Difficult & Courageous Conversations: Conversations that Matter

We often avoid having difficult conversations because we are concerned about maintaining the relationship, and by doing so, we may damage the relationship by allowing issues to become entrenched or complicated.

This one-day workshop is open to all levels of staff. It provides a suite of practical tools and the opportunity to prepare for conversations and practice skills needed in real time. This will enable you to confidently manage and engage in robust and respectful conversations at work to achieve productive outcomes.

Completion of the day will improve your confidence and enhance your knowledge and skills for actively engaging colleagues whilst reducing stress and managing the situation and emotions.

Specific skills around difficult conversations will focus on giving you the courage to have meaningful two-way conversations, assertive adult to adult principles, giving and receiving feedback and facilitating mutual accountability for professional behaviour.

This one day workshop is on 21st November, 0800-1630.

Bookings to COH-Education@health.qld.gov.au
Medication Matters
from Kerry Feilding
your Director of Pharmacy

Medicines in Urinary Incontinence – Part 1

The bladder has 2 functions – voiding and storing urine. Dysfunction can happen with either and cause incontinence. The three most common types of incontinence you will hear talked about include urge; stress or overflow.

Storage dysfunction can cause symptoms such as frequency, urgency, urgency incontinence or nocturia. Voiding dysfunction causes hesitancy, poor flow, terminal dribbling and incomplete emptying. Both types of dysfunction can be further classified into bladder or outlet factors.

Obtaining a thorough history outlining the storage or voiding dysfunction is crucial to identifying the type of incontinence so the correct treatment option/s can be initiated. Incontinence is not life threatening however patients with urinary incontinence have a reduced quality of life. The goal of treatment is to improve the incontinence with either medications or surgery.

Non-Pharmacological Options are also available but are not the most preferred option.

Urge incontinence [Storage dysfunction]

Urge incontinence is the involuntary loss of urine accompanied or preceded by a sudden urge to void (bladder overactivity). The two most common causes of urge incontinence are urinary tract infection and overactive bladder syndrome. Overactive bladder syndrome can be divided into neurogenic and non-neurogenic causes. Neurogenic over active bladder syndrome is associated with spinal cord injury, Parkinson’s disease, multiple sclerosis and diabetes. In non-neurogenic overactive bladder syndrome, urinary tract infection and bladder malignancy as well as bladder stones. Overactivity of the detrusor muscle (idiopathic) should also be considered. So how do we treat this?

The main class of drugs that is used for treatment of both neurogenic or non-neurogenic bladder dysfunction, is antimuscarinic drugs or anticholinergics. These drugs work by reducing bladder muscle contractility and increase bladder capacity.

Currently there is no evidence of superior efficacy with the newer agents. Monitor for adverse effects after 4 weeks (including changes in cognition) and improvement of symptoms. Stop if no improvement. All drugs have modest efficacy only, therefore the patient needs to decide if the benefits outweigh these adverse effects. One less trip to the toilet or near miss may not be relevant if the patient is having at least 10-12 episodes per day.

Common anticholinergic adverse effects include dry mouth, blurred vision, confusion and constipation and rarely tachycardia.

Non-selective antimuscarinics

Oxybutynin (Ditropan); Tolterdone (Detrusitol); Propantheline (Pro-Banthine)

Oxybutynin has the highest incidence dry mouth. Propantheline is no longer recommended for the treatment of urinary incontinence. Tolterodine needs dosage reduction in both renal and hepatic impairment. All medications available in tablet form. Oxybutynin also comes as a patch.

M3-selective antimuscarinics

Solifenacin (Vesicare) ; Darifenacin (Enablex)

Limited evidence suggests that CNS changes (cognition) may be less likely to occur with these agents. Small studies suggest solifenacin has higher incidence of constipation than oxybutynin or tolterodine. Darifenacin needs dosage reduction with liver impairment. Solifenacin may increase the QT interval especially at high doses. Dosage reductions required in both renal and hepatic impairment for Solfenacin.

Mirabegron- Beta-3 agonist (Betmiga)

This works by relaxing the bladder muscle to increase storage capacity. Has similar efficacy to anticholinergics and may be an option in patients who cannot tolerate anticholinergics. Contraindication included severe hypertension. Dosage adjustment required in both renal and hepatic impairment. It has significant drug interactions.

Botulinum toxin

May be injected into the bladder wall and only considered for people with urge incontinence if anticholinergics are not tolerated. Potential adverse effects include temporary urinary retention that may require catheterisation and urinary tract infection.

Coming in the October Edition … Medicines in Urinary Incontinence – Part 2
The Communiqués ...
Real Cases from Coroners Investigations

What are the lessons learned and how can they help us improve care?

