

NURSCAPE

UNIVERSITY OF GHANA MEDICAL CENTRE NURSES & MIDWIVES MAGAZINE

MAY 2026 | VOL. 2

EMPOWERMENT

BETTER NURSES, BETTER CARE

- Indicators guide.
- Metrics measure.
- Dashboards inspire.



Remember your Creator in the days of your youth, before
the days of trouble come and the years approach when
you will say, 'I find no pleasure in them
ECCLESIASTES 12:1



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Foreword

By the Director of Nursing & Midwifery Services, UGMC

Mrs Judith Naa-Klorkor Asaimah



Kudos to our nurses and midwives on the launch of our second edition of the Nurscape. This is a testament to our skills, quality of care, and shared successes that define our professional community and it is far more than just a publication.

Within these pages, we have captured the heart of our practice, documenting the milestones that reflect our commitment to excellence in most of our departments. Our primary hope is that these stories serve as a powerful catalyst for our rising stars.

To our young nurses and midwives reading this: let these achievements empower you to persevere through challenges, refine your craft, and relentlessly pursue your highest aspirations. Your dreams are the future of healthcare, and Nurscape is here to remind you that those dreams are real. These pages will empower you to work hard and achieve your dreams.

As we celebrate International Day of the Nurse and Midwife, we extend a special thank you to our support staff, the editorial board and all stakeholders who made this a success. We all own these achievements.

Well done, team!

GOODWILL MESSAGE

By the Director of Operation, UGMC

Dr. Mrs Lucy Ofori-Aryeh



On behalf of Management, I extend my deepest gratitude to the nurses and midwives of UGMC. Your compassion, professionalism, and resilience are the backbone of our patient care and our pursuit of excellence. Even under demanding conditions, you consistently deliver healing and hope. Your selfless service inspires us all.

As we celebrate you, I encourage you to embrace innovation and teamwork to further elevate our standards of care. We remain committed to supporting your well-being, safety, and professional growth so you can continue to excel. Thank you for your invaluable dedication. Wishing you a fulfilling and well-deserved celebration!

The Mother Of Women & Children, UGMC



UGMC cannot tell the story of women and children's healthcare without mentioning the name of Mrs. Vida Ocloo. Every glorious milestone and achievement we witness today was built on the foundation she laid.

Mrs. Vida Ocloo was employed as a Nurse/Midwife manager at the University of Ghana Medical Center in 2018, following three months of specialized training in Advanced Midwifery Care at the Sheba Medical Center (Tel HaShomer) in Israel in 2015. Shortly after her appointment, the ambitious task of establishing a new obstetric and gynecological ward was undertaken.

The hospital was a newly opened quaternary facility with modern equipment, intended to serve as a specialist hospital for West Africa. Driven by zeal, ambition, and enthusiasm to establish the department, outpatient services commenced in 2019 with a staff of six (one obstetrician, three midwives, and two general nurses). Recognizing the urgency of establishing a labor ward, the challenge was approached with a clear vision, strategic planning, and a strong commitment to patient-centered care to improve maternal and neonatal outcomes, particularly as the first client was due for delivery in May 2019.

The first step in establishing the labor ward involved conducting a comprehensive needs assessment. Meetings were held with healthcare staff, including midwives, nurses, and doctors, to address the necessity of a birthing center. This evidence-based approach ensured that the new Birthing Center ward would directly address existing gaps.

The final establishment of the obstetrics and gynecology department marked a significant milestone for the hospital, significantly improving the quality of care for mothers and newborns. Patients experienced shorter wait times, greater comfort, and enhanced safety. Staff morale also improved due to a more supportive managerial environment. Furthermore, regular evaluations were introduced to ensure the ward maintained high standards of care.

The successful establishment of the department demonstrated visionary leadership, strategic planning, and effective collaboration. Despite the hospital being in its infancy, the initiation and dedication of time and effort brought about lasting improvements that have benefited both the hospital and the community..



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Article

Empowering and Transforming Future Nurses and Midwives as Innovators, Mentors, Researchers, and Policy Advocates



*Mrs Judith Asiamah
Director of Nursing and Midwifery services
Nursing Directorate ,UGMC*

The future of health rests in the hands of empowered Nurses and midwives. They provide care, comfort, and leadership in every corner of our health systems. Yet today, their role is expanding far beyond the bedside. The future demands that nurses and midwives step forward as innovators, mentors, researchers, and policy advocates, champions of change who will shape the next era of healthcare.

Innovators

Healthcare is evolving rapidly, and innovation is key to meeting new challenges. Nurses and midwives are uniquely placed to design solutions that improve patient outcomes, from digital health tools to community-driven programs. Their creativity and frontline experience make them natural problem-solvers.

Mentors

Mentorship builds strong foundations for the profession. Experienced nurses and midwives guide the next generation, instilling values of empathy, compassion, resilience, and professionalism. Through mentorship, they ensure continuity of excellence in care and inspire future leaders.

Researchers

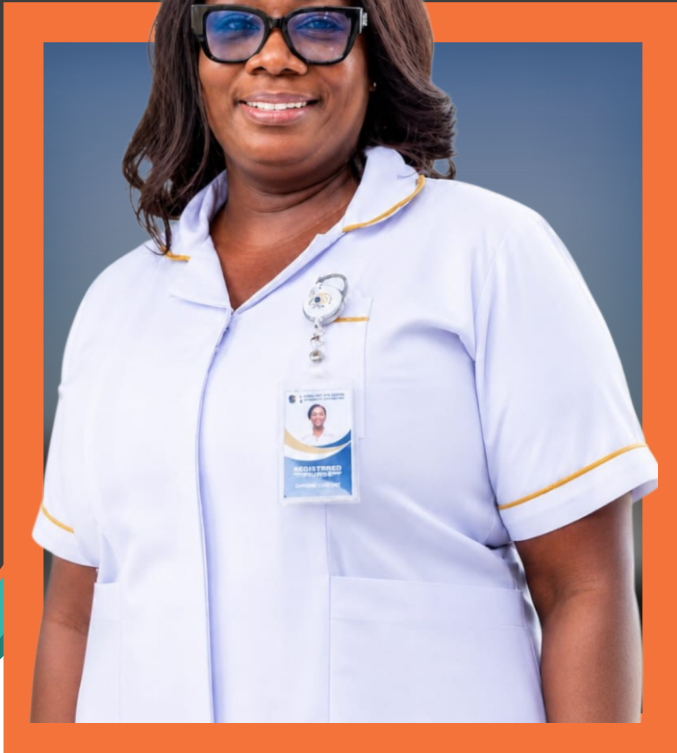
Evidence-based practice is essential for safe and effective care. Nurses and midwives contribute to research that addresses pressing issues such as maternal health, child survival, and disease prevention. Their findings not only improve care but also elevate the profession's voice in global health conversations. Implementation of findings meant a lot to the nurse or Midwife.

Policy Advocates

Policies shape the environment in which care is delivered and result in quality care. Nurses and midwives, with their firsthand knowledge of patient needs through assessment, bring vital perspectives to policy-making. Their advocacy ensures that health systems are equitable, responsive, and centered on the realities of communities.

