



Nurse Letter



Head's Message

Benevolence and Fairness in Nursing

Prof Agnes Tiwari
Professor and Head



Incorporating traditional Chinese values of over 5000 years into contemporary nursing education is inspiring but challenging. Specifically, do benevolence (仁) and fairness (義), the most core values of Confucius' teaching, have a place in the education of nurses?

These traditional Chinese values advocate for general harmonious relationships through mutually benevolent acts by all creatures on earth, and fairness for each human to enjoy the beauty and health of their existence. As such, the values are as true today as they have been for millennia. And their parallels with the virtues of nursing are obvious. What we aspire to see in a nurse is a humble and caring person with love and understanding for those in need and with intellectual sensitivity to uphold fairness and justice. Thus, nursing possesses the very essence of benevolence and fairness.

In today's society where longer term, greater good often has to compete with immediate self-gratification, instilling the values of humanity through education will not be easy. Will students be receptive to learning and practicing benevolence and fairness? Will teachers be able to model the very values that they are teaching? Will society give recognition and support to those who promote and uphold the practice of humanity?

How then shall we compete for our nursing students' attention in educating them with human values in the midst of constant distractions, many of which are brought about by instant communication facilities such as smartphones? I am not concerned about these technologies, as I believe they can be used to support the greater good. Recently, I observed some nursing students partner with trained volunteers and professional carers to provide support to first-time mothers at risk of post-natal depression in a deprived community.

Whenever face-to-face meetings become impracticable, the students and lay carers used instant messaging apps to bring human contact to the mother and assure her that she is not alone during the arduous journey of new parenthood. In another project, students experienced the use of qigong, a traditional Chinese practice of mindfulness, to help reduce psychological stress among Chinese women with a history of partner abuse. Not only did the students learn qigong, they also witnessed how women support each other in the face of adversity. I believe these students learn, at first-hand, the application of benevolence and fairness, and the very people for whom they care are their teachers too.

These students have taught me that irrespective of whether benevolence and fairness are Western ethical values or Chinese traditional norms, they are central to the practice of nursing. And our students are capable and willing to promulgate such values, as generations of nurses before them.





Feature Story



Dr Daniel Fong
Associate Professor

Research

Scoliosis Screening for School Children in Hong Kong: Exemplar to the World

Scoliosis refers to the side-to-side curvature of the spine. For over 80% of patients with scoliosis the cause of their disease is unknown (idiopathic) and for over 80% the onset of the disease occurs during adolescence. Hence, adolescent idiopathic scoliosis (AIS) has been the most common type of scoliosis [1]. If AIS is left untreated, it may progress to the extent that increases the risks of morbidity and mortality; in which case, invasive spinal fusion surgery is required. On the other hand, if AIS can be detected early, noninvasive bracing can be applied to control progression. Therefore, mass screening in school for early detection of AIS was initiated in the late 1950s in the United States (US) [1].

Scoliosis screening for school children has, however, been heavily debated for over six decades [2,3]. A major force opposing mass scoliosis screening came from the US Preventive Services Task Force (USPSTF), an independent organization for making evidence-based recommendations about clinical preventive services such as screening. The USPSTF first concluded there was inadequate evidence in support of mass scoliosis screening in 1996; but later in 2004, it changed its recommendation to against scoliosis screening. Despite the change of recommendation being criticized as a change of position without a change of evidence, some places had stopped scoliosis screening in school children [4]. Hence, there has been an urgent call for new quality evidence about scoliosis screening. Therefore, we aimed to assess the effectiveness of scoliosis screening for school children.

Methods

The Hong Kong scoliosis screening program in 1995 was a joint venture between the Department of Orthopaedics & Traumatology of The University of Hong Kong and the Department of Health. The screening program comprises the forward bending test (FBT), measurement of angle of trunk rotation (ATR), and moiré topography, which are conducted in 2 tiers [5-7]. Students studying grade 5-9 may opt to undergo the screening tests during their annual health assessment exercise. After our thorough literature review, we adopted the retrospective cohort design as the most appropriate design for evaluating school scoliosis screening [6-8].

Results

Over a hundred thousand children had their screening and medical history up to 19 years of age collected. Based on this cohort, the screening accuracy was high with sensitivity of 88% (95% CI=86% to 90%), and positive predictive value of 44% (95% CI=42% to 45%). The corresponding specificity and negative predictive value were above 95%. These were higher than other

screening protocols elsewhere. The total cost for screening, diagnosis, and treatment for each screened children was US\$55, which was comparable if not cheaper than that in other places.

