



## Experience Sharing

### NICU ---- A Nurse's Reflections in Growing From Love to Caring

Stephen KWOK, NICU, Queen Mary Hospital

It has been a year and a half working in the Neonatal Intensive Care Unit (NICU). I have accustomed myself to the transportation between QMH and my home, and became more familiar with the Neonatal Intensive Care nursing. It is my pleasure to share in the this issue of newsletter of HKPNA, as suggested by Ms. LEE Wan Ming, Nurse Consultant (neonatal care), although I am still a beginner in this specialty. This is a great opportunity for me to reflect upon the past, including my learned nursing practice, my thoughts and value. These are essential for me to achieve the goals of better neonatal nursing and care management. When preparing this script, a lot of questions came to my mind and I have made a critical interview with my own thoughts. I treasure such self-evaluation journey as it can help me in making better preparation of my future in the nursing profession.

People working in paediatric units should be joyful as they are getting along with the lovable babies and children. For instance, when you take care of an extreme preterm baby or critically ill newborn who survives under multiple complicated interventions, you would value his/her vitality. You would enjoy playing with a several month old infant when he/she is curiously looking around and moves spontaneously. You may feel happy with surprises from the interactions with children, their value and thoughts could always make a surprise. If you could get into their world, most probably you would be delighted. Babies, however, would not make verbal request but cry or show physiological changes, therefore taking care of babies requires patience and experiences. Getting babies settled and remaining stable would bring you a sense of success and gratification.

To deliver prompt response, maintain good quality and achieve multiple goals are basic criterion in nursing care. In NICU, severe case such as Congenital Diaphragmatic Hernia may require multiple complex interventions, namely, High-frequency Ventilation, Nitric Oxide Therapy, specific pre- & post-operative care, diligent computer recording and bedside vigilance, just to name a few. Therefore, to become a competent NICU nurse, we have

to learn how to make sound and timely clinical decisions based on baby's progress, actively communicate with physicians to work out plans of better care management. Furthermore, psychological preparation, resource materials and tools, organization of actions, time management, cooperation, collaboration and consensus among members of the health care team are important elements for nurses to overcome clinical challenges.

You probably agree with me that everyone in NICU has his/her own discernment regarding a clinical situation, based on ones thoughts, customs and gained experiences. A rational and open mind would facilitate a constructive discussion and mutual learning and minimize misunderstanding. Sometimes, communication may be hindered if the relationship among colleagues are negative to a certain extent that it may even lead to medical incident occurrences. On the other hand, trust and communication are also the prerequisite to get along with parents. Nurses should explain baby's condition in a way that parents can understand, satisfy them as much as possible and give reassurance to achieve a more comprehensive care on patient related affairs.



### In this Issue:

#### Experience Sharing:

NICU – Nurse's Reflections in Growing From Love to Caring

Augmentative & Alternative Communication

#### HKPNA Activities

HKPNA Autumn Outing

*Ms Pamela Chan – Retirement from HA Services*

#### Professional Development Activities

#### Forthcoming Events

#### Overseas Conferences

#### Renewal and Application of Membership

#### Members' Communication Channel

#### Submission to HKPNA

Editorial Committee 2012 - 2014

*Continue on next page*

Continue from previous page

In situation of the death of NICU patient, a majority of the NICU team members would have involved in the palliative care for the baby and his/her family. Some babies were unsalvageable at birth, while some babies with chronic diseases might survive for weeks or even months in NICU. To increase the chance of survival, the health care team would have made great efforts and perform series of advanced care management to the tiny baby. And if the death would still be inevitable, it was really sad to witness those extremely exhausted parents and their families facing the loss of their lovely babies. When the moment of loss came, everyone breathed the air of sadness but the health care professionals would need to put aside their upset emotions and continue taking care of the bereaved parents based on mutual cultural / spiritual respect and understanding.