Looking Ahead

The Nurses Directorate envisions a future where nurses and midwives are empowered to lead in every sphere: innovation, mentorship, research, and advocacy. By embracing these roles, they will transform healthcare and strengthen communities. Supporting this vision means investing in the people who safeguard health every day.



THE NURSING JOURNEY SO FAR

The Heart Behind the Uniform

In 1990, a young woman stepped into a classroom at Komfo Anokye, unaware that she wasn't just starting a job she was answering a calling. Thirty-two years later, those early days of dressing wounds and comforting anxious families in Sunyani remain the foundation of everything she does.

From the Quiet of the Ward to the Intensity of the ICU

Her path led her to the high-stakes world of the **National Cardiothoracic Centre**. In the ICU, where life is often measured in seconds and monitored by machines, she learned a profound truth: while technology tracks the pulse, it is the nurse who protects the patient's dignity. Whether recovering from open-heart surgery or neurosurgery, her patients found more than a clinician, they found a guardian of hope.

A Leader Who Never Left the Bedside

Climbing the academic ladder in nursing and rising to the rank of Chief Nursing Officer didn't move her away from the mission; instead, it gave her a larger platform to protect it. At the **University of Ghana Medical Centre (UGMC)**, she leads not from a distant office, but with the same compassion she once gave at the bedside.

Her goal is simple: to create a world where nurses don't just work, but thrive, and where excellence is the standard for every patient.

A Legacy of Mentorship

Perhaps her proudest achievement isn't a title, but a person. Specifically, the many "younger versions" of herself she has mentored into leadership roles. By sharing her wisdom as a preceptor and examiner, she isn't just treating patients today, she is strengthening the hands that will treat them tomorrow.

The Life Between the Shifts

When the scrubs come off, the spirit of service remains. You'll find her:

- **In the Garden:** Nurturing life in the soil just as she does in the ward.
- **In the Kitchen:** Finding joy in the simple, soul-warming act of cooking.
- **In the Community:** Engaging in charity work, proving that a nurse's heart doesn't have "off-duty" hours.

"Nursing is not just what I do; it is who I am" as stated by Mrs. Diana Eyrum Offei Awuku. She is currently the chief nursing officer at the university of Ghana medical centre who oversees all the intensive care units.

5S in Nursing Practice

A Lean Approach to Patient Safety, Efficiency, and Quality Care in Clinical Settings

Submitted by Mrs. Rita Odonkor, DCNO PACU

Article

Healthcare environments such as PACU, ICU, wards, theatre, and emergency units demand rapid decision-making and precision. When supplies are disorganized, medications are expired, or equipment is difficult to locate, valuable time is lost and patient safety is compromised.

The 5S methodology, a core component of lean healthcare, provides a structured approach to organizing clinical environments. It focuses on eliminating waste, improving workflow, and enhancing patient safety. Evidence shows that 5S improves organization, efficiency, safety, and quality of care when consistently implemented

What is 5S?

5S is a workplace organization system based on five principles:

Sort-Remove unnecessary items
Set in Order-Arrange items for easy access
Shine-Clean and inspect regularly
Standardize-Create consistent procedures
Sustain-Maintain discipline and culture

Why 5S Matters in Nursing

5S strengthens nursing practice by improving patient safety, reducing medication errors, enhancing workflow efficiency, strengthening infection prevention, supporting accreditation standards such as JCI and Pathway to Excellence, and improving staff motivation and satisfaction.

Sort-Remove What Is Not Needed

Sort involves eliminating unnecessary, expired, or unsafe items from the clinical environment. In nursing practice, this includes removing expired medications, discarding damaged sterile packs, sending faulty equipment for repair, and clearing supplies that are not routinely used.

A clutter-free workspace reduces confusion, enhances visibility, and minimizes the risk of clinical errors.

Set in Order-Arrange for Safety and Replenishment

Set in Order ensures that essential items are organized for easy access and safe use.

First Expiry, First Out (FEFO) ensures that items nearing expiry are used first, while newer stock is placed behind. Clear labelling improves identification and accountability. Colour coding supports replenishment by indicating stock levels. Logical arrangement ensures that frequently used items are accessible and emergency equipment is consistently positioned.

This organization improves response time and supports efficient care delivery.

Shine-Clean and Inspect

Shine focuses on maintaining a clean and safe clinical environment while routinely inspecting equipment.

This includes cleaning monitors each shift, disinfecting trolleys after use, and checking oxygen and suction systems daily. Clean environments reduce infection risk and support early detection of equipment faults.

5S in Nursing Practice

A Lean Approach to Patient Safety, Efficiency, and Quality Care in Clinical Settings

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Standardize-Create Protocols and Checklists

Standardization ensures consistency in practice across all staff.

Examples include FEFO medication management protocols, emergency trolley checklists, equipment inspection logs, and stock level guidelines. Standardization reduces variation and ensures uniform quality of care.

Sustain-Make It Culture

Sustain ensures that 5S becomes part of everyday nursing practice.

This is achieved by returning equipment after use, adhering to FEFO principles, conducting regular audits, and reinforcing expectations during staff meetings. Sustaining 5S promotes accountability, discipline, and continuous improvement.

Clinical Scenario: PACU Application

Before implementing 5S, a nurse may spend critical time searching for a functional Ambu bag during an emergency.

After implementing 5S, the Ambu bag is stored in a clearly labeled and organized location, allowing immediate access.

The outcome is faster response, reduced risk, and improved patient safety.

Evidence-Based Impact of 5S

Studies show that 5S improves workplace organization, cleanliness, safety, staff motivation, and service efficiency in healthcare settings. It also reduces waste, enhances workflow, and improves overall service utilization and patient outcomes.

Conclusion

The 5S methodology is a simple, low-cost, and high-impact strategy that transforms nursing practice. By organizing the clinical environment, standardizing processes, and sustaining discipline, nurses can significantly improve patient safety, efficiency, and quality of care.

Simple discipline leads to consistent excellence.

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THE NURSING JOURNEY SO FAR



Shirley Pokua Cann

Chief Nursing Officer – Emergency & Outpatient Department

With over twenty-six years of dedicated service in Nursing and Midwifery, Shirley Pokua Cann's professional journey reflects an unwavering commitment to patient-centered care, clinical excellence, and the continuous advancement of healthcare systems and people.

Her career began at the 37 Military Hospital, where she built a strong clinical foundation in Isolation Care, Maternity Services, and Emergency Nursing. These early experiences instilled discipline, resilience, and precision in high-stakes environments. As she advanced into Trauma-Surgical and Obstetric Emergency Care, she developed a passion for rapid decision-making, patient advocacy, and teamwork under pressure.

A defining chapter of her career has been her transition into leadership. Serving as Acting Head Nurse and later Deputy Director of Nursing Services at the University of Ghana Medical Centre's Emergency Department, she played a pivotal role in establishing and strengthening emergency care systems. In this capacity, she collaborated with multidisciplinary teams to improve patient flow and outcomes in a dynamic, high-acuity setting.

Her contributions include the introduction of structured triage processes, Early Warning Score tools, and standardized communication methods such as ISBAR. These innovations have enhanced prioritization, reduced waiting times, and strengthened continuity of care. Equally committed to staff development, she mentors young nurses and midwives, facilitates simulation-based training, and promotes reflective practice to build confidence and competence.

