

The NURSE ADVOCATE



By Nurses for Nurses

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Getting Involved in Evidence-based Practice

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



When I speak to nurses about nursing and midwifery care, they tell me how important it is that patient care is based on evidence. In our new Nursing Strategy we have recognized this and placed great emphasis on ensuring nursing practice is based on the best available evidence. How do you, as a busy clinical nurse or midwife ensure that the care you are providing to our patients and their families reflects the best current evidence? Dr. Rachel Churchill, Editor of the Cochrane Depression, Anxiety and Neurosis Group, recently gave a thought provoking Academic Health System (AHS) lecture that addressed these issues. Cochrane is a global independent network of researchers, clinicians, patients and carers that gathers and summarizes evidence from research to inform treatment choices. Over the past 20 years, Cochrane has produced more than 5,500 systematic reviews that have had a tremendous effect on bedside care across the globe. Rachel spoke passionately about how, if we want to truly understand

what the evidence is telling us, we need to work collaboratively.

I believe that all clinicians should have the Cochrane website as a favorite on their smart phone (<http://www.cochrane.org/>). Whenever I want to know the answer to a clinical question, Cochrane is the first place I go. That said, for all of Cochrane's depth and richness there are a great number of clinical questions that have not been answered. An example of one such question that came across my desk recently was: "What is the best model of triage in the Emergency Department?" This is an important question, one that we need an answer to and one where there is not a high quality systematic review.

I want to see nurses and other clinicians across the AHS working together to identify questions and more importantly, to answer those questions. Dr. Richard Gray, Assistant Executive Director of Research in Corporate Nursing, is working to establish an evidence collaborative that draws together expertise from across the AHS. They will undertake rapid reviews (they are already working on the triage review), as well as full systematic reviews, which will support clinicians to firmly root their practice in the best available evidence. I encourage all my nursing and midwifery colleagues to review practice in their area, get involved and ensure that we are delivering the best possible clinical care.

HMC Trauma Services Welcomes New Nursing Director

Researched By: Kristine S. Luzano, RN 4N2 - HGH

“The quality of a leader is reflected in the standards they set for themselves.”

– Ray Kroc, *Businessman*

The Nurse Advocate has always been proud of the achievements of our colleagues from across the Corporation. In the first issue of this newsletter in June 2013, Ms. Asmaa Mosa, then Head Nurse of HGH 4 North 2, was featured in The Nurse Spotlight. Since then, we have seen Ms. Mosa feature in different articles relating to nursing activities and events. Now, almost two years after her first appearance in The Nurse Advocate, we congratulate her for being promoted to Director of Nursing for HMC's trauma services.

Ms. Asma Mosa, BSN, DON, Hamad Trauma Services, started off her nursing career as a Staff Nurse in 2004. She diligently worked her



way up the career ladder until she was the Head Nurse of 4 North 2 in December 2008. The former Male Surgical Ward was developed into the Trauma Inpatient Ward we know today, under her leadership.

Ms. Mosa and her staff have undergone the necessary training and educational activities to equip them to handle trauma cases. In

January 2015 the Trauma Services Department received the prestigious Trauma Distinction award from Accreditation Canada. Most recently, Ms. Mosa was awarded, along with others, the Star of Excellence Award for her participation and completion of the Leadership for Change Program.

Despite her hectic work schedule, Ms. Mosa still finds the time to give back to the local community; she has been working with the local TV station Al Rayyan in raising and enhancing community awareness for home, work and road safety. She has also collaborated with the Traffic Department and the Kulluna campaign during the recently concluded GCC Traffic Week to keep the road safer for all.

Truly, Ms. Mosa is a leader that we can all look up to.

HMC's Contribution to Community Health Improvement and Illness Prevention

Researched BY: Lilykutty Joseph, HN, Al Maha1, RH

A country's most valuable asset is its people. The human development pillar of the Qatar National Vision 2030 revolves around investing in and developing all of Qatar's people, enabling them to participate fully in economic, social, and political life and contribute to sustaining a prosperous society. One key element of the human development pillar is health.