In NICU, health care professionals are busy in having to manage the patients and families, observations and recording, and communication with various parties. Frankly, every job has its challenges which depend on one's attitude and way of coping. Professionals, in contrast to the layman, should have the abilities to identify risks and strategies to practice safely. Usually there are 6 to 7 patients in one cubicle in our NICU setting with 3 to 4 nurses working during daytime shifts and 1 to 2 nurses in night time ones. A patient admission requires at least 2 nurses and one physician but actually the workforce would be doubled because everyone is keen to offer help and standby for potential or actual poor condition of the patient. Colleagues are responsible and considerate even with the relatively high turnover rate of health care professionals in recent years. A houseman said "I have a situation. My boss would let me leave earlier, but who will pick up my works?"

In view of the rapid development of the health care technologies and in turn the change of condition of the technologically dependent NICU patient, it is important for the neonatal nurses to refresh the knowledge base regularly and develop the creativity for care innovation. So far, the neonatal intensive care specialty has let me know more about caring for sick babies and the needs of their parents. The birth of a baby is solemn and wonderful and it deserves all the care and love and respect from the carers. Those babies who unfortunately require special care and even medical treatment after birth would be separated from their mothers. To respect and treasure life, the NICU nurse should demonstrate the spirit of perseverance in love and care when delivering excellent care to the baby and also help those anxious parents in parenting their sick babies. Nurses can provide optimal care and promote better communication to create positive effects on accomplishing the expected nursing goals, and finally benefits the babies and their families, that is, psychological pressure could be relieved, mutual trust could be strengthened and cooperation could be consolidated.

### Augmentative & Alternative Communication

By Carol LO, DDU, Caritas Medical Centre

Communication is a basic need and the individual right of all human beings. Everyone should have their right to interact with others using various means to facilitate the communication process. According to Special Education Technology – British Columbia (2003), expressive communication refers to different ways of expressing oneself such as speech, pointing, gestures and writing. Augmentative & Alternative Communication (AAC) is a term used to describe the methods of communication other than verbal speech such as sign language, gestures or pictures.

I have been fortunate to have the opportunity to attend the Annual Scientific Meeting 2012 organized by the Hong Kong Society of Child Neurology and Developmental Paediatrics with the topic of "Augmentative & Alternative Communication" in November 2012. They invited the Speech-Language Pathologist Dr John M. Costello, director of Augmentative Communication Program, Boston Children's Hospital, United States of America to deliver a series of lectures introducing the needs of individuals with communication difficulties in the hospital and community settings; basic principles of AAC; barriers on implementation of AAC and strategies of interventions.

Professor Costello highlighted the principle stated by Bartlett, G. et al. (2008) that "The presence of physical communication problems was significantly associated with an increased risk of experiencing a preventable adverse event" and they found that "patients with communication problems were three times more likely to experience preventable adverse events than patients without such problems". Therefore Professor Costello highly recommended that medical staff should use appropriate means and methods to enhance communication with patients. "Patients who are taught to use the communication tools such as picture boards, word boards or simple communication devices, reported improved satisfaction and comfort when compared to those without communication support" (Costello, 2000).

In Hong Kong, a group of professionals who are interested in AAC started working together in 2005 to share their knowledge and experience. They also developed an AAC resource library and formed focus groups for discussing clients' needs according to their communication abilities. Recently the AAC working group has introduced an electronic pool of more than 800 pictures with pre-recorded messages in Cantonese for launching the HK AAC application. This can be tailor-made according to individual's needs and downloaded to a tablet for day-to-day communication. It is really a big step forward by the great efforts of the working group. This application would help more patients with complex communication needs to express themselves more effectively.

The concept seems quite new to most of the attending nurses working in the health care settings, but it is really worthwhile to introduce this concept and the communication strategies in community as well as in the hospital acute ward and intensive care settings as this can minimize patient and carer frustration due to communicative problem, promote patient comfort and quality of life. Before that happens, nurses and others should have the opportunity to increase their awareness and broaden their advocacy role that everyone should have the right to interact with others using various means to facilitate the communication process, in taking care of their children patients with complex needs.