Beyond clinical operations, Shirley has actively supported quality improvement initiatives aligned with Joint Commission International (JCI) standards, ensuring patient safety, documentation accuracy, and governance remain central to practice. Academically, she has pursued advanced qualifications in Clinical Leadership and Management and continues studies in Occupational Hygiene, bridging clinical practice with leadership, safety, and policy development.



Her philosophy is clear: nursing leadership extends beyond the bedside into systems, shaping efficient, safe, and compassionate healthcare delivery.

Her journey has been one of growth, service, and transformation, and she remains committed to advancing nursing practice, empowering teams, and contributing meaningfully to healthcare development in Ghana and Shirley expresses heartfelt appreciation to the CEO and Management for their support, and to Mrs. Judith Asiamah, Director of Nursing & Midwifery, whose guidance and encouragement have been instrumental in her growth. To her colleagues in Emergencies and OPDs, she acknowledges their dedication as the true force that makes healthcare delivery impactful and meaningful beyond.

ABSTRACTS

Sepsis Recognition and Management in Critically Ill Patients: ICU Nurses Perspective

By Abigail Otu Parry (Critical Care Nurse Specialist, Neurosurgery Dept)

Introduction:

Sepsis is a life-threatening condition resulting from an uncontrolled immune response to infection, leading to organ dysfunction and high mortality rates. In critically ill patients, early recognition and prompt management are crucial for improving outcomes. Despite advancements in critical care, delays in sepsis identification and treatment remain a significant challenge in healthcare settings.

Aim: This study explores nurses' perspectives on sepsis recognition and management in critically ill patients.

Design: A qualitative descriptive research design was employed.

Method:

Fourteen nurses were purposively recruited from a public university medical center in Ghana. Semi-structured interviews were conducted in March 2023, and data were analyzed using thematic analysis.

Results:

Five main themes and 15 sub-themes emerged from the analysis.

The main themes included: 'Sepsis Recognition by ICU Nurses,' 'Interpreting Clinical Indicators,'

'ICU Nurses' Attitudes Towards Recognition and Management of Sepsis per Standard Protocol,' 'Effective Management of Sepsis in the ICU,' and 'Barriers to Effective Sepsis Management.'

Conclusion:

ICU nurses in Ghana possess foundational knowledge of sepsis but encounter challenges due to inconsistencies in clinical assessment and adherence to protocols. Strengthening training, implementing structured sepsis protocols, and fostering interdisciplinary collaboration are essential for improving sepsis management. Future research should focus on targeted interventions to address these gaps and enhance patient outcomes.

Article

“Every Drop Counts”: The Story Behind Ghana’s First Human Milk Bank at the University of Ghana Medical Centre

*By Abigail Ashie, Paediatric Nurse Specialist (MGCNM), BSC, RM, RN
Paediatric Department, University of Ghana Medical Centre (UGMC)*

This article highlights the establishment of Ghana’s first Human Milk Bank at the University of Ghana Medical Centre (UGMC), emphasizing its importance in improving neonatal care, particularly for preterm and critically ill infants. It underscores the life saving role of human milk and presents the milk bank as a transformative milestone in Ghana’s healthcare system.

Importance of Human Milk in Neonatal Care

Human breast milk is universally recognized as the optimal source of nutrition for infants, providing both essential nutrients and immune protection (World Health Organization [WHO], 2017).

For preterm and vulnerable newborns, it significantly reduces morbidity and mortality (Victora et al., 2016). However, in clinical settings, there are instances where a mother’s own milk is unavailable due to factors such as illness, insufficient supply, separation, or death.

In such cases, donor human milk is recommended as the best alternative (WHO, 2017).

Historically, healthcare providers faced challenges when maternal milk was unavailable, often lacking viable substitutes for vulnerable infants.

UGMC HUMAN MILK BANK



Establishment of the Human Milk Bank at UGMC

The creation of the Human Milk Bank at UGMC represents a historic advancement in Ghana's neonatal healthcare system. The process required multidisciplinary planning, policy development, infrastructure preparation, staff training, and adherence to international safety standards (PATH & WHO, 2019).

Clinical Benefits for Infants

Donor human milk serves as more than nutrition—it is a therapeutic intervention. It significantly reduces the risk of necrotizing enterocolitis (NEC) (Quigley & McGuire, 2014), reduces sepsis, improves feeding tolerance, and enhances neuro developmental outcomes (Victora et al., 2016).

Safety and Quality Assurance

Safety measures include donor screening, pasteurization, microbiological testing, and strict storage systems. When these protocols are followed, donor milk is considered safe (PATH & WHO, 2019).

Role of Nurses and Healthcare Providers

Nurses play a key role in education, donor identification, safe handling, and monitoring. They also help build trust among families and promote breastfeeding practices (WHO, 2017).

Leadership and Collaboration

The success of the initiative is attributed to strong leadership and teamwork among healthcare professionals, including doctors, nurses, biomedical staff, laboratory technicians and other clinical staff.

National Significance and Future Impact

The Human Milk Bank aligns with global health recommendations and represents a major milestone in Ghana's healthcare system. It improves neonatal outcomes and demonstrates that compassionate, evidence-based interventions can save lives.

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Victora, C. G., et al. (2016). *Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect*. *The Lancet*, 387(10017), 475–490.

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Riddles

Riddle 3: "I Come with the Routine"

You check my box,
You tick me off.
But miss me once,
It won't be soft.
I turn stillness
Into a sore.
What am I here for?

Riddle 4: "When You Assume, I Bloom"

You heard one thing,
But meant another.
So I came in,
And caused a bother.
I ruin care,
I start the fight
What am I?

Nurses' Journey of Growth, Innovation, and Impact



When I first stepped into the University of Ghana Medical Centre (UGMC), the endoscopy unit was little more than a collection of empty rooms. I saw not just a space, but a responsibility. I poured my heart into its foundation mapping out every workflow, hand-picking every instrument, and ensuring that we weren't just "opening a clinic," but building a center of excellence that patients could trust with their lives.

My proudest achievement wasn't the equipment, however; it was the people. I had the privilege of taking a team with no prior experience and mentoring them into the highly skilled, confident clinicians they are today. Together, we broke new ground, successfully performing UGMC's first TURP and Laparoscopic Cholecystectomy, proving that with the right leadership, we can meet any international standard right here at home.

Bridging Two Worlds: The UK Experience

My transition to the UK moving from Lead Practitioner to Clinical Endoscopist and JAG Assessor has been a transformative masterclass in quality and safety. Working within the NHS has given me a global perspective on how to optimize resources and bridge the gap between high-level policy and bedside practice. I've realized that while the settings change, the core of nursing remains the same: a perfect blend of science, service, and soul.

A Legacy for Africa: The Vision Ahead

I believe that nurses are the ultimate change agents in global healthcare. My journey has led me to a singular, clear mission: to return this knowledge to where it all began. My goal is to establish a formal Endoscopy Training Institute in Ghana—a regional hub where African nurses can find their voice, gain elite skills, and lead the future of minimally invasive surgery across the continent.

