S4T6ZRD**
- Please ensure that you subscribe using your HMC email account
- Visit: <http://myaccount.lexi.com/>

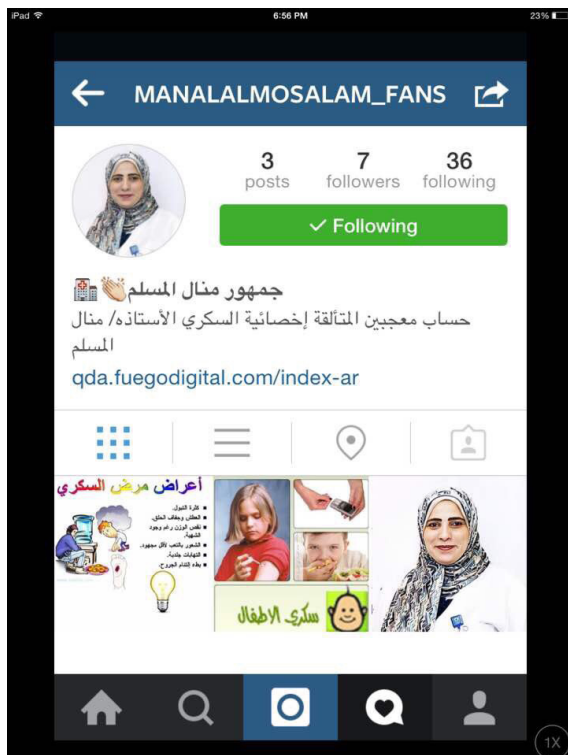


addProduct.jsp to activate your account

- If you installed the Lexicomp app in 2014, you do not need to re-install the program

- If you update the app using the HMC wireless access, please use "HMC_INTERNET" as your wireless network as this will make the process much quicker

Diabetes Patient Sets Up Social Media Appreciation Page for HMC Nurse



A patient has been so impressed with the service provided by Manal Musallam, Senior Patient Educator for Adult Diabetes, that an appreciation page has been set up on Instagram to celebrate her good work. A number of other patients have been invited to join the group and it seems that Manal's fan base is growing rapidly! Well done, Manal.

PEC Satellite Staff Celebrate their Achievements as they Start a New Year

Researched by Glory Martin, BSN, Charge Nurse, PEC Al Daayen and Amira Elsayed, BSN, Staff Nurse, PEC Airport

The staff of the Pediatric Emergency Centers (PEC's) organized a celebration and review meeting to close 2014 and to welcome 2015. The purpose was to celebrate their hard work over the last 12 months and to highlight the aims and targets for the New Year.

During the event, staff were awarded with certificates of recognition for their achievements in certain areas, such as 'Employee of the Year' and 'Customers Best Choice'. Appreciation certificates were also handed out to recognize the PEC leaders and their invaluable contributions. Alongside the certificates, each PEC was invited to create a poster to capture their achievements in 2014 and to highlight their future goals. PEC Airport won the prize for the best poster on the day.

To add to the celebratory elements of the day, a buffet lunch was provided and there were a number of games and a raffle.

The events concluded with a message from Gloria A. Lariago, Director of Nursing (DoN) for the PEC satellites who expressed her gratitude to all staff, reinforcing the messages of appreciation for all of the hard work undertaken with a view to continuing their high standard of care and commitment into 2015 and beyond.



Health Sciences in Qatar: Explorations in Teaching, Learning and Inter-Professionalism

The Centre for Teaching and Learning, University of Calgary in Qatar



Academic conferences offer value to educators, practitioners, leadership and administration in multiple ways. They provide an opportunity to share, reflect, and engage our scholarship and our practice. We learn valuable and reciprocal new insights. Presenters and attendees share ideas, insights, experiences, information, and resources. Issues are raised, questions are asked and dialogue occurs. These sessions, and the moments of interaction between, are venues for engagement and rejuvenation. Conferences provide a forum for collegial exchanges that support and invigorate health care practitioners, educators and administrations.

Building on a belief that sharing knowledge is an educational imperative, the Centre for Teaching and Learning at the University of Calgary in Qatar is pleased to announce its 3rd annual conference entitled "Health Sciences in Qatar: Explorations in Teaching, Learning & Inter-Professionalism."

The conference will be held on May 6 and 7th, 2015 at the Grand Heritage Hotel. This conference is intended to present health science research, educational research, teaching innovations, workshops, and research proposals from institutions in Qatar. Abstracts to present are invited from all higher educational institutions in Qatar and from medical organizations such as Sidra Medical and Research Center and Hamad Medical Corporation.