Conclusion

Based on the largest cohort of children followed until their 19th year-old, the 2-tier scoliosis screening program in Hong Kong is both clinical and cost effective in detecting AIS. Its protocol and experience can be shared not only in the Greater China, but it may also be applicable to other parts of the world. The new emerging evidence in support of scoliosis screening for school children may call for a review of the current recommendation from the USPTF [2,9].

References

1. Fong D, Luk K, Cheung K, Wong Y: **Scoliosis Screening for School Children.** In: *School Health Screening Systems*. edn. Edited by McPherson B, Driscoll C. New York: Nova Science Publishers; 2014: 197-218.
2. Fong DYT, Luk KDK: **Should screening for scoliosis be conducted?** *ArgoSpine News & Journal* 2012, **24**(1-2):46-49.
3. Fong DY, Lee CF, Cheung KM, Cheng JC, Ng BK, Lam TP, Mak KH, Yip PS, Luk KD: **A meta-analysis of the clinical effectiveness of school scoliosis screening.** *Spine* 2010, **35**(10):1061-1071.
4. Fong DYT, Luk KDK: **Should screening for scoliosis be conducted?** *ARGOspine News & Journal* 2012, **24**:46-49.
5. Lee CF, Fong DY, Cheung KM, Cheng JC, Ng BK, Lam TP, Mak KH, Yip PS, Luk KD: **Referral criteria for school scoliosis screening: assessment and recommendations based on a large longitudinally followed cohort.** *Spine* 2010, **35**(25):E1492-1498.
6. Lee CF, Fong DY, Cheung KM, Cheng JC, Ng BK, Lam TP, Mak KH, Yip PS, Luk KD: **Costs of school scoliosis screening: a large, population-based study.** *Spine* 2010, **35**(26):2266-2272.
7. Luk KD, Lee CF, Cheung KM, Cheng JC, Ng BK, Lam TP, Mak KH, Yip PS, Fong DY: **Clinical effectiveness of school screening for adolescent idiopathic scoliosis: a large population-based retrospective cohort study.** *Spine* 2010, **35**(17):1607-1614.
8. Lee CF, Fong DY, Cheung KM, Cheng JC, Ng BK, Lam TP, Yip PS, Luk KD: **A new risk classification rule for curve progression in adolescent idiopathic scoliosis.** *The spine journal : official journal of the North American Spine Society* 2012, **12**(11):989-995.
9. Labelle H, Richards SB, De Kleuver M, Grivas TB, Luk KD, Wong HK, Thometz J, Beauséjour M, Turgeon I, Fong DY: **Screening for adolescent idiopathic scoliosis: an information statement by the scoliosis research society international task force.** *Scoliosis* 2013, **31**(8(1)):17.5.

>>Participate in my research? Please visit <http://biostat.hk.hk/sf12>

Teaching and Learning

Ms Lei-King Yu
Lecturer



Communication in the Workplace

In the last decade, conflict in the workplace has come to the attention of a range of disciplines including nursing. Among numerous factors, one explanation put forward as the backbone cause of this phenomenon is the existence of a multi-generation workforce in one place. Veterans, Baby boomers, Generation Xers and Millennials (also known as Generation Y) have vast differences in their work values and ethics, their expectation of rewards and most significantly in their communication style (Duchscher & Cowin, 2004). Hu (2004) studied a group of nursing staff of different generations about their characteristics including their communication style and the significance of work in their lives. It was found that different generation groups have different perceptions in their commitment to the organization; the type and time of rewards for performance, and vastly different perceptions in employment demands and need for orientation, training and advancement, benefits and retirement options. Sherman (2006) tried to reframe these perceptions about the differences to view them as potential strengths. In Hong Kong, generational differences, while not exactly the same, do share some similar characteristics.

A large amount of research and analysis has been undertaken which describes the value system and working attitude of people brought up in the 80s and 90s. New working rules and regulations have been developed to help them to merge into the working culture. To prepare university students to face the world after graduation, we need to help them to understand that different generations perceive the world differently. We need to help them to understand how others think and how they can communicate with different generations.