The Core of My Story

"I am a **Nurse**, not just by **Title**, but by a lifelong commitment to the transformative power of care. From the operating rooms of ACCRA to the clinical suites of LEICESTER, I have learned that when we dare to lead, we leave behind a legacy of safety, innovation, and hope."

From my early days as a Peri-Operative Nurse in Accra, Ghana to becoming a Clinical Endoscopist and JAG Assessor in the UK, my journey reflects the transformative power of nursing one that combines compassion with competence, science with service, and innovation with impact.

As nurses, we are not just caregivers; we are change agents, educators, and innovators shaping the future of global healthcare.

My story is a celebration of what nurses can achieve when we dare to learn, lead, and leave a legacy of safe, innovative, and impactful care.



*The 5th annual Nursing and Midwifery
Excellence Award in the
Hall of Fame Category*

*was presented to Mrs. Judith Asiamah,
Director of Nursing and Midwifery Services, UGMC, on September 5, 2025*



*This highest Award in Nursing honors individuals
whose remarkable achievements and lifelong
commitment have left an enduring impact on
their profession and society.*

The 5th annual Nursing and Midwifery Excellence Awards



Starting A Journey Of Nursing Excellence



Collaborating with the Ghanaian-Diaspora Nursing Alliance (GDNA) represents a bold step towards strengthening the future of healthcare delivery in Ghana. By working together toward American credentialing, we are opening doors for our nurses to master international standards, ensuring that every patient who walks through our doors receives world-class care from highly skilled, confident professionals.

We know that a vision this big needs more than just a strong start; it needs a foundation that lasts. To truly make this work, we need steady financial support and a deep institutional commitment to keep these training and certification programs running for years to come.

Moving Forward Together

We are not just checking boxes; we are building a community of excellence.

To get where we want to be, it will take; **Heart and Hard Work:** Our nurses are at the center of this, and their growth is our priority.

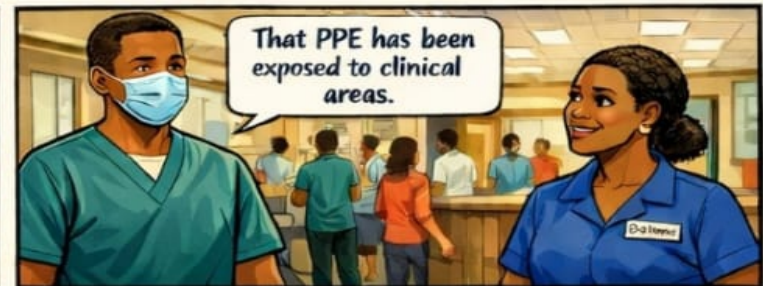
A United Front: By blending the local expertise of UGMC Management with the global perspective of the GDNA, we create a support system that is second to none.

Commitment to Quality: We believe that by investing in our people, we are ultimately investing in the health and well-being of our entire nation.

The road ahead is ambitious, but with genuine teamwork and the full backing of our leadership and diaspora partners, we will get there.



IT MATTERS!



PPE misuse spreads infection. Speaking up saves lives.

#InfectionPrevention #PatientSafety #ProfessionalNursing #SpeakUpforSafety

By DNM8 Judith Asiamah

A Series On Compassionate Care Continuation

By Mrs. Judith Asiamah, Director of Nursing & Midwifery Services, UGMC

Key Components of the Care Model

Empathy

Understanding a person's experience from their own perspective. Practice: Actively listening to concerns without judgment to create a safe space for patients. Example: For a patient anxious about chronic treatment, an empathetic professional listens attentively and acknowledges their feelings.

Respect

Treating every individual with dignity and honoring their values and preferences. Application: Using preferred pronouns, ensuring privacy, and involving patients in care decisions. Cultural Awareness: Respecting a person's decision-making process and considering cultural or religious beliefs before finalizing treatment plans.

Responsiveness and Attentiveness **Responsiveness**

Providing a quick reaction to patient needs and staying attentive to changes in their condition and also paying close attention to both verbal and non-verbal cues to tailor care specifically to the individual.

Effective Communication Trust Building

This is essential for establishing trust between professionals and patients.

An example is Explaining diagnoses and treatments in simple straightforward terms without technical jargon and also ensuring the person understands all available options and feels comfortable asking questions.

Sensitivity Awareness

This requires understanding the cultural, emotional, and psychological factors influencing a patient's experience. It is vital to adjust the care approach if a person is hesitant due to strong community or cultural beliefs.

Support Forms of Help

Offering physical, emotional, and informational assistance throughout the healthcare journey.

This includes;

Emotional Support: Providing encouragement and genuine concern to build trust during challenging procedures. Example: A patient in chemotherapy may require both physical support and connections to external support networks.

Riddles

Riddle 1: "The Patient Looks Fine"
They're smiling, they're talking,
No symptom in sight.
But deep in their system,
I'm ready to strike.
I hide in plain sight,
'Til organs ignite.
What am I?

Riddle 2: "I Save and I Slay"
I'm ordered to help,
But mess up my dose,
You might not wake
From this comatose.
I drip in slow,
But must be just right.
What am I?

The Journey Of A Midwife: From UGMC, Ghana To The Kingdom Of Saudi Arabia(KSA)



Ms Hilda Nyamekye was once a senior midwifery officer at UGMC, having been employed in UGMC November 2022, and is now a Midwife specialist in Saudi Arabia.

Her midwifery practice started in Ghana, working in high-volume settings where quick decisions and hands-on care were daily reality. That environment (UGMC) trained the ability to work under pressure without losing focus on the mother and baby.

Moving to Saudi Arabia meant adapting to a different clinical system and legal environment. The pace, documentation standards, and scope of practice changed, but the core responsibility didn't. Critical thinking was used to assess situations fast, communicate clearly with multidisciplinary teams, and make safe decisions when time was short.

Part of that role also involved mediating legal and procedural requirements around patient care, making sure clinical actions aligned with hospital policy and national regulations, while keeping the patients' needs central. It's detail-oriented work that requires calm communications between clinicians, administrators, and families.

With the knowledge and skills acquired from UGMC, the award for best midwife in 2025 was received within the department in Saudi Arabia. This was a great achievement, all thanks to UGMC.

Advice to colleagues out there is to take work seriously because medico-legal matters are highly stringent outside Ghana.

It is a pleasure to thank UGMC for this current position, especially the Director of Nursing and Midwifery Services, Mrs. Judith Asiamah, and the Staff of the Women and Children Department.

AYEKOO, ASALAMALAYKUM!!!!!!!!!!!!



Compassion In Scrubs

By Ms Jemima Boakye Dankwa



Choosing a career path is a major milestone. Despite initial plans to become a laboratory scientist, family encouragement redirected the focus to nursing—a decision that changed everything.

The journey began at the 37 Military Hospital Nurses Training College, where a first-day Anatomy and Physiology lecture revealed a true calling. Following graduation and licensure, clinical rotations across ICU, NICU, Emergency, and Trauma provided vital experience. Under the mentorship of Lt. Col. Nartey and Mrs. Judith Asiamah, the Operating Theatre became a professional home.