The Communiqués are free electronic publications, published quarterly by the Department of Forensic Medicine Monash University and the Victorian Institute of Forensic Medicine.

They provide narrative case reports about lessons learned from Coroners investigations into preventable deaths in acute hospital and community settings, and residential aged care settings. Cases are used from local, interstate, and international jurisdictions.

Each edition identifies key themes that are vital to improving patient safety. The Communiqués are a resource for education, engaging and motivating staff to make patient and resident care safer. They address the entire system of health care from policy to the bedside.

The goal is to improve the awareness of health care professionals, clinicians and managers about the nature and circumstances of the systems failures that contributed to patient adverse events.

There are three Communiqués published:

1. Future Leaders Communiqué
2. Residential Aged Care Communiqué
3. Clinical Communiqué

Previous editions are available at: http://vifmcommuniques.org/

It is free to subscribe, and you will receive these quarterly publications by email http://vifmcommuniques.org/subscribe/

A Must for All Clinicians ...
Subscribe to all three!

The average person walks the equivalent of twice around the world in a lifetime.

In 1783 a sheep, a duck and a rooster were the first passengers in a hot air balloon.

A flock of crows is known as a murder.

The chance of you dying on the way to get lottery tickets is actually greater than your chance of winning.
VALUES: what are they and why is Metro North becoming a ‘values based’ organisation?

Thanks to Col Smyth, Program Coordinator, Metro North Office of Strategic Projects, for providing this article.

Values ...What Are They?

Our Metro North values of Respect, Teamwork, Compassion, High Performance and Integrity are becoming an important part of how we deliver healthcare and how we, as healthcare providers interact with each other, our patients and their families.

Values are the core beliefs that we use to guide our decision making and how we live our lives. They also very strongly govern our behaviour. This is extremely important for us as healthcare providers because our behaviour towards each other as members of a multi-disciplinary team and towards our patients has a significant impact on the overall patient experience.

We also know that in a healthcare setting, workplaces with a positive culture influence the quality of patient care with fewer incidences of surgical error, patient re-admission and infection. These are the primary reasons that Metro North is integrating our values into our systems and processes and using them to bring about a more positive workplace culture for all of us.

What is ‘Values in Action’?

This important body of work is culminating in an initiative called ‘Values in Action’ (VIA) which aims to integrate our five values into the way we do the following things:

- Welcome, orient and ‘on-board’ new team members in Metro North
- Recruit externally and promote internally our vacant positions
- Provide performance support to our team members
- Recognise and reward the outstanding efforts of our team members
- Look after our people’s well-being
- Celebrate the work we do and improve our sense of belonging in the workplace
- Build a culture of safety and respect while promoting accountability for our behaviour

To help articulate what our values mean at the local level, Metro North is also collaborating with all staff to develop a set of ‘agreed behaviours’ which will apply to us and help underpin our values at the local level. Workshops already undertaken with staff have been well and enthusiastically attended and opportunities for all staff to participate are rolling out across the Metro North campuses and directorates.

These agreed behaviours will also serve as a guide for us all on how to be the best version of ourselves – as individuals, with our colleagues and with our patients. Through the Metro North VIA initiative, we can create a better working environment for our team members and deliver better and safer healthcare to our patients.

Future articles in Learning4you will take a closer look at each of the projects within VIA. In the meantime, to find out more about VIA, visit: https://qheps.health.qld.gov.au/metronorth/values-in-action where you’ll also find a link to our Chief Executive’s VIA video.
Community and Oral Health Directorate and the Brighton Research Advancement Team (BRATS) announce the September ‘Write on’ muster

When and where is the next muster?
- Thursday 20th September, 3.30pm to 5.30pm
- Brighton Health Campus, Education Room, Level 1, Dolphin House
- RSVP by Monday 17th September so we make sure the room is appropriate for the number of people attending

What is a ‘Write on’ muster?
- A get-together of Community and Oral Health Directorate staff with an interest in research who would like some group motivation to get started or continue with writing / drafting that QA project / research idea / conference presentation

Who can attend?
- Any staff member from any stream
- You are welcome even if you don’t know where to start with your idea and would like some help
- Staff with research experience will also attend

What is involved?
- Gathering at the nominated site for a two-hour session
- Bring your own laptop/iPad / device if you have one
- Bring your enthusiasm and goals e.g. complete a draft of a QA proposal
- Bring your best brain food

Remember
1. Seek permission to attend from your line manager
2. Writing NOT talking is the key activity in the ‘Write on’ muster

To RSVP please email COH-Education@health.qld.gov.au

Contributed by:
Ann Rahmann, Senior Physiotherapist
Brighton Rehabilitation Unit; On behalf of BRATS team
NEW CLINICAL GUIDELINES