Healthcare is vital to a society and an extremely important part of life. A person's health and well-being affects every aspect of their quality of life and healthcare has the potential to significantly affect

social productivity and economic competitiveness. A healthy society, whose wellness is enhanced through an accessible, effective and safe healthcare system, is critical to the future success of Qatar.

The National Health Strategy 2011-2016 is intended to propel Qatar towards a number of pre-defined health goals and objectives. As Qatar's main provider of specialist healthcare, HMC is committed to not only treating illness but empowering the community to make healthier choices for a better quality of life.

In all cases, HMC campaigns rely on healthcare professionals to disseminate information, volunteer, be health champions and support the campaigns using various means. Nurses often play a significant role in delivering important information to the community as well as screening for undiagnosed disease. Staff Nurse, Ancy Chako, explains "I think it is one of our great responsibilities as healthcare professionals to extend a committed hand to the community, to reiterate the value of healthcare services and how they can be used to promote good health, restore health and prevent future illness.

Educating people through campaigns which include forums, exhibitions, symposiums and outreach programs helps the community to better understand the impact of healthy living and the impact of knowing what healthcare services are available and how we can help.”

Examples of HMC-led campaigns:

Kulluna

Kulluna is a health and safety awareness campaign. The word “Kulluna”, in Arabic, means ‘all of us’ and it is being used for this campaign in the belief that all of us in Qatar can take action to improve health, well-being and safety for ourselves, our families and the community in general.

The program is conducted in close cooperation with the different medical institutions and educational establishments under the umbrella of HMC and is coordinated by Hamad International Training Center. Kulluna activities take many forms as its messages need to reach as wide an audience as possible. Places which are likely to see Kulluna activities include shopping malls, recreational venues (such as Katara), schools, exhibitions and conferences, to name just a few.

The areas of focus for Kulluna have so far included: ‘Beat the Heat’ – encouraging people from all walks



of life to take proper precautions in Qatar’s blistering heat; ‘Child Passenger Awareness’ – encouraging the use of safety devices such as car seats and seatbelts to prevent unnecessary injury/death in the event of road accidents; and ‘Child Safety’ – focusing on giving advice about how to keep your children safe when playing near water, etc. In all cases the campaign informs, raises awareness and aims to prevent the preventable.

Diabetes Public Awareness Campaign

Despite its prevalence in Qatar, diabetes is not well understood by our population. There are widespread misconceptions about what causes the disease and the general public has a very low level of knowledge about diabetes and the importance of healthy lifestyle choices. As part of our commitment to providing the safest, most effective and most compassionate care to patients, in 2014 HMC launched a diabetes public awareness campaign.

The campaign was designed to demonstrate our commitment to caring for children and adults living with diabetes and provided tips for living well with the disease alongside highlighting lifestyle changes which can contribute to preventing type 2 diabetes. The campaign also aimed to improve the population’s overall health through promoting healthy



lifestyle choices. Supported by an online, print and outdoor campaign as well as community events, this initiative spanned nine months. The awareness campaign was designed to increase public understanding of diabetes and to empower future generations to take control over their health and aimed to highlight risk factors of the disease, raise awareness of associated signs and symptoms and provide strategies to manage and prevent type 2 diabetes and other lifestyle-related conditions.

Smart Weight Campaign

The Smart Weight Campaign was designed by HMC to help people who are obese to lose weight with the help and advice of healthcare professionals. The campaign specifically targets people with a BMI of 30 or above. Being overweight can have extreme consequences to health and can raise your risk of a number of other illnesses. The campaign also offers advice on how to alter your lifestyle for the better.