After specializing in Perioperative Nursing and earning a BSc from the University of Ghana, international collaborations with the US Army and Motec-UK refined key technical skills. These experiences led to becoming a clinical preceptor and examiner for the NMC. Driven by a passion for leadership, a Master's in Clinical Leadership and Management was completed, leading to roles as Principal Nursing Officer and Deputy Nursing Officer-in-Charge of the theatre at the University of Ghana Medical Centre (UGMC).

At UGMC, contributions included designing the operating theatre flow and selecting surgical instrumentation. A transition into management followed as Assistant Committee Secretary for Patient Safety. During the pandemic, the team's frontline COVID-19 response was officially honored by the President. Career progression continued with a promotion to Theatre Manager for Obstetrics and Gynaecology, alongside designing the nursing training programme for a new IVF centre.

Being inducted as a Fellow of the Ghana College of Nurses and Midwives allowed for teaching the next generation of Perioperative Nurses. Applying a Master's background helped navigate policy debates, shifting the focus from simple management to true leadership that champions team wellbeing.

Today, the nursing journey continues in Ireland, enriched by a diverse cultural environment, high emotional intelligence, and deep self-awareness.

To those starting out: nursing offers unmatched global employability. To fellow practicing nurses: despite the heavy stress, this remains the most flexible and noble profession in healthcare.

Nurse-Led Quality Improvement Management: A Strategic Driver Of Patient Safety And Continuity Of Care At UGMC

Article

BY ABIGAIL NAA AYELEY ARYEE, (FGCNM, MSc, PON, RN)
BED BUREAU/QUALITY IMPROVEMENT MANAGER, UGMC.

Introduction

At the University of Ghana Medical Centre (UGMC), nurses play a pivotal role in advancing patient safety and ensuring continuity of care. Nurse-led quality improvement (QI) management is not only a clinical necessity but also a strategic driver that aligns with the hospital's vision of delivering world-class healthcare. By leveraging ward-level metrics, nurses are empowered to identify gaps, implement evidence-based interventions, and sustain improvements across the continuum of care.

Strategic Role of Nurse-Led QI

Patient Safety

Continuity of Care.

Evidence-Based Practice.

Leadership Development:

Ward Metrics as Strategic Tools

Ward metrics serve as the backbone of nurse-led QI management. They provide measurable indicators that guide decision-making and track progress. They are standardized measures used in hospitals to track patient safety, staff efficiency, and quality of care.

The most common include rates of falls, pressure ulcers, infection control, nurse staffing levels, patient discharge timing, and patient satisfaction. These metrics help identify areas for improvement and ensure accountability in ward-level healthcare delivery.

At UGMC, key metrics include:

KEY HEALTHCARE METRICS & STRATEGIC IMPACT	
METRIC	STRATEGIC IMPACT
 Medication Error Rate	Identifies safety gaps, drives training on safe administration, and reduces adverse drug events.
 Patient Fall Incidence	Guides environmental modifications, staff vigilance, and patient education programs.
 Hospital-Acquired Infections	Tracks compliance with infection control protocols, hand hygiene, and isolation practices.
 Bed Occupancy Rate	Supports resource allocation, staffing optimization, and continuity of care planning.
 Patient Satisfaction Scores	Reflects communication quality, responsiveness, and holistic care delivery.
 Length of Stay	Highlights efficiency of care pathways and discharge planning effectiveness.

Strategies for Implementation

Data-Driven Rounds: Nurses use ward metrics during daily rounds to prioritize interventions.

Continuous Training: Regular workshops on patient safety, infection control, and communication skills.

Collaborative Audits: Joint reviews with physicians and administrators to ensure accountability.

Patient Engagement: Involving patients in feedback loops through the net promotor score to refine care delivery.

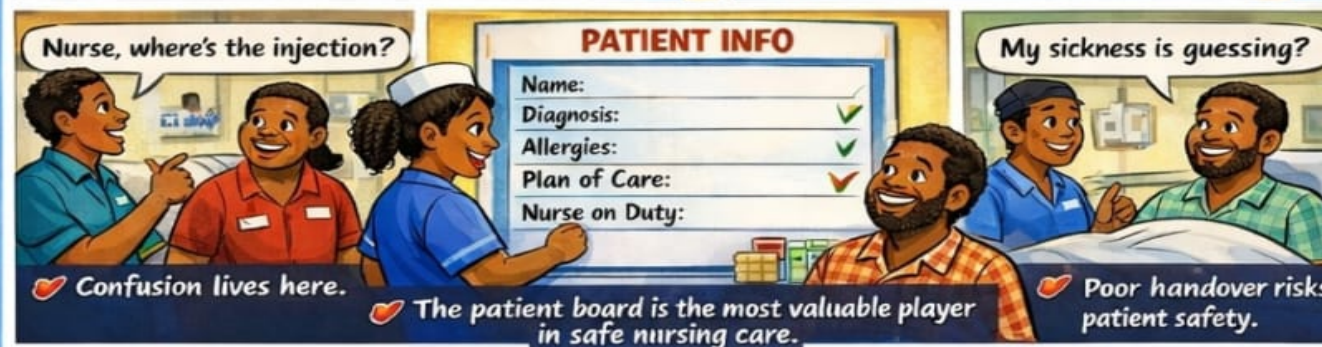
Technology Integration: Leveraging electronic health records and dashboards to monitor ward metrics in real time.

Conclusion

Nurse-led quality improvement management at UGMC is more than a clinical initiative, it is a strategic driver of excellence. By harnessing ward metrics, nurses transform data into actionable insights, ensuring patient safety and seamless continuity of care.

THE PATIENT BOARD: THE MOST VALUABLE PLAYER

When nurses use it, chaos disappears!



The Patient Board is the Most Valuable Player – it saves time, prevents errors, builds trust, and protects patients.

#UpdateTheBoard #SafeNursingCare #ProfessionalPractice

By DNM Judith Asiamah

Service Beyond Duty: Celebrating A Retired Nursing Icon of University of Ghana Medical Centre



Mrs. Rita Momo Sika-Nartey
(First Chief Nursing Officer Of UGMC)

Leadership, Legacy, and Lifelong Service: Celebrating Retired Principal Nursing Officers Of The University of Ghana Medical Centre



Mr. Osei Asare Bediako
(Principal Nursing Officer)



Mrs. Rosemond Appreku
(Principal Nursing Officer)

From Error To Excellence: Strengthening Care Through Effective Incident Reporting Systems

Article

By Mrs Judith Asiamah
Director of Nursing and Midwifery Services, UGMC

Healthcare delivery is inherently complex. Even when healthcare professionals act with skill and care, unexpected events can occur. Many of these events are preventable if healthcare organizations learn from errors rather than hide them. The **World Health Organization defines patient safety as the reduction of risk of avoidable harm associated with health care to an acceptable minimum** and highlights that strong incident reporting and learning systems are essential for building safer health care. These systems help health workers report and analyse incidents so that mistakes become opportunities for improvement.

An **incident**, also called a patient safety event, is any unplanned or unexpected event which resulted in, or could have resulted in, harm to a patient, staff member, visitor, or the organization. Harm may be physical, psychological, emotional, social, or financial. Common examples include medication errors, patient falls, documentation errors, equipment malfunction, needle-stick injuries, and communication failures.