Face-to-face communication in nursing workplace is indispensable. This is the nature of nursing. A nurse has to give timely responses to patients, nursing colleagues of all ranks, and other health care professionals. All these contacts cannot be replaced by whatsapp, email, or Instagram. More than that, very often communication requires detail, clarity and respect. "Digital natives" use short, casual and colloquial conversations. These often create tensions with managers whose concern is deeper than mere frustration, for they feel disrespected and unappreciated.

The intricacies of workplace communication are complex and require continuous learning. To bridge the communication gap between generations, Brownlee (2010) suggests navigating the workplace culture by understanding the various values, adopting a common language, making no assumptions, and asking whenever in doubt. Where managers may be motivated by the job itself, the younger group, who thirsts for knowledge, often seeks guidance, feedback and acknowledgment.

The challenge confronting both nursing managers and new graduates is essentially the same, to comprehend the characteristics and attributes of each other. A workplace characterized by sound communication is a fertilized soil to enable a new plant to grow tall and strong.

References

- Brownlee (2013) How to Communicate in the New Multigenerational Office. *Forbes*, Retrieved April 21, 2013, from <http://www.onforb.es/Vh8VOJ>
- Duchscher, JEB & Cowin, L (2004) Multigenerational Nurses in the Workplace. *JONA*, 34 (11), 493-501.
- Hu, J; Herrick, C & Hodgin, KA (2004) Managing the Multigenerational Nursing Team. *The Health Care Manager*. 23(4), 334-340.
- Pardue, KT & Morgan, P (2008) Millennials Considered : A NEW GENERATION, New Approaches, and Implications for Nursing Education. *Nursing Education Perspectives*. 29 (2), 74-79.
- Sherman, RO (2006) Leading a Multigenerational Nursing Workforce : Issues, Challenges and Strategies. *The Online Journal of Issues in Nursing*, 11(2).





Mr Ian Ka-Ki Cheng
(Class 2003 BNFT, Class 2006 MNurs)
Advanced Practice Nurse
Accident and Emergency
North Lantau Hospital

Clinical Excellence

Advanced Emergency Nursing Practice: a possible means to support the patients' experience while enhancing the nurse's role

The Problem

Overcrowded Accident and Emergency Departments (AED) have been a global phenomenon (McGee & Kaplan, 2007) and Hong Kong is no exception. The ageing population, an expanding demand for the primary health care service and a shortage of emergency physicians intensify the long existing problem. Stakeholders are looking for solutions, one of which is to expand the emergency nurse's role to that of an advanced practice role called Nurse Practitioner (NP). It has been developing in the Western nations, e.g. the United States (US), Australia and the United Kingdom (UK) for decades in various clinical specialties. The Emergency Nurse Practitioner (ENP) is prepared to make individualized decisions, share responsibilities and liabilities and account for their clinical judgment within a specific scope of service (Tye, Ross & Kerry, 1998).

History of development

Although there is no legitimate ENP title in Hong Kong, this advanced practice model was introduced into Hong Kong in 2006. It was shown to be a success when the first emergency nurse clinic was set up in 2011 in Prince of Wales Hospital. The clinic provides emergency care for patients with acute minor injuries and illnesses. There is evidence that the introduction of an ENP service provides enormous benefits to patients and staff worldwide (Wilson, Cameron & Jennings, 2008). Tye et al. (1998) identified several perceived potential benefits, which included improved waiting times, reduced length of stay, increased job satisfaction for nurses, a better utilization of resources, improved quality of care and increased patient satisfaction by maximizing holistic and continuity of care.

Scope of service

I started my advanced practice in emergency nursing with another two advanced practice nurses in 2012. We adopted a collaborative model wherein we provide service in collaboration with a senior medical staff member. All patients we attend suffer from acute minor injuries or illnesses. For example, minor head injury, wound management such as in simple cuts, and common orthopedic emergencies, such as sprained ankles, shoulders dislocation, etc.

In brief, the role and responsibilities of the Advanced Practice Nurse in the new service model can be summarized into three areas:

1. Perform direct clinical care to patients including
 - 1.1. Taking history
 - 1.2. Performing physical assessment

- 1.3. Ordering and interpreting relevant investigations e.g. X-ray
- 1.4. Formulating diagnoses
- 1.5. Formulating and carrying out appropriate treatment plans
- 1.6. Planning for discharge and re-evaluation
- 1.7. Making referral to allied health or clinical specialties as appropriate
2. Promote evidence-based practice through research
3. Promote the continuous development of advanced emergency nursing practice

Challenges

Consistent with many studies worldwide, there are a number of barriers hindering the development of the advanced practice role. Dimeo & Postic (2012) reported that the role and responsibilities of the new practice model were not well defined and that many emergency physicians were confused about accountability and liability issues in cases management, while some physicians were reluctant to accept the transition from a hierarchical relationship to a collaborative one. Additionally, some of them expressed concern about the extra workload put on the medical staff.