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The Nurse Spotlight

Research by Ashish Badnapurkar, MSN - RH

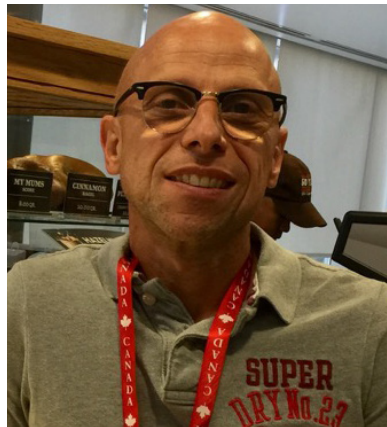
HMC is fortunate to have a number of exceptional nurses. In the nurse spotlight we hope to share with you the achievements of our colleagues to celebrate their contributions to our profession. This month we are celebrating:

Who: **Matheus (Roland) Van Rens**
Position: **Advanced Clinical Nurse Specialist**
Hospital: **Women's Hospital**

Background:

Matheus 'Roland' Van Rens is originally from Rotterdam in the Netherlands. He started his nursing career in the 1980's, initially specializing in pediatric cardiology and neonatal intensive care. Roland has a Master's Degree in Advanced Nursing Practice and worked as a Neonatal Nurse Practitioner for more than 10 years in the Neonatal Intensive Care Unit (NICU) of Sophia's Children's Hospital in Rotterdam. In 2013, Roland began working at HMC as an Advanced Clinical Nurse Specialist in the NICU at Women's Hospital. He is actively involved in research and his specialist topics/topics of interest include vascular access, neonatal pain and developmental care.

As research is a key element of Roland's professional interests, we asked him some questions relating to his current research projects and future interests:



Questions and Answers (Q&A):

Q: What research are you currently involved in and why did you focus on the topic?

A: The administration of Intravenous (IV) fluids, nutrients and medications, is common practice in the Neonatal Intensive Care Unit (NICU). Complications causing damage and necrosis of (sub) cutaneous tissue, as well as infections are frequently seen and often accepted as unavoidable. However for me acceptance was (and is) unacceptable. This is the motivation behind my research.

Q: How does this research contribute to the existing knowledge?

A: We know central line-associated bloodstream infections occur frequently within a neonatal intensive

care unit and that premature infants are particularly vulnerable to bloodstream infections. Many strategies have been developed to decrease episodes of central line-associated bloodstream infections. These strategies are key components of an insertion bundle, defined as a group of evidence-based interventions that, when implemented together, have better outcomes than when each is implemented separately. A recent review reported evidence that maintenance bundles are associated with reduced central line-associated bloodstream infections. However, insertion bundle compliance is not associated with reduced central line-associated

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Effect of a vascular access team on central line-associated bloodstream infections in infants admitted to a neonatal intensive care unit: A systematic review

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ABSTRACT

Objective: To review the effect of a vascular access team on the incidence of central line-associated bloodstream infections in infants admitted to a neonatal intensive care unit.
Data sources: MEDLINE, CINAHL, Embase, Web-of-Science and the Cochrane Library were searched until December 2013.
Study Selection: Studies that evaluated the implementation of a vascular access team, and focused on the incidence of central line-associated bloodstream infections in infants admitted to a neonatal intensive care unit, were selected.
Data Extraction: Incidence rates of central line-associated bloodstream infections were extracted, as well as information on vascular access team tasks and team composition. The quality of studies was critically appraised using the McMaster tool for quantitative studies.
Data Synthesis: Seven studies involving 136 to 414 participants were included. In general, the implementation of a vascular access team coincided with the implementation of concurrent interventions. All vascular access teams included nurses, and occasionally included physicians. Main tasks included insertion and maintenance of central lines. In all studies, a relative decrease of 45–79% in central line-associated bloodstream infections was reported.
Conclusions: A vascular access team is a promising intervention to decrease central line-associated bloodstream infections in infants admitted to a neonatal intensive care unit. However, level of evidence for effectiveness is low. Future research is required to improve the strength of evidence for vascular access teams.

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What is already known about the topic?

- Central line-associated bloodstream infections occur frequently within a neonatal intensive care unit.
- Premature infants are particularly vulnerable to bloodstream infections.

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bloodstream infections. An additional strategy, focusing on proper placement and on maintenance of central venous lines by a specialized team, revealed promising results in neonatal intensive care units.

Q: How will your research change or influence practice?

A: This is the first review on the effectiveness of a neonatal vascular access team on central line-associated bloodstream infections. A vascular access team is a promising intervention to decrease central line-associated bloodstream infections

in infants admitted to a neonatal intensive care unit. The composition and tasks of a vascular access team are delineated.