Near misses are events that *could have caused harm but did not*. These are valuable for learning because they reveal system weaknesses before actual harm occurs.

What Nurses Must Do When an Incident Occurs

1. Ensure Immediate Safety

When an incident happens, the first priority is to ensure patient and staff safety. Assess and stabilize the patient. Provide urgent care as needed. Take steps to prevent further harm, such as stopping an incorrect medication infusion or removing faulty equipment.

2. Inform the Appropriate Authority

Responsible: Nurse who witnessed or discovered the incident.

Report the event promptly to the unit in charge or supervising nurse. If the incident is serious, escalate the matter to nursing leadership and facility management according to your facility policy. Timely communication enables prompt response and support.

3. Document the incident

Responsible: Nurse who witnessed or discovered the event. Record the incident in the unit incident book or official electronic reporting system. Documentation should include date, time, what occurred, immediate actions taken, and the patient condition. Write only the facts. Avoid assigning blame or using emotional language. Remember that near misses must also be recorded.

4. Review and Classification

Responsible: Unit in-charge and quality or risk management team.

After reporting, the incident is reviewed and classified based on severity and risk. The quality or risk team helps determine whether a formal investigation is needed.

5. Investigation and Root Cause Analysis

Responsible: Quality improvement team, unit leadership, and relevant staff.

When investigation is needed, use structured methods such as root cause analysis, the five whys technique, or fishbone analysis. Focus on identifying system gaps that contributed to the incident rather than blaming individuals. This approach aligns with international standards for safety and quality improvement used in accredited health facilities.

6. Corrective and Preventive Actions

Responsible: Unit leadership and management

Once causes are understood, develop corrective measures to prevent recurrence. Assign clear roles, set timelines for implementation, and monitor progress. Improved systems help prevent similar incidents in the future

7. Feedback and Learning

Responsible: Unit in charge and nursing directorate.

Share lessons learned with all relevant staff. Reinforce updated protocols and improved practices. Feedback helps close the learning loop and strengthens a culture of safety across the unit and facility.

Conclusion

Incident reporting is a shared professional responsibility. Nurses ensure patient safety and accurate documentation when incidents occur. Unit leaders ensure escalation, review, and oversight. Quality teams investigate and recommend system improvements. Management ensures corrective action and accountability. When everyone fulfils their role, incidents become opportunities for improvement rather than repeated harm. This is how healthcare moves from error to excellence.

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Beyond Duty Calls, The Inspiring Commitment of Alfred Gyabaah

In every healthcare institution, there are individuals whose commitment goes beyond duty and whose passion speaks louder than words. One of such remarkable nurses at the Main Surgical Ward of the Patient Tower, University of Ghana Medical Centre, is Alfred Gyabaah.

Alfred Gyabaah exemplifies what it truly means to be a nurse with heart, sacrifice, and steadfast dedication. He is exceptionally hardworking, dependable, and deeply passionate about patient care. His presence on the ward brings reassurance not only to patients but also to colleagues who know they can always count on him in challenging moments.

What makes Alfred stand out even more is his selfless spirit. Even when he is off duty, whenever difficult situations arise and he is called upon to assist, he never hesitates. Without complaint or delay, he shows up ready to support the team and provide quality care to patients. Such commitment reflects a rare sense of responsibility, professionalism, and genuine love for nursing.

Alfred's willingness to go the extra mile demonstrates that nursing is not merely a profession to him but a calling. His sacrifices, resilience, teamwork, and compassionate nature continue to inspire many around him. He carries out his duties with humility, excellence, and a calm strength that uplifts both staff and patients alike.

Indeed, hard work and dedication never go unnoticed. The light has finally spotted him this time, and it is only fitting that his efforts are being recognized and celebrated. Alfred Gyabaah is truly deserving of every commendation that comes his way, and his story serves as a powerful reminder that genuine service, consistency, and passion will always shine through.

He is not only an asset to the Main Surgical Ward of the Patient Tower, UGMC, but also a shining example of the noble values of nursing.

The Pulse of Excellence:

Who is the Bedside Champion?

Deep within the rhythmic hum of the ward, amidst the quiet intensity of the night shift and the whirlwind energy of the day, a standard is being set.

We are looking for them.

Is it the crispness of the scrubs or the calm in their eyes? Is it the way they recite protocols with effortless precision, or the unwavering focus that tunes out the chaos to hear a single patient's need?

It's more than just a uniform. It's more than just a degree.

It's the rare fusion of Knowledge, Accountability
Passion and Grit.

The Search is On.

The Appearance: Professionalism that inspires trust.

The Knowledge: Clinical expertise that saves lives.

The Focus: A mind that never wavers under pressure.

The Accountability: A heart that owns every moment of care.

They are the young leaders of the bedside.

They are the future of healthcare.

And they have it all.

Excellence In Action

Yaw Avornyo is a Registered General Nurse (RGN, BSN) and Nursing Officer at the University of Ghana Medical Centre (UGMC), Accra.

He has several years of hands-on experience in direct patient care, with strengths in patient management and care coordination. He is known for his reliability, strong interpersonal skills, and ability to effectively manage multiple responsibilities.

He holds a Diploma in Nursing, BSc in Nursing, and is currently pursuing an MPhil in Nursing, reflecting his commitment to continuous professional development.

He maintains an impeccable professional appearance and is consistently punctual with his clinical reporting. As a diligent and courteous nurse, he frequently takes the initiative to support his colleagues whenever assistance is required.

Wellness Giggle Break / Jokes



Mentorship Joke

The Confident Student

A student nurse proudly tells her mentor:
Sister, I already know everything about nursing.
I just need exposure.

The Sister smiles and says:

Good. Start by calculating this drug dose.

The student looks at it... turns the paper upside down... then says:

Sister, I meant emotional exposure, not this one.

The Oxygen Debate

Two patients are talking on the ward:

Patient A: Ei, these nurses like oxygen too much. Once you come here, they just put it on you.

Patient B: Hmm, I heard it's to make you get used to hospital air so you don't run away.

Answers to Riddles

1. Sepsis

Note: Sepsis can present subtly before rapid deterioration. Early warning signs must not be ignored.

2. Insulin (or Heparin / High-alert IV drug)

Note: Critical meds like insulin require exact dosage and monitoring, an error can be fatal

3. Turning schedule (for pressure ulcer prevention)

Note: Turning patients regularly is essential. A skipped turn can lead to deep tissue damage

4. Miscommunication (especially during handover or instructions)

Note: Assumptions and unclear communication lead to major patient safety events.

Conversations between husbands married to nurses.

Husband A: Hmm, nurses by nature are very inquisitive. Always looking for what is not there. You dare not talk to another lady twice.

Husband B: My brother, you don't know. As part of their work, they are always assessing and evaluating.

Husband A: Ah!

Husband B: That's why small things at home turn into full investigation... even me, I'm under observation 24/7.

Husband A: I came home late small, my wife asked me one question... next thing, it turned into full history taking.

Husband B: History taking?

Husband A: Yes oo, Where were you? With who? For how long? Any witnesses?

