

NEWSLETTER

*Hong Kong Association of
Critical Care Nurses (HKACCN)*

Vol. 2, No. 3, December 2000



Editorial

Maintaining clinical credibility

Violeta Lopez-Nahas

Undoubtedly, critical care nurses work in an environment of chaos and uncertainty. Changes in the health care environment require movement from traditional to more innovative ways of delivering nursing care. Critical care settings have become increasingly sophisticated, to a point where there is an almost limitless potential to prolong treatment.¹ In particular, critical care settings are in need of more highly specialized nurses to meet the needs of patients and families. Critical illnesses are more complex and critically ill patients are at higher risk for complications and death. Both the critically ill patient and family experience compromised health status in which they are less able to compensate, are more physiologically unstable, and more dependent on caregivers.^{2,3} Meeting these intricate needs requires nurses who are knowledgeable and skillful in providing advanced and specialized nursing care and in dealing with crucial situations rapidly and with precision.

Critical care nurses must therefore be engaged in continuing education and credentialing activities in order to maintain clinical credibility. These ongoing processes of knowledge building could be further enhanced if nurses engaged themselves in reflective practice and to:

1. develop creative and innovative learning objectives and opportunities;
2. share personal and professional experiences with students;
3. engage in the process of concept mapping to organise and think critically about newly acquired data and how they relate to old information;
4. foster critical consciousness and problem-solving skills to further enhance autonomy and foster empowerment in self-directed learning; and
5. develop ability to learn from other nurses.

Reflective practice which involves the process of discovery, integration and application is a continuous

process that must be reflected upon by the specialist nurses. Reflective action is a deliberate and cognitive activity. According to Schon, most of our knowledge can be said to be in our action. This tacit knowledge-in-action is characteristics of professional knowledge, recognitions, judgments and skills. Critical care nurses could think about what they are doing, even while doing it (reflection-in-action) or think about something after doing it (reflection-on-action).⁴

References:

1. Ball C. Humanity in intensive care. *Intensive Care Nursing* 1990; 6: 12-16.
2. Ashworth P. High technology and humanity for intensive care. *Intensive Care Nursing* 1990; 6: 150-160.
3. Stanton D J. The psychological impact of intensive therapy: the role of nurses. *Intensive and Critical Care Nurse* 1991; 7:230-235.
4. Schon D. *Educating the Reflective Practitioner*. San Francisco: Jossey-Bass, 1987

Professional Development

Committee Chairman's Address

David CHAN

Re-structuring of the Professional Development Committee (PDC) has been completed. In the new structure, there will be six sub-groups including: education, standards, research, newsletter, China connection, and community participation. The ***education sub-group*** will continue to develop and offer high quality educational programmes to meet the needs of continuing nursing education for critical care nurses. We had our "Elementary Critical Care Nursing (ECCN)" programme in June and "Advanced CPR Programme" in September this year. Forthcoming programmes in 2001 can be found in page two of this Newsletter. The sub-group is now planning to introduce an overseas programme to upgrade the standards of critical care nursing in Hong Kong. It is hoped that the new programme could serve as a continuing nursing educational programme to uphold the competencies of nurses working for critically ill patients. The ***standards sub-group*** has been working exceptionally hard in working out the

standards for critical care nursing. The development of all the expected standard will be completed by March 2001. Since evidence-based practice is being promoted nowadays, the *research sub-group* will be advising critical care nurses on different research projects and interests. Seminars will be provided to educate staff on research methods and writing research proposals. The *newsletter sub-group* will continue to publish three times a year and contributions from members of the HKACCN are welcome. It is envisaged that the newsletter will further enhance communication between members and facilitate exchange of innovative practices between critical care units in Hong Kong. The *China connection sub-group* is a new sub-group. It aims at developing better collaboration with hospitals and nursing counterparts in China. It is hoped that we could arrange seminars and exchange programmes with them. Lastly, the *community participation sub-group* aims at reaching out to the community by offering educational programmes to the people of Hong Kong.

The PDC takes this opportunity to thank the previous members of the different sub-groups who supported the activities of the PDC in the past two years. I hope that all HKACCN members will continue to support our association in shaping critical care nursing in Hong Kong.