Q: Do you have any other areas of interest that you would like to conduct research in?

A: There are many publications related to neonatal pain and neonatal pain scores. In my opinion we should not focus on pain – instead we should focus on (dis)comfort. Pain is just one of the signs associated with discomfort. By focusing on pain alone we're missing important information

to provide the best care to our neonates. Neuro-developmental research is challenging too. Our NICU offers many potential research opportunities to prove developmental care can improve short and long term neuro-developmental outcome.

Roland has also participated in our 'day in the life' feature on the nursing website. You can read more and see the pictures by copying and pasting this url: http://nursing.hamad.qa/en/nursing_community/roland.aspx, in full, into your browser.

CDU Nurses Acknowledge World TB Day

Researched by Jennifer Charlotte M. Salvador, CN (CD Unit) – RH



World TB Day is acknowledged on March 24 each year. The intent of this day is to raise awareness of the condition for the purpose of prevention, health promotion, improving diagnosis rates and enhancing support for those affected by TB. This year's theme was "Reach, Treat and Cure Everyone." People in Qatar who are suspected of having



TB are screened by the CD Unit and patients with confirmed cases are also treated at the Unit.

The World Health Organization (WHO) explains what TB is, how it spreads and how it is treated:

Tuberculosis (TB) is caused by bacteria (Mycobacterium

tuberculosis) that most often affect the lungs. Tuberculosis is curable and preventable.

TB is spread from person to person through the air. When people with lung TB cough, sneeze or spit, they propel the TB germs into the air. A person needs to inhale only a few of these germs to become infected.

About one-third of the world's population has latent TB, which means people have been infected by TB bacteria but are not (yet) ill with the disease and cannot transmit it.

People infected with TB bacteria have a 10% lifetime risk of falling ill with TB. However persons with compromised immune systems, such as people living with HIV, malnutrition or diabetes, or people who use tobacco, have a much higher risk of falling ill.

When a person develops active TB (disease), the symptoms (cough, fever, night sweats, weight loss, etc.) may be mild for many months. This can lead to delays in seeking care, and results in transmission of the bacteria to others. On average,

people ill with TB can infect up to 10-15 other people through close contact over the course of a year. Without proper treatment up to two thirds of people ill with TB will die.

Since 2000 more than 37 million lives have been saved through effective diagnosis and treatment. Active, drug-sensitive TB disease is treated with a standard 6-month course of four antimicrobial drugs that are provided with information, supervision and support to the patient by a health worker or trained volunteer. The vast majority of TB cases can be cured when medicines are provided and taken properly. [<http://www.who.int/features/qa/08/en/>]

In order to acknowledge the day, the nurses and other staff on the CD Unit decided to share positive messages with their patients as a way of

lifting spirits. The messages were distributed by attaching message cards to each patient's lunch tray. The messages included 'Tuberculosis Won't Stop You,' re-emphasizing the positive; they are on the road to recovery.

Upon receiving his lunch, one patient asked a nurse what the occasion was. The nurse replied by explaining that the department was celebrating World TB Day. The patient looked puzzled and asked why they would celebrate such a day, to which the nurse explained that "We are celebrating this day to remind all of you that you are not alone in this battle. Like you, other patients from the other side of the world are also experiencing the same disease and maybe they are sharing your same feelings. What may make you different now is that you know that TB does not have to stop you from living your life."

In taking care of patients with TB, nurses on the ward are also in a position to hear patients concerns and fears for the future, alongside any hopes and dreams they may have. It is common for patients with TB to be fearful and to think about things like rejection and isolation. "As healthcare professionals, directly treating TB patients daily, I think it is part of our responsibility to make them aware that TB should not stop them from chasing their dreams and stop them from living their lives. Through our support, we can make our patients feel that they are not alone. Through us, they learn the facts rather than being restricted by stigma; they receive treatment to be cured of the disease and they are able to go back to the community and to their respective families," explains CD Unit Charge Nurse, Jennifer Salvador.