Husband B: You're even lucky. Mine will summarize and say, Your story is not consistent with your condition.

Husband A: My wife held my hand and checked my pulse.

Husband B: Aww, that's romantic.

Husband A: Me romantic? She said, Your heart rate is high... who were you talking to?

Husband B: You're finished. Mine will add, 'This is not your baseline.

Husband A: My wife is a nurse. I told her I was hungry at night.

Husband B: What did she say?

Husband A: She said, 'Kitchen is available, self-care is encouraged.

Husband B: You're lucky. Mine said, You are stable, no intervention needed

Hypertension: The Silent Threat To Brain Health

Article

By Abigail Otu Parry (Critical Care Nurse Specialist, Neurosurgery Dept)

Hypertension, often called the “silent killer” remains one of the most prevalent and dangerous chronic conditions globally. While many associate high blood pressure with heart disease, fewer people realize that its most devastating complications affect the brain. Uncontrolled hypertension is a leading cause of stroke, brain hemorrhage, and other neurology and neurosurgery-related emergencies.

As we continue to raise awareness of hypertension, it's critical to highlight its neurological consequences. Early detection, consistent management, and education are essential to prevent life-altering outcomes such as paralysis, cognitive decline, or death.

Hypertension and the Brain: A Deadly Connection

- **Stroke (Ischemic and Hemorrhagic)**
High blood pressure damages blood vessels over time, making them more prone to rupture (leading to hemorrhagic stroke) or blockage (leading to ischemic stroke). According to the World Health Organization, hypertension is responsible for over 50% of all strokes globally.
- **Hypertensive Encephalopathy**
A sudden spike in blood pressure can lead to cerebral oedema (brain swelling), which may manifest as confusion, seizures, or loss of consciousness. This neurological emergency requires immediate blood pressure control to prevent permanent damage.
- **Aneurysms and Arteriovenous Malformations (AVMs)**
Chronic hypertension increases the risk of aneurysm rupture, especially in the circle of Willis, a common site for intracranial aneurysms. Neurosurgical teams often deal with such ruptures, which can cause subarachnoid hemorrhage, a life-threatening condition.

- **Aneurysms and Arteriovenous Malformations (AVMs)**

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- **Cognitive Decline and Vascular Dementia**

Long-standing hypertension contributes to microvascular damage in the brain, which can impair cognition over time. This has been strongly linked to vascular dementia, affecting memory, reasoning, and daily function.

- **Post-Neurosurgical Complications:**
Patients with poorly controlled hypertension undergoing neurosurgery face higher risks of **Intraoperative bleeding, Delayed wound healing, Intracranial pressure elevation and Postoperative stroke or seizures**

Hence, strict perioperative blood pressure monitoring and control are cornerstones of neurosurgical care.

Raising Awareness and Preventing Complications

- **Screening and Early Detection**
Many individuals live with hypertension unknowingly. Regular blood pressure checks—especially for adults over 40 or with a family history—are crucial.
- **Public Health Education:**
Patients must understand the neurological risks of uncontrolled hypertension.

The importance of medication adherence

- **Lifestyle modifications** (diet, exercise, reduced salt intake, and stress management)
- **Interdisciplinary Approach:** Collaborative care between physicians, neurologists, neurosurgeons, nurses, and public health workers improves outcomes by addressing hypertension holistically.

Conclusion

Hypertension is not just a cardiovascular concern—it is a neurological time bomb. Awareness must move beyond blood pressure numbers to the life-threatening brain complications it can cause. With early intervention and sustained public education, we can prevent strokes, reduce surgical complications, and save lives.

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Article

Improving Patient Safety in Paediatric Wards: Practical Strategies for Healthcare Workers

Submitted by Ivy Ami Dzidefo Senadza

"The biggest challenge to moving toward a safer health system is changing the culture from one of blaming individuals for errors to one in which errors are treated not as personal failures, but as opportunities to improve the system and prevent harm." — Institute of Medicine, 2000

The Problem on Our Own Doorstep

A 2025 peer-reviewed analysis on the state of patient safety in Ghana was direct: medication errors are notably high, hospital-acquired infections remain a serious burden, and the system's safety culture is significantly constrained by inadequate infrastructure, understaffing, and inequities in resource distribution.² This is not theoretical. Research on paediatric inpatients in Ghanaian hospitals found medication administration error rates as high as 65.2% in one study and 60.5% in another.¹ Dosing errors were the most frequent type, accounting for 47.3% of all medication errors a direct consequence of weight-based prescribing in a setting where calculating precise doses for children is complicated by high workloads, limited pharmacist oversight, and the absence of standardized guidelines.¹

Healthcare-associated infection rates compound the picture. A point-prevalence study across ten Ghanaian hospitals found an overall hospital-acquired infection (HAI) rate of 8.2%, with surgical site infections, bloodstream infections, and urinary tract infections leading the count.² Critically, an estimated 45% of healthcare facilities in Ghana lack access to reliable clean water a staggering structural barrier to even the most basic infection prevention.²

The Paediatric Ward: A Special Case

What makes paediatric wards particularly vulnerable in the Ghanaian context is not simply the clinical complexity of caring for children though that is real. It is the compounding of that complexity with the specific resource pressures facing our hospitals.

A qualitative study of nurses in a paediatric unit in Northern Ghana identified inadequate staffing, lack of logistics, and limited ward space as the defining ward-level factors that compromise patient safety.⁵ The nurses further noted that inadequate knowledge of paediatric-specific safety protocols especially among newly posted staff was a recurring source of risk, and recommended that new nursing staff be paired with more experienced colleagues as a basic safety measure.⁵

What Our Wards Must Do Differently

The challenges are real and documented. But so are the solutions. Grounded in current evidence from Ghana and the wider literature, the following strategies are practical, context-sensitive, and implementable without waiting for a systemic overhaul.

On **medication safety**: the starting point is standardized, weight-based prescribing protocols on every paediatric ward, with mandatory documentation of the child's weight on every prescription. Regular prescribing audits, the involvement of a ward pharmacist in daily rounds where resources allow, and structured double-checking of high-risk medications are all evidence-supported steps that require commitment more than they require equipment.¹

Infection Control: The Clean Water Problem

When nearly half of health facilities lack reliable clean water, even committing to hand hygiene becomes an act of creative problem-solving. The evidence, however, is unambiguous: hand hygiene remains the single most effective intervention against healthcare-associated infections. Every ward must designate the WHO's Five Moments for Hand Hygiene as non-negotiable — before and after patient contact, before aseptic procedures, after body fluid exposure, and after touching the patient's environment.

Where running water is unavailable, alcohol-based hand rubs should be positioned at every bedside as a minimum standard.

Handover and Communication

Research across Ghanaian hospitals has found sub-standard handover to be one of the most consistent patient safety failures driven by staff shortages, lateness to duty, and the absence of standardized policies.³ The consequences for paediatric patients are direct: critical information about medications, allergy status, or a child's deteriorating condition can simply fail to transfer between shifts. Structured handover tools such as the Situation, Background, Assessment, Recommendation (SBAR) framework are free to implement and have demonstrated measurable reductions in communication failures internationally. In the context of teaching hospitals, adopting and enforcing a ward handover protocol is one of the highest-leverage, lowest-cost interventions available to ward managers today.