Conclusion

The establishment of an advanced emergency nursing practice model could be one of the solutions to the overstretched emergency care system. It provides a new way out for reducing patient waiting times and facilitates the further development of emergency nursing in Hong Kong. However, it will take time to build confidence and trust in the local context.

References

- Dimeo, M & Postic, M 2012, Lessons learned in developing and implementing the nurse practitioner role in an urban Canadian emergency department, *Journal of Emergency Nursing* vol. 38, pp. 484-487
- McGee, LA & Kaplan, L 2007, Factors influencing the decision to use nurse practitioners in the emergency department, *Journal of Emergency Nursing* vol. 33, pp. 441-446
- Tye, CC, Ross, FM & Kerry, SM 1998, 'Emergency nurse practitioner services in major accident and emergency departments: A United Kingdom postal survey', *Journal of Accident and Emergency Medicine*, vol. 15, no. 1, pp. 31-34.
- Wilson, K, Cameron, P & Jennings, N 2008, Emergency Nurse practitioners: An underestimated addition to the emergency care team, *Emergency Medicine Australasia* vol 20, pp. 453-455

Ask Florence

Ask Florence is a column in which students, clinical instructors and nursing teachers can write in with a problem or issue around clinical learning about which they would like advice from "Florence", who is an experienced facilitator of student learning. We expect to receive queries about how to deal with student difficulties in clinical settings, how to give effective feedback to students, the strategies that are helpful for supporting unsafe students, and many other topics including those that students may raise. All questions will be dealt with anonymously. We will not publish your name or any details about you. If necessary we will modify questions slightly to ensure total anonymity.

If you have a question for "Florence", please send it to askflorence@hku.hk

Dear Florence,

I have a student I am particularly worried about. I have been working in the clinical skills laboratory as an instructor to prepare the students for their first clinical practicum and I need to know what I can do to support this student. The student is very difficult to deal with, complains a lot and is aggressive and argumentative. He is very aloof and unfriendly. He believes that his classmates and the teachers are spying on him and cheating him and I do not think what he is saying is right. I just don't know what to do and I feel very uneasy about him going out into clinical. What should I do?

Regards,

Ka Yan

Dear Ka Yan,

I share your concern about this student and I think you need to go immediately to your supervisor to discuss your disquiet. I would suspect that your supervisor will take the matter further if they share your concerns after talking to the student. It is impossible to say much without actually seeing the student, but he seems to be exhibiting paranoid symptoms. This may be a result of intense anxiety the student might be feeling in relation to going out into clinical or it may a long term problem. Either way I think the student needs to be referred to a counsellor or medical practitioner to determine the severity of the problem and ascertain whether the student can be permitted to go into the clinical practicum. This may prove to be extremely difficult as it could reinforce the student's sense of distrust and suspicion about other people and his belief that people are out to get him. You need to refer him on as soon as you can and his clinical practicum should be put on hold until the matter is resolved.

My best wishes

Florence



School Highlights

▪ Tea Reception for Senior Year Students

The School of Nursing received 25 Senior Year students at a tea reception held on 26 August 2014, with the Senior Year student coordinator, Ms. Gladys Hui and the Clinical Coordinator, Ms. King Yu welcoming these students into the third year of the Bachelor of Nursing (Full-Time) programme. Ms. King Yu and Ms. Gladys Hui introduced the School and the programme to the students. This was a good opportunity for these students to familiarize themselves with their fellow classmates, the programme and the School. The School wishes these students every success in their study.



▪ Diabetes Risk Score Smartphone Application (DRS App)

The School of Nursing has a new initiative for promoting public awareness on diabetes. This project was titled "Diabetes Risk Score smartphone application (DRS app): its application in diabetes prevention and health education" and funded by the Knowledge Exchange (KE) Funding Exercise 2013/14. Different departments worked together for this event and a media conference was held on 27 August 2014. Many positive comments about this project were received. Many users indicated that this tool was non-threatening and they were happy in receiving individualized health educational advice through the app. This project is very successful especially in promoting public awareness on diabetes.



