



# *Saskatchewan Chapter of the Canadian Association of Critical Care Nurses*

## **President's Message- Frankie Verville RN, BSN CNCC(C)**

*Issue 2  
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**Special Points  
of Interest in  
this Issue**

***Get involved  
with the  
Chapter!!!***

### **Inside this Issue**

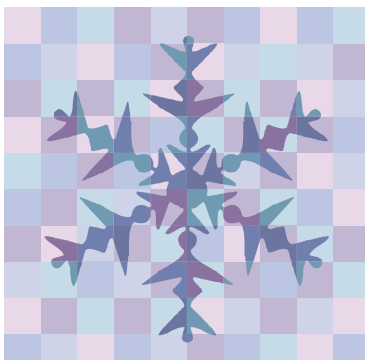
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The past year has been tremendously successful for Saskatchewan and as we usher in the New Year it is always beneficial to sit down and reflect on our successes both personal and professional, and plan for the coming year. Saskatchewan as a province has seen positives in regards to our economy and resulting growth in all areas including our population and the Riders won the Grey Cup (need I say more). In regards to the Saskatchewan Chapter of CACCN we were selected Chapter of the Year and presented with a plaque to this effect at the national conference Dynamics held here in Regina, Saskatchewan. The conference itself was a tremendous success and was hosted in Saskatchewan for the first time. This particular conference is always valuable for critical care nurses and allows us to network with colleagues from across Canada so as to improve the services and care to our patients.

The CACCN is celebrating its silver anniversary this year and we have been encouraged to try to build our membership by 25%, so as to celebrate this occasion. I encourage all members to renew their memberships and encourage their colleagues to do the same. The Saskatchewan Chapter is planning a Spring Conference to be held in Regina in early March and we will be sending out registration forms in the coming month. The Annual General Meeting will be held at this time and we encourage members to seek positions on the executive.

I would also like to take the opportunity to advise members who are writing their CNA certification in critical care and those who have re-certified to take the time to submit their name to the Saskatchewan chapter. Every year, the Saskatchewan Chapter reimburses one member who has successfully achieved the CNA certification in Critical Care and one member who has successfully re-certified. Please take the time to send in your name, a copy of your certification and the costs incurred. The executive will hold a random draw and notify the winner. Your name will appear in the newsletter.

On behalf of myself and the entire executive I would like to wish you all a Happy New Year.



## Clinical Leadership; Unleashing Excellence

Based on presentation by Brenda Morgan, Clinical Nurse Specialist

How much leadership power do I believe that I have at the bedside? If anyone is like me, and I consider myself pretty normal, I sarcastically laughed when asked this question. We've been spoken to about striving for excellence in patient care, and I honestly work towards that but leadership is a whole other cookie.

As critical care nurses, we make powerful contributions to patient and family outcomes. Clinical leadership is demonstrated when we use this power effectively and demand excellence in patient care. There are five areas where clinical leadership shows it self; clinical excellence, learning environment, continuity of care, professional climate, and cultural health. These are some of the questions we were asked to consider about our leadership.

**Clinical excellence:** Are we looking at research and applying best practice into our practice? Do we strive to make our practice to best? Do we have open minds to new ways of doing things? Is our learning active and ongoing? Or are we growing stagnant? Do we hold to the belief that "I should/ can do it all" for the patient and refuse to have others help us? Do we identify issues and present them in a positive way in order to inform others and give constructive suggestions? Do we see teaching opportunities? Have we created a culture where it is ok to remind each other of things that need to be "up to par"?

**Learning environment:** Do we respect each other even though we disagree? Are we asking for each others reasoning when a decision is made that we don't agree with? Can we see that "errors" are an opportunity to look at the process? That challenging the status quo really does encourage group learning. Are we solution driven instead of complaint focused? Have we sought out that new grad and helped to shape them into a confident knowledgeable RN?

**Continuity of care:** how effective is our communication? Our communication influences the effectiveness of our care. Are we asking the questions of staff and family in respectful ways in order for us to get the information that we need? Are we confirming daily the plan of care with the doctor and staff? Is the family and patient aware of the plan for the day?

**Professional climate:** If we want to be respected as professionals, are we acting that way in the professional area? We are professionals, but do we dress like one, look like one, speak like one, and act like one? Do we expect professional behaviour from our selves and co-worker? How do we respond when we are encouraged to be more professional? Do we set a high bar of professionalism on our unit?

**Cultural health:** what is the environment of our units? Have we created a safe, caring, respectful environment for our co-worker? Do we tolerate destructive conversation or do we speak out when we hear it? Are there issues that aren't being resolved and are allowed to influence the manner in which we treat people? Do we strive and aim to respect our co-workers?

These are questions that even as I write them, I'm challenged by. But it reminds me again that I have the ability to influence the nurses of the future, make a difference to my patient's life, and shape the unit I work on.

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## Family Centered Care: Remembering the Children

By Angela Kubiak

While attending Dynamics 2006 in St. John's, Newfoundland, I had the opportunity to attend a session on Family Centered Care in the Intensive Care Unit (ICU): What about the children? by Melissa Perry from Montreal, Quebec. This session was extremely interesting to me because we as nurses should include the whole family of the patient in the care we provide. We sometimes forget to include the children of the patient unless they are adult children. We must remember that even the very young children should have the opportunity to be involved with the recovery and care of their parent, grandparent, aunt or uncle.

Melissa pointed out that nurses are the "gate keepers" of the ICU, which means we limit the amount, frequency, when and who can visit a patient while they are in the ICU. Never stopping to think of exactly what impact this or these visitors have directly on the patient. By being the "gate keepers" we limit the patient in ways we never stopped to think about.

Limiting children from visiting a family member in ICU can have an incredible impact on the psychological security of the child. By allowing children to visit the ICU setting it reduces feelings and fears of: helplessness, guilt, separation and abandonment. So we as nurses need to be open to allowing a child to visit their critically ill parent or family member in the ICU. We have to be aware that preparing the child is as important as preparing an adult as they walk into the ICU, in regards to the environment, machines, monitors and lines.

Melissa Perry was a founder in Teddy Bear Therapy. Which is an intervention program used to assist children of patients feel comfortable with visiting their parent in the ICU environment. It is used to communicate with children and assist with the stress and coping behaviors of the child. The way the therapy is implemented is the family expresses a need for a child to visit. They set up a meeting with the charge nurse or primary care nurse. During the meeting a date is set for the child to visit and a plush bear is given and any questions are answered. Then on the date that is chosen the child meets with the critically ill parent with the plush bear in hand for support. After the meeting the nurse goes through a debriefing with the child. The teddy bear gives the child a secure item to cling to for support while visiting.

In conclusion, what and how can you as a nurse help a child feel comfortable and secure while visiting their loved one in the ICU? Remember children should not be ignored, they are a vital part of a critically ill patients recovery. Although a patient may not physically see the child their presence is sensed by the patient. So next time a parent or family member wants to bring a child in at the bedside to visit remember preparation is the key.

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# Get Involved with the Saskatchewan Chapter

Your local chapter is interested in providing services that meet your needs. Are there educational topics that you would like us to include at our next conference? Email us or better yet join us at one of our monthly executive meetings. Monthly meeting date, location and time will be sent to chapter members.

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the online  
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*The executive members of the Saskatchewan  
CACCN Chapter wish you all a Happy New Year!!!*