Nurse-Patient Interaction

Researched by Ashish Badnapurkar, MSN, Psychiatry Hospital

Communication is a vital component of any relationship and this is certainly true for the relationship between the patient and nurse. Under the guidance of Ms. Deborah Nelson, AEDON of HMC's Psychiatry Services, Mrs. Hoda A. Salam, A/DON, and Mr. Henry A. Aderogba, A/ACNS, the Psychiatry Department has implemented a new system which facilitates and promotes nurse-patient interaction. The aim of this interaction is to address underlying feelings and concerns of patients and to emphasize the importance of communication between both parties.

As part of this initiative, every primary nurse has to interact with her/his assigned patient on a daily basis, using the new system. The topics for discussion are based on our

patients' need and should contribute to their successful recovery. Topics that may come up for discussion are medication adherence, counseling for ongoing stress or relapse prevention, etc.

For successful implementation of this system, certain steps have been followed. Initially, all staff nurses were educated about the processes and structure of the primary nursing care model. This model has recently been strengthened to ensure that nurses are accountable and have authority in delivering patient care.

Subsequent education sessions were based on nurse-patient interaction and the proper way to document this interaction within the patients' progress notes. Following the education activities, head nurses

have been asked to designate a minimum of four teams of staff nurses within their respective unit, and each team will be headed by a team leader (charge nurse). The team leader is responsible for the equal distribution of patients to all staff as well as monitoring the nurse-patient interaction and pursuant documentation. Alongside motivating their staff, charge nurses are also appointed as primary nurses, responsible for direct patient care, so to lead by example.

The primary and associate nurses are responsible for the complete care of patients during hospitalization. The important role of the primary nurse has been emphasized, in order to facilitate patient interaction, on a regular basis. This aspect is essential for the nurse to accurately

assess and develop a plan of care for a patient, based on timely information. In the absence of a primary nurse, an associate nurse will take this responsibility.

For proper implementation of the nurse-patient interaction, a tool has been designed to monitor compliance by staff nurses in using the new system. Subsequently, any recognized gap in interaction with patients, by the primary or associate nurses, should be addressed

immediately by the respective departmental head.

The system has been implemented for only a few months and so far is successful in achieving the aims it was designed for, including contributing to early recovery and reducing difficult behavior from patients – like agitation and aggression. Patient satisfaction has also increased significantly. The system also supports staff in being more self-aware, patient needs

focused and goal oriented, while interacting with patients. Therapeutic communication is a core element of nursing. The implementation of nurse-patient interaction is relatively easy and the outcome is measurable through patient satisfaction, staff satisfaction, unit quality improvement indicators and a reduced recovery period. Through our success story we can confidently support implementation across all suitable departments of HMC to enhance overall patient care.

Al Wakra Nurses Support World Kidney Day

Researched by: Parwaneh Elias Al Shibani, Director of Nursing (Medical Division)

Each year in March the world collectively acknowledges World Kidney Day (WKD). WKD is designed to provide an opportunity to raise awareness about the important role of our kidneys and how associated illnesses can impact our well-being. The overall aim is to decrease the occurrence of preventable kidney disease through public education.

Al Wakra Hospital celebrated WKD on March 12th, 2015, by providing around 200 participants with an opportunity to assess their health, using a range of tools, including blood pressure and blood sugar checks, as well as height and weight measurements, in order to calculate BMI. A number of education sessions were also provided which raised awareness of the importance of kidney health.

Health education topics focused on the causes of renal problems and there were opportunities for questions and answers with experts in the field. The clinical pharmacist, along with the dialysis staff, provided education on what to do when high blood pressure is discovered. The diabetes educator shared knowledge on how to manage high blood sugar levels and the dietitian



shared her expertise on 'what to do when a person's BMI is high'. A video discussing the causes of diabetes mellitus, hypertension and renal disease was also presented. Educational materials were distributed to all attendees, to allow for the information to be taken home and shared with family and friends. Organ donation was also discussed

and encouraged among those who were present during the activities.

Importantly, during the course of the day, around four individuals were found to have very high blood pressure and were referred immediately to the Emergency Department for further management.

Nurse Development Activities: AWH Nurses Get Involved

Researched by: Tamara Alshdafat, Director of Nursing – AWH/ Jobin P. Joy, Staff Nurse – (OPD Division) – AWH



Above is a snapshot of some of the activities the nurses from the Obstetrics and Gynecology Department at Al Wakra Hospital (AWH) have actively participated in over the last quarter.