Last year's conference was held at the Grand Heritage Hotel and was a resounding success. Presentations ranged from social cultural issues impacting teaching in the health sciences, incorporating Smart technology in the classroom, the role of APA in teaching nursing, technology and nursing education, psychiatric assessment in nursing, and student evaluations.

This year's exciting conference is inclusive of knowledge from multiple disciplines, inter-professional

experiences, and exciting teaching and learning innovations. Provost Dr. Lynn Taylor, PhD from the University of Calgary is the Keynote Speaker, and she will be discussing the important role of interdisciplinary understandings and opportunities to ensure learning that is transferrable and relevant in the 21st century.

We invite you to submit an abstract to present.

"Health Sciences in Qatar: Explorations in Teaching, Learning & Inter-Professionalism"

View the submission guidelines and submit your abstract online by visiting this page: http://www.ucalgary.edu.qa/about/events/teaching-conference?utm_source=ctlconference&utm_medium=email&utm_campaign=conference2014

**ABSTRACT SUBMISSION
DEADLINE IS MARCH 10, 2015**

Education News

Researched by Tawfiq Elraoush, Sr. Educator, ANCC Nurse Lead Planner – NMER and Sheeba Pattattu Sankaran, Nurse Educator – NMER

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

● ANCC Provider Unit Achievements After One Year Accreditation:

The American Nurses Credentialing Center (ANCC) accreditation should result in a nursing and midwifery workforce whose competence can be assured, allowing them to work with greater confidence. This should lead to improved patient care and safety, increased staff satisfaction and ultimately enhance the reputation of the Corporation at home and internationally. After one year of accreditation, nurses can rely on NMER to deliver education that complies with evidence-based global standards. They can access CNE to maintain their professional development, meet their national and international licensure requirements and improve patient outcomes, resulting in increased staff satisfaction and retention. ANCC standards provide a powerful, international benchmark, which allows for continual self-assessment and strengthening of CNE programs offered within HMC.

ANCC recognition of HMC, endorses our commitment to continuous improvement and delivery of world-class CNE, allowing us to attract skilled professionals in a global market. Currently HMC is listed in a searchable directory at www.nursecredentialing.org and ANCC accreditation logos may be used when marketing HMC educational programs. The current accreditation expires on March 31st 2016. The project enabled HMC to achieve the following goals:

- ANCC CNE accreditation in 24 months.
- Establishing, staffing and resourcing a HMC CNE Provider Unit within NMER.
- Actively contributing to the work and profile of AHS through symposium and conference contributions. There were two peer reviewed abstracts delivered (NETNEP2014, Amsterdam) and two have been accepted relating specifically to this project (September 2014, Cambridge UK and February 2015, Texas, USA). Publications are also planned.

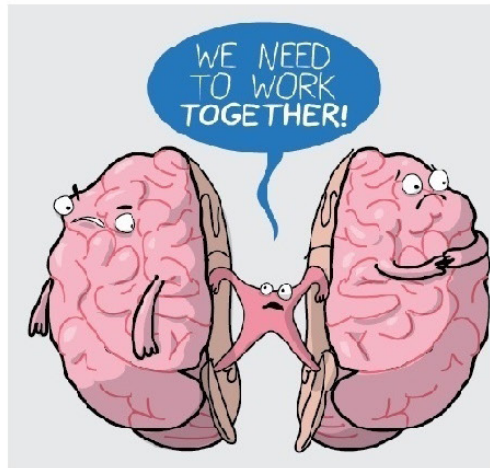
- Introducing a quality education framework that meets international benchmarks.
- Supporting inter-professional collegiality and collaborative practice through a hybrid educational infrastructure across the Corporation.
- Supporting implementation of a research and evidence-based practice
- Enabling a transformational, shared governance leadership model.
- Supporting certification of specialist nurses in education.

A total of 54 programs have been developed and accredited by the HMC ANCC Provider Unit (July 2014). This includes programs of up to 50 hours CNE. All programs are available for HMC nurses and midwives across specialties, according to clinical and developmental needs. The next step is to launch an online registration system. Across HMC, around 10,000 nurses attended accredited programs up to December 2014. More than 62% of nurses could have access to accredited programs. This percentage exceeded the goal of 50% outlined in the Nursing Strategy 2014-2015.

Fun Stuff

Are You Right-Brained or Left-Brained?

