The Unit Based Nursing Council is a collaborative effort between staff and management to create a positive, dynamic workplace. An apple tree has been used to symbolize the unit, the environment, the growth and the accomplishments. The roots represent the unit - the number of nurses, doctors, services, beds, etc. The trunk represents the unit council. The branches represent concepts of improved communication, team building, empowerment, healthy workplace, education and influencing of change. The apples represent the accomplishments.

This all began when a student working on her Masters degree in Human Resources Development used Queensway Carlton Hospital as her study group. Small groups were interviewed and asked the following questions:

1. What do you like about QCH?
2. What don’t you like about QCH?
3. What is working at QCH?
4. What is not working at QCH?

All the information was gathered from these questions and categorized. Task groups were formed to develop solutions to issues raised. A literature search was done and we attended a seminar by Tim O’Grady, the guru of Self Governance. He talked about the reverse pyramid of bureaucracy where workers decide on changes needed to make their work better for them and then plan the actual change. Our group recommended the formation of a council for each unit of the hospital to deal with communication and change issues. The go ahead was given and a model of shared governance has been functioning on our surgical unit at QCH for the last ten years.

The unit council is a communication forum that enables decision-making by consensus at the nursing unit level. What differentiates the unit council from a staff meeting is that all the members have an opportunity to participate. The unit council has a mandate to give staff nurses an opportunity to influence change by having input about change, methods to influence change and provide a venue for venting and/or constructive criticism. The unit council is a place where nursing staff make informed, relevant and timely decisions related to patient care, clinical nursing practice, educational needs,
professional development, research and unit business. Issues not within the activities of the unit council are hiring, discipline, budget, staffing and hospital wide issues such as hospital policies and procedures. Benefits include a positive healthy workplace, improved communication, empowerment of the staff nurse by active participation in creating change, staff accountability, clear responsibilities and cultivation of a shared purpose.

Implementation
1. Educate staff and management on the philosophy the unit council and its benefits. Management support is necessary for implementation. Our team leader and manager are invited guests.
2. Request volunteers from the unit to participate in meetings. You must include representation from all shifts and staff mix. Provide formal education in managing a meeting, decision making by consensus and team dynamics. This ongoing training has been a challenge with budget cuts.
3. Create a mission statement. Our statement is:
   a. To provide an avenue of self governance, increase the interdisciplinary team participation when required. All staff/nurses are invited guests.
   b. To attend both to discuss issues they have added and give possible solutions they have thought of. The minutes taken by the secretary should document the issues, discussions and identified solutions. It is necessary to identify the most effective method of communicating the minutes.
   c. To give possible solutions they have thought of. The chair can rotate each meeting. The chairperson ensures that all members of the group have an opportunity to speak and no one dominates the conversation. Meetings are held in both the hospital and off site in someone’s home. It is important to have a non-judgmental environment to facilitate open discussion and exploration of solutions. Allow opportunity to have interdisciplinary team participation when required. All staff may attend.
   d. Decisions are by consensus ensuring support of the change.

Meeting Dynamics
Staff nurses are responsible for running the meetings. A secretary and chair person are required. In this unit they volunteer but these could be filled by a vote. For consistency the secretary should remain in the position for a year. The chair can rotate each meeting. This provides valuable experience in setting an agenda and running a meeting. The chairperson ensures that all members of the group have an opportunity to speak and no one dominates the conversation. Meetings are held in both the hospital and off site in someone’s home. It is important to have a non-judgmental environment to facilitate open discussion and exploration of solutions. Allow opportunity to have interdisciplinary team participation when required. All staff may attend.

Decisions are by consensus ensuring support of the change.

An open agenda is posted two weeks before the meeting so staff are notified of the meeting date and time. Items are listed on the agenda and staff invited to add topics/issues for discussion. They are encouraged to attend both to discuss issues they have added and give possible solutions they have thought of. The minutes taken by the secretary should document the issues, discussions and identified solutions. It is necessary to identify the most effective method of communicating the minutes.

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About 150 delegates gathered in Calgary, AB for this year’s Urological Excellence Conference in September. The theme was “Rocky Mountain Streams and Dreams” and for two days we listened to a wide variety of speakers who informed, challenged and bought us up to date.

Dr Rhiannon Hughes gave a very informative presentation on Cancer and Genetics.