▪ 2014 Asian Chinese Quality of Life Conference

The 2014 Asian Chinese Quality of Life Conference was held on 29 – 31 August 2014. Prof Agnes Tiwari, Head of School of Nursing, was invited to give a speech in this event. This conference was jointly organized by the Hong Kong Society for Quality of Life, First Affiliated Hospital, Guangzhou University

of Traditional Chinese Medicine, Department of Medical Statistics and Epidemiology, School of Public Health, Sun Yat-Sen University, and Guangdong Medical College, Research Center on Quality of life and applied psychology. There was an inauguration ceremony of the World Association for Chinese Quality of Life (WACQOL).



▪ Bachelor of Nursing – Year 1 Orientation

The Bachelor of Nursing Full-time Programme Year I Orientation was held on 2 September 2014. Professor Agnes Tiwari, our Head of School, first welcomed students and Dr. Felix Yuen (Programme Director) introduced to the students on different aspects of the programme. It was our honour that Ms. Peggy Wong (Chief Nursing Officer, Hospital Authority) gave our Year I students an overview on the Nursing Profession and Trends, followed by presentation on Clinical Education by Ms. King Yu and Student Evaluation on Teaching and Learning by Dr. Daniel



Fong. Dr. Mary Lung briefed on the Life Sciences Courses. It was also our pleasure to have Professor G. Kochhar-Lindgren (Director of Common Core Curriculum) to briefly introduce the common core courses. Students were then given the chance to have laboratory tours with our Assistant Lecturers. The Orientation ended with the introduction of School of Nursing and curriculum information given by Dr. Veronica Lam (Year I Year Coordinator). All in all, students enjoyed the event, and we wish them a productive academic year ahead.



▪ Student Incoming Exchange

Six exchange students from the Case Western Reserve University and one exchange student from the Third Military Medical University visited our School in semester one this year. Most of them have taken three courses together with our Year IV students.

Students showed great interest in our School, Chinese culture and Chinese medicine. A visit to the Hong Kong Jockey Club Lo Wai Chinese Herb Garden was arranged on 24th September 2014 for the students and they were fascinated by the special use and functions of herbs. They also experienced the traditional culture in Lo Wai Tsuen to have a deeper understanding of Hong Kong history.

Having participated in various cultural activities in Hong Kong and met our nursing students, the students enjoyed their exchange experience very much.

▪ \$10 Million Donation from Hong Kong Sanatorium & Hospital to Support Nursing Education

After engaging in medical training with HKU over the past 15 years, Hong Kong Sanatorium & Hospital (HKSH) has, for the first time, extended its support to nursing education in the University, in appreciation of the strategic partnership between doctors and nurses in patient care. A \$10 million donation has been made to support HKU's nursing education in addition to a \$10 million donation to medical education. Professor Gabriel M Leung, Dean of the Li Ka Shing Faculty of Medicine, HKU, expressed sincere gratitude to HKSH for lending its unsparing support to the Faculty.



■ Prime Care HOPES in HuaiJi County

Last summer, the Prime Care HKU team organized a health-oriented service trip, namely "HOPES", to HuaiJi County in Guang Dong Province. Throughout the five days, we carried out health education and promotion at a local primary school, aiming to raise the awareness of the students in relation to health-related issues such as personal hygiene and to teach them some basic first-aid skills. Our team and volunteers also visited a number of families, which enabled us to get an insight into the general living condition in several villages. One highlight was the theme activity on the last day where students were asked to draw what they learnt. We were totally amazed at and pleased to see how much they could actually remember, and we believed that the knowledge we shared will continue to benefit them and their



next generation. Not only have we shared our knowledge, we have also learnt from their positive attitude towards life.

■ The 14th Universities 21 Health Sciences Group Annual Meeting



This annual meeting took place at Fudan University from 22 – 26 September 2014 with the topic "Health Education and Health Reform: a Global Challenge". Professor Tonghao Gui Vice-President of Fudan University and Dean of Shanghai Medical College, welcomed the 17 U21 member institutions. Prof. Agnes Tiwari and Dr. Marie Tarrant represented the School of Nursing along with a larger HKU delegation. The meeting was very stimulating with many excellent speakers and presentations.