Educational Activities in 2001 (Tentative)

Date	Topics/Activities
28 February	Emergency Management of Trauma Patients by Dr. Patrick Wong, COS(AED, YCH)
22 March	<ul style="list-style-type: none"> ▪ Sharing session (To be confirmed) ▪ CPR class for the community
25 April	Annual general meeting
1- 10 May	Advanced critical care nursing (ACCN) provider and instructor courses <ul style="list-style-type: none"> ▪ Jointly organized by Australian College of Critical Care Nurses Ltd. (ACCCN) & Hong Kong Association of Critical Care Nurses (HKACCN) ▪ Supported by Hospital Authority (Hong Kong)
June- August	Elementary Critical Care Nursing Programme Research Seminar
September	Advanced CPR Programme for Nurses
November	Seminar on renal nursing
December	Seminar on Risk management in critical care setting

Innovative Practice

A One Day ECG Workshop

Peter CHUK (Assistant Nursing Director, Tsuen Wan Adventist Hospital)

Bed-side ECG and 12-lead ECG monitoring are important clinical assessment for the client with dysrhythmia. Early detection of dysrhythmia and clinical implication with appropriate management is an important role of nursing staff working in various clinical areas, especially when the client has life-threatening arrhythmia.

The need for these analytical skills in ECG has been expressed by the nursing staff of a rehabilitation hospital in Kowloon. A one day ECG workshop was conducted in the hospital for facilitating the participants to learn and/or reinforce their analytical skills in common benign and life-threatening dysrhythmia. The knowledge of applying cardiac electrophysiology in ECG analysis was also included.

Twenty-eighty nursing staff of the hospital participated in the ECG workshop. They were of various nursing ranks including Ward Manager, Nursing Officer, Registered Nurse and Enrolled Nurse.

The design of the workshop included different learning activities which focused on a problem-solving approach with the use of a series of clinical vignettes. Three clinical vignettes were used in the learning process and their contents were related with each other. The clinical vignettes described a client with coronary disease developed at different stages which stimulated the participants' interest in interpreting the actual or potential dysrhythmias of the client. The analytical skills of ECG interpretation applying to the client's situation were discussed among the participants during their learning process.

An evaluation of the clinical vignette approach was used in facilitating the learning of ECG, using a questionnaire method, was performed by the participants at the completion of the workshop. The results were above average. For examples, 92% (26/28) of the participants agreed that the clinical vignettes were relevant to ECG learning, 80% (23/28) of the participants agreed that the clinical vignettes facilitate discussion opportunity in ECG learning, 72% (21/28) of the participants agreed that the clinical vignettes are stimulating for the purpose of learning ECG; 72% (21/28) of the participants agreed that they gained new knowledge in ECG learning by using a clinical vignette approach; 72% (21/28) of the participants agreed that they preferred the clinical vignette approach in ECG learning to the didactic method of learning ECG.

The overall participants were satisfied with the learning activities of the ECG workshop. There was empirical data supporting the benefits of clinical vignettes in facilitating ECG learning. It is hoped that the participants of the workshop who have gained these benefits will apply their analytical skills in ECG analysis and initiate appropriate management to improve the quality of care for the client with dysrhythmia.

Clinical Forum

What's new about CPR

David CHAN

(Chairman, PDC; Nurse Specialist, ICU, PWH)

The American Heart Association (AHA) has recently published a set of new cardiopulmonary (CPR) guidelines in the journal *Circulation* (issue: August) entitled: *Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*. There has been changes both in basic life support (BLS) and advanced life support (ACLS). These changes will be highlighted as follows:

For BLS, the changes include:

- Use of new airway adjuncts including laryngeal mask, esophageal-tracheal combitube
- Use of smaller tidal volume for rescue breathing (400 to 600 ml)
- Pulse-checking will not be taught to the lay people. Instead, they will be taught how to check for signs of circulation such as breathing, coughing or movement, but health professional will still need to check the pulse to confirm cardiac arrest.
- Compression rate for both one – and two-rescuer for adult CPR is increased to 100 per minute. Compression-breathing ratio for one- and two-rescuer will be 15:2. The old ratio of 5:1 will no longer be used.
- When a rescuer is unwilling or unable to perform mouth-to-mouth rescuer breathing, chest compression only is allowed in first aid situation.
- The guideline sequence for the management of foreign body airway obstruction should not be taught to lay public. Emphasis must be placed on providing patent airway, continued ventilation and chest compression.

For ACLS, the changes include:

- Procainamide and amiodarone replace lignocaine and adenosine for the initial treatment of haemodynamically stable wide-complex tachycardia

- Amiodarone and sotalol (Group III antiarrhythmic agents) are included for the treatment of stable ventricular tachycardia.
- The role of bretylium and lignocaine have diminished in resuscitation
- Vasopressin (40 units intravenously for one dose) is a more effective vasopressor than adrenaline for promoting the return of spontaneous circulation in cardiac arrest
- Avoid high volume ventilation to reduce the risk of gastric inflation
- All health professionals should be trained, equipped, and authorized to use Automated External Defibrillator (AED).