With the completion of the human genome more and more is being discovered. Not only are there germline mutations, which are hereditary and involve families, but there are also somatic mutations, which are acquired alterations common for all cancers. Most cancers go to the next generation. He discussed screening, good genetic testing, ethics and informed consent.

Another keynote topic was “Shift Work and the Worker” presented by Dr Jon Shearer from Ottawa. He gave a very light-hearted account of his findings from 25 years of sleep research. As he said “Shift work is not going to go away. It is all too clear that for any industry to maintain an edge in the competitive world marketplace they are going to have to run their industries 24/7”. He gave many useful tips and if any have queries his e-mail is Jon_shearer@canada.com

Dr Jay Lee’s topic “Sexual Medicine: More than just the penis” was very well received.

There is more interest in sexual medicine due to ED and female sexual dysfunction awareness is increasing. There is less stigma attached to the subject. He emphasized the need to individualize treatment by finding the goals and expectations a patient may have. There is a need for trials of therapy.

Other topics covered were Pouches and Neobladders, Kidney Stones, Alternate Surgery for Prostate Cancer, Slings and Urodynamics, and Laparoscopy in Urology. It was of benefit to review and update. Research was presented on "Satisfaction with Pessary Usage" and the “Effectiveness & Efficiency of an Individualized Telephone Counseling Intervention for People with Cancer”.

Calgary is to be commended for their efforts. It may be an annual conference but each one takes two years of planning. Thank you for all the work you did. We thoroughly enjoyed the Rocky Mountain hospitality. Many took trips to Banff and Jasper afterwards and fell in love with your neck of the woods.

Outcomes/Successes
The following are some of our outcomes:

1. Empowerment
   - developed nursing worksheets which are more user friendly
   - changed from taped report to a written report. This required a subcommittee, posted drafts and a follow-up survey.
   - assessment of patient care assignments to create as much equity as possible. This is back on the table because of workload issues.

2. Education Needs
   - promote best practice and so respond with expert opinion
   - our nurse educator tries to attend the meetings and has developed in-services and workshops on product information and new equipment.

3. Healthy Workplaces
   - promoting a healthy workplace is a very positive outcome for the council. We have found the council is able to action solutions faster rather than going hospital-wide.
   - by increasing the number of electrical outlets in our constant care and having them placed in a more convenient location a safer work environment was created.
   - glove dispensers are in every room and a supply of specialty gloves for hard to fit staff
   - a large fridge in a more convenient place is available for staff lunches
   - sharps containers are now in more user friendly places.

4. Collaboration
   - shift role descriptions of team leaders and night RPNs were created with collaboration and input from the whole unit.
   - larger garbage cans are used after working with housekeeping to improve the cleanliness of our unit
   - nursing supply cart is now situated in constant care
   - other disciplines have requested time at meetings
   - changed from taped report to a written report. This required a subcommittee, posted drafts and a follow-up survey.
   - assessment of patient care assignments to create as much equity as possible. This is back on the table because of workload issues.

5. Communication
   - improved communication between staff and administration was the primary reason the unit council was developed.
   - all staff members are welcome
   - an open agenda is used
   - minutes are posted in a timely manner

Since the unit council has been functioning several outcomes have gone hospital-wide

a) written report
b) central line worksheet
c) alcohol withdrawal protocol

Future outcomes we are working on are removal of epidurals, a light over a cart, a written transfer report and larger purse lockers.

The process of Unit Council is best summed up as follows:

Wisdom is the reward you get from a lifetime of listening when you would have preferred to talk.
UNC Info

Urology Nurses of Canada

The Urology Nurses of Canada extend an invitation to all nurses and allied health interested in urologic nursing to join the association. The Urology Nurses of Canada is a National Association whose mandate is to enhance the specialty of urologic nursing in Canada by promoting education, research and clinical practice.

The activities of the Urology Nurses of Canada are designed to enrich members’ professional growth and development. The UNC hosts an annual conference each fall and convenes for an educational meeting at the Canadian Urological Association annual meeting each June. Membership in the UNC now entitles you to receive 4 issues of Urological Nursing Journal, 2 issues of Pipeline, Annual Urological Excellence Conference information and discount on registration. UNC Membership Directory, UNC Constitution, UNC: Standards of Urologic Nursing Practice and your personal access to UNC reports on the web.

For more information about UNC, contact Angela Black, Membership Coordinator at blacka@ggh.kari.net or visit www.unc.org.