■ 21st Hong Kong International Cancer Congress

The 21st Hong Kong International Cancer Congress was held on 21 November 2014 at the Hong Kong Academy of Medicine, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. The theme of this year's Congress was "Translating Discoveries into Prevention and Cures". The School participated actively as part of the team organizing the Congress and hosted a Nursing Symposium entitled "A Holistic Nursing Approach to Cancer Management". Four renowned local speakers from academic and clinical institutions were invited to share their research studies and clinical experience on cancer care from a holistic perspective. The speakers included Professor Godfrey Chan from the Department of Pediatrics & Adolescent Medicine of Queen Mary Hospital, Ms Suzanne Mak from Prince of Wales Hospital, Dr Ng Sau Loi from Queen Mary Hospital and Ms Cecilia Kwan from Bradbury Hospice & the New Territories East Cluster of the Hospital Authority, Hong Kong. The Symposium was successful and well-received by the participants.



■ Information Day for Undergraduate Admissions 2014

The Information Day for Undergraduate Admissions 2014 was held successfully on 8 November 2014. Our theme this year was "Safe and Healthy Community". Various activities were arranged for visitors including information seminars on the Bachelor of Nursing (Full-time) Programme, a poster exhibition, theme board displays, and nursing skills demonstrations in our Nursing Skills Laboratory in William MW Mong Block and in our newly renovated Nursing Skills Training Centre in Pauline Chan Building. There were also

health promotion booths on topics including family harmony and smoking cessation, and interactive computer games, etc. Visitors experienced the teaching and learning environment of the School of Nursing, obtained information about the Bachelor of Nursing (Full-time) programme, and interacted with the students and teachers. Visitors greatly appreciated the devotion and enthusiasm of all the teachers and students.



■ School Visit Sun Yat Sen University

Three groups of undergraduate and postgraduate students from Sun Yat Sen University visited the School in October and November 2014. During the visit, the students attended lectures from various courses with our students from the Bachelor of Nursing Programme. They also visited the skills laboratory to experience the simulation learning environment and learn more about our teaching facilities.



■ School Visit Hong Kong True Light College, CCC Heep Woh College, St. Paul's School (Lam Tin), Lam Tai Fai College



Visits by local Secondary Schools were held on 24 October and 6 November 2014. Participating schools included Hong Kong True Light College, CCC Heep Woh College, St. Paul's School (Lam Tin) and Lam Tai Fai College.

The students attended a talk on the introduction to the Bachelor of Nursing (Full-time) Programme and visited the nursing skills laboratory and observed a simulation activity demonstration in Pauline Chan Building. They showed great interest in both activities.

■ International Nursing Conference

An International Nursing Conference was held at the Third Military Medical University, Chongqing from 25 to 27 September. Professor Agnes Tiwari, Head of School, was invited to give a speech on "East Meets West: Qigong Intervention for Chinese Abused Women". She was also the



moderator for two other keynote speeches "Fostering Innovative Nurses through Education" and "How to Publish in SCI Journals". The conference closed with the workshop on "Clinical Decision Making for Head Nurses" conducted by Professor Tiwari.

■ 2014 Shanghai International Summit for Nursing

Professor Agnes Tiwari was invited to deliver a speech at the 2014 Shanghai International Summit for Nursing. The topic was "The Use of "Flipped Classroom" to Promote Student Learning: Process and Outcome". This Summit was hosted by Second Military Medical University, Shanghai, from 15 to 17 October 2014.



■ Management Society for Healthcare Professionals 30th Anniversary Conference

The MSHP 30th Anniversary Conference was held on 18 and 19 October 2014. The Head of School, Professor Agnes Tiwari, gave a talk on "Nursing Profession: Facing Technology Challenges and Opportunities" on the first day of the event. Professor Gabriel Leung, Professor Fung Hong, Dr. Leung Pak-Yin, Mr Gao Qiang and Mr Anthony Wu were invited to the Health Care Summit session which was held on the second day. This conference was found to be very successful.



Certificate in Infection Control Prize Presentation Ceremony

Being fully aware of the necessity and responsibility of infection control for every nurse working in community and clinical settings, our School and Carol Yu Centre for Infection of the Department of Microbiology jointly organized the Certificate in Infection Control. The purpose of the course is to provide knowledge and practical experience in infection control measures, through an interactive and problem-solving approach in learning, for clinicians, nurses, allied health professionals, and other healthcare workers who are interested or actively involved in the daily management of hospital infection control. Since November 2009, more than 4000

clinical nurses have attended the certificate course or tasted our individual modules. Owing to the high-quality of the course and encouraging number of candidates, our generous donor, Mr. Lui Hac Minh have been contributing scholarship prizes for recognizing the excellent performance of the candidate that obtained highest average examination scores across the six consecutive modules. A prize presentation ceremony, with Professor Sophia Chan, the Under Secretary for Food and Health as our Guest of Honour, was held on November 22, 2014. Miss Mak Po Ching was the winner of Lui Hac Minh prize this year.