- National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the management of heart failure 2018

CONFERENCES / SYMPOSIUMS / FORUMS

- Centre for Palliative Care Research and Education (CPCRE) Annual Conference, RBWH, 28 September 2018
- 42nd World Hospital Congress: Innovate, Integrate, Inspire, (IHF-International Hospital Federation), Brisbane, 10-12 October 2018
- Annual Statewide Dementia Clinical Network Forum, (By invitation only to members of the Statewide Dementia Network. To join the Dementia Clinical Network, simply email Carmel Sheehan with your request to join ... be quick!), Brisbane, 26th Oct 2018
- National Brain Injury Conference, Princess Alexandra Hospital, 13th-14th November 2018
- Bold Ideas, Better Solutions 2018, The Hopkins Centre Symposium, (Translational Research using the theme ‘enhancing the experience of rehabilitation’), Brisbane, 15th November 2018
- Comprehensive Care Forum (Metro North, Falls prevention & pressure injury), Brighton, 4-5 April 2019
- 6th National Elder Abuse Conference, Brisbane, 22-23 July 2019

Please Contribute to ‘The Community Bulletin Board’

At Learning4you, our goal is to connect members of our learning community with relevant learning opportunities. Collectively as a community, we are well connected through our professional affiliations, and personal hobbies and interests. It is through these avenues we often become aware of opportunities.

Imagine how amazing it would be if we could pool our information and share it with our colleagues! This is how you can contribute to our culture of learning.

How Can You Contribute to our Culture of Learning?
Please tell us about great opportunities (professional, hobbies or personal interest) that you know about, including:

- Courses (face to face, or online)
- Symposia, Conferences, Webinars, Lectures
- Educational Videos
- Online newsletters
- Web sites with great resources
- ... and anything else that comes your way!

Can you recommend a presenter on any relevant topics (from within our services or perhaps as a guest)? Tell us about it!

We have more than 1600 people working across our services. Remember ... if there is something that is of interest to you, it will likely be of interest to somebody else too!

It would be no surprise to you that opportunities that are free or inexpensive are particularly popular.

Help our community of learners and send your contributions to COH-Education@health.qld.gov.au or phone Leah on 3631 7437.

So ... SPREAD THE WORD!

Thank-you to Marianne, Caitlin and Annette who have contributed to The Community Bulletin Board this month
Dementia Essentials: LAST CHANCE!

Dementia Essentials is a 3 day accredited course for staff working with people with dementia. Dementia Training Australia will be delivering this course. It is a great opportunity to attend this training at no cost, and get 21 hours of CPD.

The program includes:
- Person centred care
- The nature of dementia
- Effective communication
- Impact of dementia
- Activities for engagement
- Understanding changed behaviours and developing effective responses.

If you attend this course, you MUST undertake a simple workplace assessment under supervision, interacting with people living with dementia. You MUST also be able to attend all 3 days of your nominated course.

Course 3: Fridays 30th November, 7th & 14th December – Limited places available!

As this course is being provided by an outside provider, our standard booking process does not apply. Contact COH Education if you wish to book.

CKN

Do you know about CKN? Do you know how to use it? Did you know you can access it from work or home?

What is CKN?
The Clinical Knowledge Network (CKN) provides clinicians with direct access to the latest evidence-based information for point of care decision making; medicines; medical, nursing and allied health research; and ongoing professional development. Resources available include electronic books, journals, clinical guidelines, point of care, research databases, and medical calculators.

Don’t Miss this Training Opportunity!
We look forward to welcoming Cindy Slater as a guest to Community and Oral Health Directorate. Cindy is a CKN Trainer who is based in Melbourne and employed by EBSCO. Her clinical background is in Podiatry. Cindy will provide an introduction session, and will also be available to assist with more advanced needs.

1.30 to 2.30pm: Drop-in session
- your chance to stop in for demonstrations and assistance on any aspect of CKN that you require. You only need to ask!

2.45 to 3.30pm: Introduction to CKN
- Tour of resources available on CKN
- Searching across resources
- Refining searches
- Working with results: print, cite etc
- Setting up alerts
- Creating an offsite access account

3.30 to 4.00pm: How to use CINAHL
- the world’s most comprehensive source of full-text for nursing & allied health journals, providing full text for more than 1,300 journals indexed in CINAHL. It contains full text for many of the most used journals.

Wednesday 3rd Oct: NLHP, Large Meeting Room, Ground Floor
No Bookings Required!

Introducing …
Leah Lucadou Wells
Administrations Officer, Education

Leah joined the Education Team in January 2017, returning to work after time at home with 3 small children, and quickly became an essential part of the team. ‘I am really enjoying working in the Education Team. It is an amazing group of people who are very supportive of each other and have a wealth of knowledge between them. We also have lots of fun at work which I think is very important!’