UNC Representatives 2004 - 2005

UNC Executive

President: Susan Freed
Past President: Sue Hammond
Past-President West: Colleen Toothill
Past-President East: Enmi Champion
Past-President Central: Fran Stuart
Membership: Angela Black
Sponsorship: Sandra Rowan
Treasurer: Lisa Lynch
Secretary: Brenda Bonde

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Alberta: Laurel McDonough
Saskatchewan: Judy Pue
Manitoba: Betty Kirk
Ontario: Nancy Bauer
Ontario: Sylvia Robb
Quebec: Raquel de Leon
Quebec: Carol-Anne Lee
New Brunswick: Gina Porter
Nova Scotia: Liette Connor

UNC Provincial Representatives 2004 - 2005

Newfoundland and Labrador: Sue Walsh

Local Chapter News info: www.unc.org

Victoria: Sandra Rowan Tel: 205-381-3747
Edmonton: Liz Smith Tel: 780-407-6154
Calgary: Colleen Toothill Tel: 403-943-3748
Kingston: Angela Black Tel: 613-549-6666 ex 3848
Ottawa: Susan Freed Tel: 613-721-2001 ext 3900
Montreal: Carol-Anne Lee Tel: 514-842-1231 ext 35214
Halifax: Enmi Champion Tel: 902-473-2570
New Brunswick: Gina Porter Tel: 506-632-5370
Newfoundland: Sue Hammond Tel: 709-368-0101

For more information about UNC please visit www.unc.org.

UNC Provincial Representatives 2004 - 2005

Help Wanted!

The UNC invites you to participate with some of the UNC initiatives including:
1. Authors for Pipeline articles

How to form a local UNC Group

1. Contact nurses and allied health in your area interested in Urologic Nursing.
2. Pick a topic and a speaker (for the initial meeting).
3. Book meeting room.
4. Contact local sales rep for potential support of meeting.
5. Advertise meeting and distribute information about the UNC.
6. Create local executive e.g. chairperson, secretary, treasurer
7. Organize educational meetings/events.
8. Contact UNC provincial representative regarding local business meetings.
9. Encourage submissions of articles and upcoming events to “Pipeline”.

Corporate Sponsor Award Winners

The winners of the UNC Awards Program were announced at the Urological Excellence Conference - 2004 which was held in Calgary, AB during September. These awards are made available through unrestricted educational grants given via our Corporate Sponsorship Program.

The winner of the Scholarship Award was Nancy Carson from Saint John, NB
The corporate sponsor was Pfizer.

The winner of the Male Sexual Dysfunction Award was Vikki Whiteley from Kingston, ON. The corporate sponsor was Pfizer.

The winner of the Editorial Award was Sue Hammond from Mt Pearl, NL for her article entitled “New Trends in Documentation”. It was published in the June, 2004 issue of the Pipeline. The corporate sponsor was AstraZeneca.

We congratulate all the winners.

UNC Award Of Merit

Every year Urology Nurses of Canada seeks nominations for the Award of Merit. This is an award which honors a nurse who has not only contributed to Urology Nurses of Canada but has shown leadership to her local colleagues and demonstrated a high level of nursing skills.

This year’s winner is Gina Porter from Saint John, NB

Gina has been the Provincial Rep for New Brunswick for many years and helped host the UEC-2003 as well as found the Saint John UNC Chapter. She has been a regular speaker at past Urological Excellence Conferences. Gina works with Frankie Bates at St Josephs Hospital in Saint John. Here they have an incontinence clinic, which just keeps expanding down the corridor. Gina is a certified Nurse Continence Advisor and her latest venture is to develop and give Male Wellness talks to men’s groups. Congratulations Gina!

Urology Nurses of Canada Awards

At each Urological Excellence Conference awards are given by Urology Nurses of Canada for the best short paper presentation and the best poster.

The winner of the award for best Short Paper Presentation was Bob Shiell from the Canadian Prostate Cancer Network with his information about Prostate Support Groups.

The winners of the Poster award were Joan Foren, Linda Irving and Jane Twogee with their poster entitled “A multi-disciplinary approach to urinary incontinence care: The nursing role”.

Urologic Nursing Journal

Recently Jane Hawks, the editor of Urologic Nursing Journal has requested more Canadian articles from members of Urology Nurses of Canada. The Urologic Nursing Journal is the quarterly publication of the Society of Urologic Nurses and Associates. If you wish more information about “Guidelines for Authors” please visit the SUNA website - www.suna.org