Appeal to Budding Researchers

Bernard YAM (Research sub-group co-ordinator, PDC; Ass. Professor, Department of Nursing, CUHK)

HKACCN intends to check the competency of critical care nurses in the neurological assessment of critically ill patients using Glassgow Coma Scale as a tool. Tentatively, the topic of this study is "Assessing knowledge level of nurses in reporting GCS".

The Research Subgroup of the Professional Development Committee is extending this invitation to all members interested in nursing research. Expert knowledge in research method is not a pre-requisite, only your motivation, devotion and time are important attributes. If you are interested to join this group, please contact Bernard Yam of the Department of Nursing, The Chinese University of Hong Kong.

Tel : 2609-7473. Fax : 26035935

E-mail : bernardyam@cuhk.edu.hk

New Course in the Pipeline

Advanced Critical Care Nursing Provider Course (1st to 10th May, 2001)

This is a two-day provider course which is a joint program of the Australian College of Critical Care Nurses (ACCCN) and the Hong Kong Association of Critical Care Nurses (HKACCN). The course aims at teaching and updating the theory and practice of nurses working in the critical care areas. This advanced programme are for nurses holding certificates such as ICU, CCU, PICU, NICU and AED issued by HA or equivalent.

Participants are expected to be currently working in the related specialties or should be certificate holders of the specialties before they could be shortlisted for this course. Nurses working in other specialty areas

or holding other critical care related certificates would be considered on individual basis. Pre-course preparation is required.

For further information, please contact David CHAN.
Tel : 26323028; Fax : 26489526
E-mail : dchan123@netvigator.com

New Websites

Nursing in China
<http://www.huli.net>

Chinese Nursing Journal
<http://www.tcmtoday.com/cna>

National Heart, Lung, and Blood Institute
<http://www.nhlbi.nih.gov>

Healthy People 2010
<http://www.health.gov/healthypeople>

Agency for Health Care Policy and Research
<http://www.ahrp.gov>

Conference Announcements

28 October-1 November 2001
8th World Congress of Intensive and Critical Care
Medicine, Sydney, Australia
Email: reply@icmaust.com.au

27-29 June 2001
The Ninth Congress of the International Society of
Peritoneal Dialysis (ISPD)
Montreal, Canada
Email: info@eventsintl.com

Greetings to new members

The HKACCN takes this opportunity to welcome all new members who have chosen to join the Association in enhancing and promoting excellence in critical care as a new dimension in nursing education, practice, management and research. Members are encouraged to continuously support and promote the Association and its activities to their colleagues.

Contributions to the Newsletter

The HKACCN Newsletter is published three times a year. The editor welcomes articles reporting news and views relevant to critical care nursing. The following deadlines for submission of issues, news

clips, short articles, and research briefs must be adhered to for 2001. Contributions can be sent to:

Dr. Violeta Lopez-Nahas, Editor
Room 852 CCV Building
CUHK, N.T.
Tel No. 2609 8180
Fax No. 2603-5936
Email: violeta@cuhk.edu.hk

Article preparation

Individual submissions should be double-spaced and can be sent through the email. Accompanying photographs must be of good quality. The editor reserves the right to accept, modify, reject and/or check material to corroborate information.

Submission dates

April issue – March 31
August issue - July 31
December issue – November 30

ISPD News

Dora LEUNG (Regional Coordinator, ISPD Nurse Liaison Committee, Renal Subcommittee)

The ISPD (International Society of Peritoneal Dialysis) Conference 2001 (26-29 June) is approaching and there is an invitation to Hong Kong for abstracts. As this is an international meeting, it is an excellent opportunity for exchange of ideas and clinical experiences with the renal community abroad. Do you think the accomplishment of Hong Kong Renal Nurses in providing care and in problem solving for patients on Peritoneal Dialysis deserve recognition and celebration? Is this the opportune time for us to display the results of our committed efforts for quality patient outcomes in this specific region of the world? Sharing our experience in the specialty internationally is undoubtedly a milestone for professional development. The ISPD abstract submission is approaching deadline. Should you be interested in participating, please do not hesitate. You are well-equipped with knowledge and experience in researches and CQIs. Please know that your challenging encounters with your clients can also be presented as descriptive articles. Simply write up and submit by 31 January 2001 to Caroline Desforges, Events International Meeting Planners Inc., Scientific Programme Dept., 759 Victoria Square, Suite 300, Montreal, QC, Canada H2Y 2J7.

Editorial Staff

Chief Editor	Dr. Violeta Nahas
Associate Editors	Ms. Ruth Taylor-Piliae Ms. Esther Wong
Publication	Mr. David Chan Ms. Virginia Cheung Ms. Wong Lai King