Linear thinking
Detail / fact oriented
Reading / phonics / language / talking
Auditory / listening
Like the "parts" before the "whole"
Logical
Numbers
Time-oriented
Prefers true / false to multiple-choice
Doesn't like to take risks
Looks for differences
Prefers things with concrete rules / definitions
Asks "how" more often than "why"



Creativity
Like shapes / patterns
Singing / music / theater / art
Visualizations
Likes to see the "whole" picture
Emotional
Colors
Active
Prefers essay tests to true / false
Willing to take risks
Finds similarities
Sensitive to thoughts / emotions
Asks "why" more often than "how"

COLOR TEST

Look at the chart below and say the COLOR not the word

YELLOW	ORANGE	BLUE
BLACK	GREEN	RED
YELLOW	PURPLE	RED
ORANGE	GREEN	YELLOW

*Your right brain tries to say the color but
your left brain insists on reading the word.*



The Nurse Spotlight

Researched by: Johncy Paulose, Staff Nurse, Al Maha 1 – RH.

Who: **Badriya Khalifa M. A. Al Shamari**
Position: **Director of Nursing**
Hospital: Rumailah Hospital

Background:

Ms. Badriya is a Director of Nursing (DoN) and a Pediatric Nurse Leader at Rumailah Hospital (RH). She has a wide range of attributes which make her perfectly suited to her role, these include: excellent interpersonal skills; leadership qualities that enable her to support other nurses in delivering high quality care; and an ability to learn and absorb information quickly – these attributes all contribute to Badriya, as a transformational leader.

Q: What is your nursing experience?

A: My experience as a nurse has been supported by education. I graduated from Qatar University with a BSN and joined RH as Staff Nurse based in the Plastic Surgery Operating Room (OR). I then completed my Postgraduate Diploma in Leadership and Management from the ILM Institute, UK, through Atlantic University. I was promoted to Charge Nurse in the same department and then was further promoted to Head Nurse based in both the Pre Assessment Surgical Screening (PASS) Clinic and Plastic Surgery Clinic. The PASS clinic was the first of its kind at HMC. It started as a pilot study, intended to specialize in assessing patients' fitness for elective ENT surgery. After a successful pilot and a lot of hard work it was established and staffed as a permanent department. Leading a nursing team within the PASS Clinic was my first challenge as a Head Nurse. Finally, I was promoted to DoN



*Ms. Badriya Khalifa M. A. Al Shamari,
Director of Nursing*

for Pediatric Services – Al Maha1, Al Maha 2, Children's Rehabilitation Clinic, Plastic Surgery and PASS Clinic.

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

A: I enjoy being engaged with children who have complex medical conditions, to contribute towards their well-being as well as their recovery/rehabilitation. Making those children feel special and supporting their family makes each day a victorious one. Also, I enjoy utilizing my knowledge and experience on a daily basis as I undertake the challenging role of Nurse Leader. I particularly enjoy empowering and motivating my staff.

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

A: Leading a successful team is very challenging. Good teamwork and success does not come accidentally. It takes constant motivation, encouragement and support to bring out the best in a team. With each leadership challenge I experience, I

grow as a professional. I am proud to be part of a new generation of nursing leaders at HMC who are dedicated to improving leadership skills.

Q: What does being a nurse mean to you?

A: Nursing encompasses such a wide variety of roles. I am a nurse and am proud to be one. I no longer perform direct patient care, but excellent patient care is still the over-arching aim and that means a lot to me. Being a nurse is part of who I am, it fits with my values. I feel that the attributes I have are the ones that are valued in modern nursing; I work with integrity, I am a lifelong learner, I seek excellence, and I value and work hard at relationships.

Q: What do you consider to be your special achievements?

- When I was a staff nurse in the Plastic Surgery OR, I was appreciated for being the first staff member to complete the e-learning program with the highest score in HMC.
- I received a staff recognition award in 2012 after receiving the highest votes among the recognized staff in RH.
- In 2012 I was asked to represent HMC to share my experiences as a Qatari Nurse with Rashid Hospital in the UAE. Subsequently, I have been chosen as a Qatari nurse role model by Dr. Zakaria Zaki (JCI Consultant).
- I am Chairperson of RH Nursing Research Committee.
- I am Chairperson of RH Patient and Family Education Committee.

- I am Principle Investigator of a research activity titled: "A multifactor examination of nurse's job satisfaction in Rumailah Hospital." And I am directly involved in three other projects.
- I am a LFC graduate and trainer.

Q: What are your goals for the future?

A: As a nurse leader my goal is to be

successful in producing outstanding nursing workforces. I will actively engage in supporting nursing research and evidence-based practice at the unit, departmental and hospital levels. I will continue to be totally dedicated to advancing the nursing profession in the State of Qatar. We, the pediatric nurse leaders, are already contributing a lot towards transforming children's healthcare in Qatar and I plan to continue my active involvement in this.

Q: Do you have anything further to share with the nursing community at HMC?

A: I am very pleased to contribute to the Nurse Advocate because, as a nurse leader, it allows me to communicate with nurses HMC wide and hopefully I can impact and influence them positively.

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13/3/2015

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