Voice output device with pictures to illustrate the prerecorded phrases



Pictures to indicate the needs and feeling of the non-communicable individual



Lecture by Dr John M. Costello from Boston Children's Hospital, United States of America

## HKPNA Autumn Outing

CHENG Sau Wai, QEH

A wonderful and green Outing 親親大自然享受有機綠色食物 was held on 24 November 2012 with fun. 44 members with their elderly and younger family members visited Fanling Produce Green Foundation. The best part of day was the interactive workshop. All of us enjoyed very much the hands on experience of bread making, brewing organic herbal tea and DIY organic herbs tea bags. The freshly baked bread and the hot tea were really YUMMY to everyone. We had vegetarian lunch at Wun Chuen Sin Koon. Then we had the organic farm tour and were delighted to pick the fresh corns and purchase the fresh organic vegetables .



Group photo of the participants



Yummy Baked Bread

## Ms Pamela Chan — Retirement from HA Services

Ella Ma, Editorial

On 25th January 2013, we joined together for a celebration party of Pamela's retirement as DOM (Paed) of PMH. Being in her professional service for over 30 years and as Board member since the inauguration of HKPNA, she has contributed tremendously in paediatric nursing. We regretted on the disappearance of her voice on these platforms. However she still remains one of the vice presidents of the HK College of Paediatric Nursing. Her passion and love for the profession surely will continue to ignite others in future encounters. We wish Pamela and her family all the best.



## Professional Development Activities

家長、兒護協奏愛兒曲 was held coinciding with the HKPNA AGM on 22 June 2012 with 137 nurses attended.

**Update Series on Child Health 2012** was held at Cheung On Tak Lecture Theatre, the Hong Kong Polytechnic University, Hung Hom. A series of 4 sessions were completed in June till 4 August 2012 with around 400 nurses attended each session.

**50<sup>th</sup> Anniversary Multidisciplinary Conference of HK Paediatric Society "The Evolution and Revolution of Child Health in Hong Kong: Past, Present and the Future"** co-organized by HKPNA was held on 17-19 August 2012 at Hong Kong Academy of Medicine Building, Aberdeen, HK with total 226 nurses attended.

**Lecture on Child with recurrent abdominal pain and diarrhea: Irritable bowel disease (IBD) or irritable bowel syndromn (IBS)** organized by Hong Kong Society of Paediatric Gastroenterology Hepatology and Nutrition and co-organized by HKPNA was held on 12 September 2012 at The Mira Hong Kong, with total 31 nurses attended.

**Seminar on Wound and Stoma Care Nursing in Paediatrics** was held on 14 September 2012 at **Queen Elizabeth Hospital** with 94 nurses attended.

**HKSPR-15th Annual Scientific Meeting** organized by the Hong Kong Society of Paediatric Respiriology, and co-organized by HKPNA was held on 7 October 2012 at Convention Centre, Hong Kong with 43 nurses attended.

**Short Course on Paediatric Emergency** was held on 18, 29 October and 7 November 2012 at Queen Elizabeth Hospital with about 80 nurses attended each session.

**Summit of Breastfeeding** organized by the Hong Kong Paediatric Foundation and Hong Kong Paediatric Society, and supported by HKPNA was held on 18 December 2012 at HA Building with 20 nurses attended.

**Professional Forum on Child Health (Session II) – Manpower Crises for Child Health Professionals in Hong Kong: Challenges and Opportunities** organized by the Hong Kong Paediatric Foundation and Hong Kong Paediatric Society, and supported by HKPNA was held on 3 January 2013 at QEH with 31 nurses attended.

**Lecture on Paediatric Non-Accidental Injuries** was held on 4 January at Queen Elizabeth Hospital with 49 nurses attended.

**Challenges in Child Health: Chronic Conditions and Social Determinants** co-organized by the Hong Kong Paediatric Foundation and Hong Kong Paediatric Society, and supported by HKPNA was held on 10 January 2013 at HA Building with 22 nurses attended.

**A Sceptic's View of Neonatal Medicine: Balancing Science and Art** co-organized by the Hong Kong Neonatal Medicine and supported by HKPNA was held on 21 January 2013 at The Langham Hong Kong with 109 nurses attended.