Midwifery Skill Training Programs

A course entitled 'Essential Nursing and Midwifery Skills' was developed and introduced in order to refresh and enhance the knowledge of a variety of relevant nursing teams, including those in the labor room, emergency room, post-natal wards and antenatal wards. Taking place in February, the course lasted three full days and the content was equally divided between theory and practice. During the activity, AWH nurses were able to share their clinical experiences with other nurses from Women's Hospital (WH), The Cuban Hospital (CH)

and Al Khor Hospital (AKH). The course focused on antepartum, intrapartum and postpartum as three key nursing/midwifery areas. Nurses also highlighted key issues relating to the safe and effective practice of conducting deliveries and pain management during labor.

Women's Health League

AWH nurses participated in the first Women's Health League meeting, alongside nurses from AKH and WH on 15th March 2015. The Women's Health League is an initiative led by Ms. Maureen Brown, Assistant Executive Director on Nursing

(AEDON) for Midwifery Education. The purpose of the League is to bring together head nurses from obstetrics and gynecology related roles to discuss the diverse aspects of improving care for women.

Urodynamic Workshop in Sudan

AWH nurses represented HMC at a urodynamic workshop held at Sharq Al Nile Hospital in Sudan in March. Mr. Jobin Joy, Staff Nurse in AWH's General Outpatient Department, presented a 20 minute training session at the event. He also shared this training with staff within AWH.

The Interim Nurse Leader

Researched by Sharon Rachel Matubis, CN, IP – HGH

Interim nurse leaders are nurses who normally occupy the position of staff nurse (or similar), who assume a more senior position on a temporary basis in order to cover any gaps in nurse leadership. Leadership is vital in a healthcare setting and therefore it is not at all unusual for a suitable

staff nurse to assume the role of acting charge nurse or head nurse, whilst a permanent candidate is being sought and appointed. This is also known as interim management.

Interim management is defined as the temporary provision of resources

and skills to manage a period of transition, crisis or change within an organization. While there may be an existing vacancy, medical units cannot afford to deliver patient care without a nurse who can efficiently run it; it is widely recognized that a nurse leader is vital to the successful

running of a unit. The least disruptive way to ensure leadership positions are covered is to appoint nurses internally to fill gaps and assume acting posts.

Interim nurse leaders are not exclusive to HMC; for example, in the United States available nurse manager vacancies are high but available candidates are not so readily available, meaning that the RN workforce is organized to cover gaps in nurse leadership.

While getting an opportunity to take on more responsibility in an acting role has its benefits to a nurse in terms of experience, particularly if permanently moving

up into a more senior role is a goal, interim management is not without challenges. It takes courage, confidence and leadership skills for a nurse to cover a more senior position and fill the gaps of a post which demands a certain level of ability. It is a commitment to taking on responsibility and additional workload without any guarantee that they will naturally be selected to fill the post permanently.

Some considerations for anyone assuming the position of interim nurse leader:

1. Assess your new environment / department

2. Determine expectations while in the post
3. Recognize your own limitations
4. Communicate well
5. Do not take more than you can handle
6. Take advice from previous leaders
7. Let it go; know that the position is or may not be permanent
8. Focus on how you can help the incoming leader
9. Celebrate accomplishments
10. Learn from experience during the interim management

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Education News

Researched by Sheeba Pattattu Sankaran, Nurse Educator - NMER

This month the education section focuses on the topic of journal clubs, sharing with nurses the guidelines for implementation and providing an overview of the first journal club introduced at Al Wakra Hospital.

Guidelines for Planning and Implementing Journal Clubs

Definition

A journal club has been defined as "an educational meeting, in which a group of individuals discuss current articles, providing a forum for a collective effort to keep up with the literature." (Kleinpell, 2002.)

The Benefits of Journal Clubs:

Essentially, journal clubs help with discovering new knowledge to promote awareness of current research findings and identify innovations that could impact on clinical practice. Journal clubs facilitate a review of specific research studies and discuss implications for clinical practice. They provide

an informal learning environment for critiquing and appraising research and promote evidence-based practice. Also, they provide evidence of continuous professional development.