▲ Miss Mak Po Ching, the winner of Lui Hac Minh prize at the prize presentation ceremony.

▼ The teaching team led by Prof K Y Yuen provided lectures to over 400 candidates.



Message from Undergraduates

The New Pauline Chan

**Miss Kwok Wan Han Tiffany and
Miss Cheng Wai Ki Renita**

(BNFT Year 2 Students)

Opposite the William MW Mong Block, there is a two-storey building, brown in colour and looking a bit ancient. This is the Pauline Chan Building. Despite its old appearance, the interior of Pauline Chan Building is new and shiny after refurbishing, with its many rooms serving many different purposes. Walking up the stairs to the second floor, you will see a huge clinical skills laboratory. This laboratory is mainly used to enhance students' learning and practice clinical skills.

This laboratory is larger than the other laboratories in William MW Mong Block. Inside there are four small units, with four beds within each unit, therefore students can have more space to practice. Moreover, at the end of the room there are shelves packed with different materials, making practice easier for students. The charm of this clinical skills laboratory is the full utilization of technology. There are many computer screens, allowing students to preview the recorded videos in class first, while teachers point out main points or give more explanation. Therefore students can have a clearer understanding of each of the nursing clinical skills. Besides the classrooms, there is also a music room in Pauline Chan building, with a piano inside. In here, students can put down their books and enjoy music with friends.



Congratulations

Award of Research Grants

| Local and International Funding Bodies | PI | Project Name |
|--|-----------------|---|
| Seed Funding Programme for Basic Research | Dr. Kelvin WANG | A 3-year follow-up (2012 to 2015) study on secondhand smoke exposure and neighbor-hood smoking infiltration |
| General Research Fund (GRF) | Dr. Wen DENG | A novel function of IL-6/IL-6Rsignaling activation in nasopharyngeal epithelial cells: facilitation of cellular immortalization |
| Hong Kong Council on Smoking and Health - General Award | Dr. Kelvin WANG | Provision of Service of Research Study, Recruitment and Follow-up Services of Community-based Smoke-free Campaign |

Honor and Award

Professor Agnes Tiwari was awarded as a Chartered Manager (CMgr FCMI) by the Chartered Management Institute, UK, in December 2014.

In Praise of Nursing Students

We would like to show our appreciation to Group 16 students during their clinical practicum in the Department of Accident & Emergency at Pamela Youde Nethersole Eastern Hospital from 7-20 July 2014.

They were eager to acquire knowledge and practice in both basic and advanced nursing assessment and intervention skills and were proactive in offering help to those in need. They got on well not only to colleagues and patients in the department, but also to our visitors from Singapore.

They attended the following activities:

- 1) A&E orientation program for newcomers;
- 2) Nurse training sessions;
- 3) Neonatal resuscitation workshop;
- 4) Students' sharing sessions.

Overall performances were outstanding.

Best regards,

(Yuen)

I would like to express my sincere gratitude to one of the Year 2 students of the School of Nursing, The University of Hong Kong, for her tender care to me and the professional treatment of my wound during the stay in Ward B3 of Queen Mary Hospital, from 19-25 June, 2014.

Also my wholehearted thanks to (student)'s teacher, who extend her detailed and professional guidance to (student) on how to accomplish each task.

Overall I can see the spirit of "Nightingale" in both of them. I truly wish this spirit can be further spread through the whole team which would not just help our body wounds but would provide spiritual support during recovery.

Many thanks again and all the best to your training and learning

Kind regards,

(A Patient from Queen Mary Hospital)

I am writing to show my greatest appreciation to the HKU nursing students for their enthusiasm and proactive attitudes during practicum at AED PYNEH.

Thank you for their help in AED!

Best regards

(Leung)

Scan the QR code to find out more about our School website. Detailed information on our programmes, latest news, contact method and an online edition of this issue of Nurse Letter can be found there.



iNursing App HKU
Can be downloaded
here



Google Play

App Store