Leah has spent most of her career in support roles in healthcare ranging from Pharmacy, Clinical Practice, Research, Natural Medicine and Tertiary Education both in the Private and Public sector. ‘I find working in healthcare very rewarding. Even though I am not a clinician myself, I feel I am contributing to the high level of care we provide at Community & Oral Health by supporting and assisting our staff’. Leah is particularly interested in the history of healthcare as well as clinical research and technology.

Leah is also a foster carer for Rescue Organisation Best Friends Felines. This means that every couple of months a couple of cute kittens come to live at the Lucadou-Wells house to be loved and cared for until they are adopted into their forever homes.

Something you don’t know about Leah
Leah spent most of her childhood in a remote coastal community of Arnhem Land, Northern Territory, called Nhulunbuy. A world away from life in Brisbane!
Learning Opportunities ... from your Education Team

 Administration Support Officer Training Program
(2 parts) - Attend both sessions:
28th Sept & 5th Oct, 0830-1230
- Email management
- Calendar management
- Meeting management
- Agendas & minutes
- Standards: HR process management; BCS filing & finance

Peer Group Supervision Training
18th September, 1230-1630: For All Clinical Staff
Participants will demonstrate increased knowledge and skills of how to participate in peer group supervision (PGS) using the specific PGS tools. An interactive workshop covering:
- Define supervision and supervision outcomes
- Identify what can go wrong in a peer group supervision group
- Participate in a peer group supervision group as a supervisee and a group member
- Use a range of structured tools to facilitate learning
- Plan how to use the peer supervision tools

 Clinical Response to Domestic & Family Violence
19th September, 13th November, 1230-1630: For All Clinical Staff
An interactive workshop where participants will:
- Increase knowledge of the legislation that underpins D&FV
- Increase knowledge of the indicators & risk factors of D&FV
- Build capacity to sensitively & skilfully ‘Recognise, Respond & Refer’
Participant must have completed 2 on-line training programs at time of booking in:
- Understanding Domestic & Family Violence module
- Clinical response to Domestic & Family Violence module

Train the Trainer Courses
- BLS Instructors Course:
  14th November, 0830 – 1230
- Patient Handling Ward Unit Trainer Orientation:
  12th Nov, 0800-1630
- Patient Handling Ward Unit Trainer Refresher:
  9th Oct, 0800-1200

RN / CN / NUM Development Day: Clinical Assessment & Clinical Deterioration
3rd October 0800-1630: For RNs, CNs, NUMs
- Clinical communication
- Recognising and responding to clinical deterioration in the sub-acute setting
- Comprehensive Clinical Assessment: General, Cardiovascular, Respiratory and Neurological
- Diabetes Management

Introduction to Palliative Care
12th October, 0800-1200: For All Clinical Staff
- The history of palliative care to current day concepts.
- Describe the assessment tools used in palliative care (PCOC) and the importance of impeccable assessment
- Relate to the experiences of patients and their families in the palliative care journey
- Discuss strategies to prepare for end of life – practical and emotional
- Outline end of life cares for the palliative patient including family/loved ones involvement in these cares.

 Palliative Care – Symptom Management
12th October, 1230-1630: For All Clinical Staff
- Pain relief options: what medications are introduced in the varying stages of the palliative care journey
- End of life decisions /legal implications in QLD
- Palliative Care management of patients in the community
Participants have the optional opportunity to complete a workbook and submit reflections to receive “Introduction to Palliative Care Concepts” Certificate (separate from the certificate of attendance).

Introduction to Community Nursing
17th October, 1430-1630
- Referral process: CRU – where it all begins.
- Patient scenarios will be utilised to explore our community services: Hospital in the Home, Post Acute Care Services, Community Palliative Care Specialists, Chronic Complex Disease Team, Diabetes team, Community Transition Care Program.
- Discharge from community services – ongoing referral options for continued patient support.
- OVP in community settings.
- Communication challenges in the community.
- IT use in the community.

Difficult & Courageous Conversations: Conversations that Matter
21st November, 0800-1630: Everyone Welcome!
Specific skills around difficult conversations will focus on giving you the courage to have meaningful two-way conversations, assertive adult to adult principles, giving and receiving feedback and facilitating mutual accountability for professional behaviour.

EDUCATION TEAM
Contact us
Ph: 3631 7437
COH-Education@health.qld.gov.au

Submissions & Suggestions to:
Karen Lush
Nursing Director Education
Ph: 3631 7613

Catch up on previous editions!
Learning4you is available on the Education Libguide.
Access via our training and education page (QHEPS).