Planning and Implementing

Beginning a Journal Club:

- Make sure all necessary staff know about the journal club and understand what participating in it involves
- Post and distribute copies of the research article and the journal club discussion questions to staff
- Set up a convenient meeting time and location for monthly meetings
- Identify a chairperson for the journal club. Ideally on a six monthly rotational basis with an opportunity for interested parties with suitable expertise to assume the role. Initially this could be an educator or clinical nurse specialist but, in time, journal club members can

take turns to lead subsequent journal club sessions. The chairperson will be responsible for ensuring attendance records are submitted for each meeting to the Department of Nursing and Midwifery Education and Research (NMER) in order for CNE points to be approved/entered.

The Journal Club in Practice Should:

- Encourage active participation of those attending by using the discussion questions
- Evaluate the journal club: at the end of the session, gather feedback from participants
- Review how the next journal club meeting could be enhanced; for example, encourage more attendance

Benefits and Outcomes

- Develop awareness of current research studies, practice improvement, clinical guidelines,

- and theoretical frameworks in nursing and healthcare literature
- Share current academic literature with colleagues
- Enhance critical thinking through the review of academic literature
- Motivate participation in current educational, research and/or clinical practice and promote better understanding of the research process
- Keep up-to-date with new knowledge
- Learn to evaluate the strength of evidence and critically appraise research
- Encourage implementation of new knowledge into clinical practice where appropriate
- Improve patient outcomes through evidence based practice care delivery

- Demonstrate continuous professional development

5 Tips for Establishing Successful Journal Clubs

1. Ensure article chosen for review is relevant to the clinical practice area
2. Begin by choosing articles that are short and easy to read and consider the use of modified research critiquing tools
3. Try to avoid focusing on statistical values or research terms until participants become more familiar with the language of research
4. Remember the activity should be interactive and participatory
5. The focus should be on active learning rather than teaching

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The First Journal Club is Introduced in Al Wakra Hospital

Researched by Aseel Hatamleh, Staff Nurse, In-Patient MICU, Al Wakra Hospital

The first Al Wakra Journal Club took place across the critical care areas on 4th March. The journal article discussion was based on a study which looked at the APACHE II index (this is a tool used to assess the profile and severity of illness of patients in critical care areas with a view to admission and transfer criteria impacting on mortality). The article was chosen by Aseel Hatamleh RN from the Medical Intensive Care Unit. The study has relevance to practice in HMC and Al Wakra because of increased demand for the critical care beds.

The Journal Club was attended by staff from Medical Intensive Care, Surgical Intensive Care, High Dependency Unit, and the Emergency Department, as well as area educators, who participated with great enthusiasm. The article



generated an intensive debate on whether this tool would be beneficial in relation to patient care. It was also an opportunity for staff who have not participated in research or clinical article critique, to become familiar with research terminology. Following on from this educational activity, the staff who attended requested further education on research terminology as well as how to critically evaluate the evidence.

It is proposed that prior to the next Al Wakra Journal Club, a short education session titled 'Introduction to Research and Evidence Critique' will be conducted by NMER, in order to further enhance skills of the journal club. The aim is to have a monthly journal club, as part of the education calendar of activities, in order to continue to stimulate debate, discussion and active participation in evidence review.

Celebrating Women in Healthcare for International Women's Month

Researched by Marietta D. Barbeche, CN, OPD - AKH

March was International Women's Month. To mark the occasion, the nurses at Al Khor Hospital asked female healthcare professionals to submit a statement which celebrates their womanhood. Below are some inspiring messages we collated.

Marietta Barbeche – Charge Nurse

Being a woman, a mother, a wife, and being a nurse have allowed me to experience a lot of different things that have tested my strengths and exposed my weaknesses. I've come to realize through the years that women have an inner strength; we persevere and we empathize at the same time as pushing forward.