## Forthcoming Events

### Simulation Based Neonatal Resuscitation

Date: 13 Jan, 20 Jan, 17 Feb, 24 Feb, 17 Mar, 24 Mar 2013  
(Please refer to poster.)

### Short Course on Paediatric Nephrology

Date: 16 Apr, 23 Apr, 13 May 2013. (Please refer to poster.)

### The 45<sup>th</sup> Annual Congress of International Society of Paediatric Oncology (SIOP)

at Hong Kong Convention and Exhibition Centre on 25 – 28 September 2013.

Please visit: <http://www.siop-online.org/page/membership>

## Overseas Conference

**Patient Safety Congress 2013 – PSC & PIPSQC Paediatric Patient Safety Day** on 20 May 2013 at Birmingham Children's Hospital NHS Foundation Trust will provide a whole day of content focused totally on paediatrics for all health professionals and managers working in paediatric care.

Developed in partnership with the Paediatric International Patient Safety and Quality Community (PIPSQC), the conference presents UK and international experts over morning plenary and afternoon breakout sessions covering crucial topics such as: Transforming shift handovers; Intensive care safety packages; Responding to the deteriorating patients; Systems thinking; Continuous improvement; Developing high reliability organisations. More information at

[http://www.patientsafetycongress.co.uk/summits/paediatric-patient-safety-day/?WT.mc\\_id=PNAE](http://www.patientsafetycongress.co.uk/summits/paediatric-patient-safety-day/?WT.mc_id=PNAE)

**2<sup>nd</sup> PNAE Congress on Paediatric Nursing – Shaping Policy and Practice in Europe and Beyond** in Glasgow, United Kingdom on 7-8 June 2013. Please visit: <http://www.pnae-congress.org/>

**4<sup>th</sup> International Congress of Paediatric Nursing - Connecting in Children and Young People's Healthcare** in Melbourne, Australia on 24-27 August 2013.

Please visit: <http://www.accypnconf.com.au/index.php>

**3<sup>rd</sup> European Conference on Pediatric and Neonatal Cardiac Intensive Care** in Lucern, Switzerland on 18-21 September 2013.

Please visit: <http://epnicic.com>

## Renewal & Application of Membership

Registered and Enrolled nurses who have experience in paediatric care are welcome as members. Any nursing undergraduate and pupil nurse, of the universities and nursing schools, who has interest in paediatric nursing are also welcome.

Please complete the **Membership Application/Renewal Form** and return it to "Hon. Dep. Secretary, Ms Iris Yeung, WM, Ward A9, QEH, Gascoigne Road" together with a cheque made payable to "Hong Kong Paediatric Nurses Association Ltd". Application forms can be obtained from HKPNA Hospital Coordinators or downloaded from web site <http://www.hkpna.com.hk>. Kindly fill in your email address when returning the completed form, so that we can keep you informed of the most update activity / course information.

**Life Members** are also welcome to update any personal particulars annually and furnish your email address using the same form.

## Members' Communication Channel

*HKPNA treasures every idea and comment from members. Please forward your suggestions or input in writing to either the President, Ms Susanna Lee at CNO office, Block A, KH or the Hon. Secretary, Ms Ella Ma at WM's Office, Ward EF4, PMH. Besides, you can contact us via email address: [hkpna@ymail.com](mailto:hkpna@ymail.com)*

## Submission to HKPNA Newsletter

The HKPNA Newsletter is published three times annually. Articles such as case studies, research findings, work reports, member's views and ideas are welcome.

Each article is preferably no more than 250 words. Submit either the hard or electronic copy of full text and photographs with subtitles. Author name(s) and contact details should be included. It is the author's responsibility to comply with patient privacy and data protection. Where necessary, informed consent should have been obtained before submission. The Editorial Committee reserves the right to select or reject the submitted article.

Send submission to: Ms Mona Leung, C6 Ward, Tuen Mun Hospital OR e-mail: [leungm@ha.org.hk](mailto:leungm@ha.org.hk)

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