Ms. Faiza Bahnas, AEDON

I am proud to be a woman and to be a nurse because both roles are blessed. Women have an ability

to bring life into the world and nurture that life. Nurses have an ability to care for people when they are most vulnerable. Women play such an important role in the most basic of human units – the family, by taking care of even the smallest needs that are essential to their daily life. A woman's role now encompasses many things; women are empowered to take professional roles alongside the more traditional family based roles, with support from their family and society.

Ms. Glenda Fay Acosta, RN

I am proud to be a woman because as a woman I think that my achievements and the act of giving my best are always grounded in love and care. The ability to give birth and the willingness to risk yourself in order to bring life into the world is one of the most

inspiring things. Women's roles have expanded to be more than that of child bearers; women are empowered and recognized as capable in all number of important roles, including leading companies and countries. Happy International Women's Month to all women.

Dr. Annapurani Sivakumar

Specialist, Ophthalmology, AKH

I am a wife, a mother, a daughter, a daughter-in-law and I am a doctor. I am able to fulfill my personal and professional roles and responsibilities to a high standard. I am very proud to be a mother of two girls who I hope I inspire to do the same.

Anonymous

Laboratory Tech

A woman has the capability to pick up the pieces of her broken self, rebuild and comeback stronger than ever.

Nursing History: Did You Know?

Researched by: Gladly P. Alias, CN. PASS and Plastic Surgery Clinic - RH

Nursing has a long history and the events and trends of the past have shaped where we are today.

Did you know:

- In the middle ages there was no way to obtain formal education, specifically related to caring for the sick. The earliest nurses gained knowledge through direct observation and oral traditions passed from generation to generation.
- Before modern nurses, it was primarily nuns or the military that offered nurse-like services to the ill and wounded; this is also where



the term 'sister,' which is still used today to describe a senior female nurse, originated.

- 'Pheobe' is the name of the first known nurse. In the early years of

the Christian Church, St. Paul sent Pheobe to Rome as a visiting nurse to tend to the sick.

- Nursing historians in Europe and America identify Florence Nightingale as the founder of modern nursing. Born into a wealthy British family, Florence Nightingale sought permission for her and a group of ladies to travel to Crimea, to care for the sick and wounded in the Crimean War in 1854. It was Florence's

experience there that brought about the foundations of modern nursing by inspiring her to write the principles of professional nursing in her book 'Notes on Nursing'.

- When Nightingale returned to England, the British people, in recognition for her work, established a trust. Through this fund she established the Nightingale School of Nursing at St. Thomas' Hospital in London for the education of professional nurses.

- Published records testify that Rufaida Al-Asalmiya, who practiced at the time of Prophet Mohammed (PBUH), was the first Muslim nurse. It is said that Rufaida learnt her nursing skills from her father, who was a renowned healer. Rufaida provided care for injured soldiers during the jihad (holy wars). Allegedly, Rufaida was also the leader

and founder of the first School of Nursing in the Islamic world.

- The first documented school of nursing was established in India in 250 B.C. Only men were considered "pure" enough to be nurses.
- In 1896, the first nursing association was founded in the United States and Canada with the intent of achieving licensure for nurses.
- The growth of master's degree programs in nursing has opened many new advance practice roles such as clinical specialists, nurse practitioners, researchers, and administrators.

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Fun Stuff



Researched by Rezielyn Clanor, BSN, Staff Nurse,
Cardiothoracic Intensive Care – HH

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Respiratory System: Word Search

1. ALVEOLUS
2. BRONCHIOLES
3. BRONCHUS
4. CARINA
5. DIAPHRAGM
6. EPIGLOTTIS
7. LARYNX
8. LUNGS
9. NASAL CAVITY
10. NASOPHARYNX
10. NASOPHARYNX
11. ORAL CAVITY
12. OROPHARYNX
13. PLEURA
14. TRACHEA

Registration Open

Qatar Nurses Association

Dear nurses

We are delighted to announce that registration to become members of the Qatar Nurses Association is now open.

We encourage all nurses in Qatar (Qatari and residents) regardless of which organization they work, to join us in a common goal.

For additional information about the Qatar Nurses Association, including how to join, kindly email:

qatarinursingassociation@gmail.com

Please convey this information to your colleagues.



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