The Culture Problem We Must Name

Research on patient safety culture across thirteen Ghanaian healthcare facilities found that most health professionals had reported at least some adverse events but also that only 37.3% of incidents were actually documented.⁵ The dominant reason was fear: fear of punishment, public shaming, and professional repercussions.⁵ This is the blame culture that Tenza and colleagues identified as one of the defining constraints on patient safety in Ghana,³ and it is particularly damaging in paediatric settings, where the errors most likely to cause serious harm, wrong drug, wrong dose, wrong patient are exactly the ones that staff are most afraid to report.

Changing this culture does not begin with policy alone. It begins with every

ward sister, every medical officer, every departmental head choosing consistently and visibly to treat an error report as information, not as a confession. The evidence across multiple Ghanaian studies is consistent: where managers create environments of open communication, non-punitive response, and learning from incidents, adverse event reporting increases and patient outcomes improve.⁴

Five Practical Strategies for Every Paediatric Ward

1. Address dosing errors with standardized, weight-based prescribing protocols and pharmacist oversight on every paediatric round.
2. Enforce the WHO's Five Moments of Hand Hygiene for all staff — and extend this education to families and caregivers who deliver significant bedside care.
3. Standardize every shift handover with a structured tool such as SBAR, and pair newly posted nurses with experienced colleagues.
4. Replace a culture of blame with a just culture: implement non-punitive incident reporting systems with multidisciplinary review of every reported event.
5. Advocate at the institutional level for adequate nurse-to-patient ratios as well as health care assistants — understaffing is not merely an administrative inconvenience; it is a documented systemic safety threat

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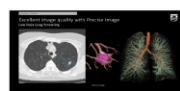
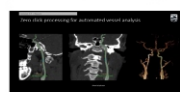
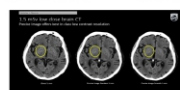
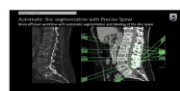
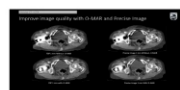
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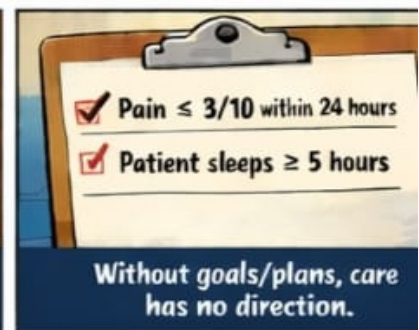
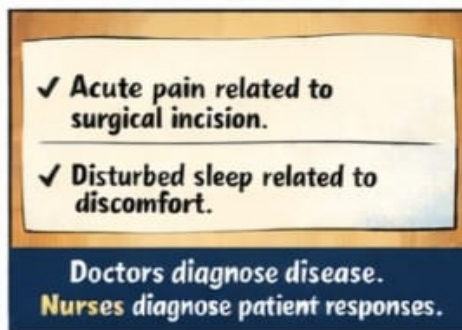
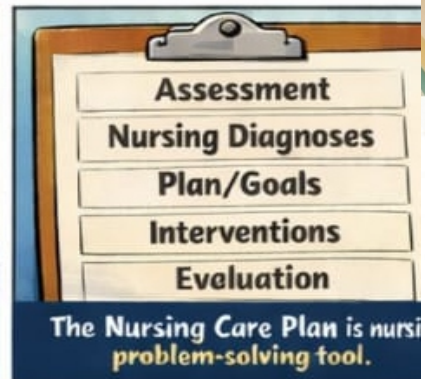
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29. CT Abdomen + Pelvis Triple Phase
30. Contrast + Injector Syringe + Tube
31. Chest (HRCT)
32. CT Brain + Orbit Without Contrast
33. CT Carotid Angiogram
34. Peripheral Artery
35. CT Abdomen + Pelvis + Enema
36. CT Scan Cervical Spine
37. CT Scan Thoracic Spine
38. CT Aortogram (Without Contrast)
39. CT Brain + Orbit With Contrast
40. CT Cardiac + Coronary Artery (Angio)
41. CT Carotid Angiogram
42. CT Peripheral Artery
43. CT Abdomen + Pelvis + Enema

THE NURSING CARE PLAN: THIS IS NURSING



If you do not plan your patient's care daily, YOU ARE NOT PRACTICING NURSING.

Tasks without planning are not nursing practice.



The nursing process what makes me different from other professionals

**NURSING CARE PLAN
NURSING PROCESS
IN ACTION.**

By DCNO Rita Odonkor

The Maiden Nurse & Midwife Managers Conference

The Nurse and Midwife Managers Conference was held from December 1–3, 2025, at the Medical Training and Simulation Centre. Under the theme "Transforming Nursing: Empowering the Future Nurse as Innovator, Mentor, Researcher, and Policy Advocate," the event gathered managers from various units to bridge gaps in nursing care and strengthen leadership competencies.

Core Objectives

The conference focused on empowering nurse managers to:

- Identify and solve clinical care gaps.
- Update practical skills in a non-static professional landscape.
- Practice real-world scenarios and problem-solving strategies.
- Strengthen leadership, financial, and regulatory management skills.

Summary of Key Presentation Sessions

Documentation Mastery and Digital Power Skills by Ms. Juliet Kwadzodeh

This session addressed the legal and professional weight of nursing records. It emphasized the transition toward electronic health systems and the necessity of accurate, timely documentation to enhance patient outcomes and reduce clinical errors.

Emotional Intelligence & Resilience in Leadership by Mr. Nii Teiko Tagoe

Focusing on the "human" side of management, this session explored self-awareness, empathy, and stress management. Managers were encouraged to build personal resilience to better support their teams through workplace pressures.

Budgeting & Financial Management by Mr. Humphrey Agyemang

This technical session covered the fundamentals of cost control and resource allocation. It highlighted the need for nurse managers to be financially literate to ensure cost-effective and accountable healthcare delivery.



The Maiden Nurse & Midwife Managers Conference

Regulatory Compliance (Standards & Audits) by Mr. Kwame Boakye

Participants were guided through healthcare standards and audit processes. The discussion focused on maintaining strict compliance with regulatory requirements to protect the organization from legal risks.

Quality & Patient Safety Simulation by Ms. Juliet Kwadzodeh

Through a practical root cause analysis of real-life incidents, this session allowed participants to identify system failures. The goal was to develop proactive strategies that minimize clinical errors and prioritize patient safety.

Communication & Collaboration by DNMS Judith Asiamah

This presentation underscored the importance of interprofessional teamwork. A major highlight was the promotion of a ***"no-blame" culture**, which encourages transparency and the reporting of errors without fear of retaliation.

Coaching a Struggling Staff by DDNS Rita Odonkor

Focused on performance management, this session provided managers with the tools to identify skill gaps and use constructive feedback and mentorship to support the professional growth of underperforming staff.

Leadership & Team Management by DNMS Judith Asiamah

The final individual session reinforced the core qualities of effective leadership, accountability, integrity, and decisive management as the primary drivers of quality patient outcomes.

3. Policy Advocacy & Influence

A concluding panel discussion highlighted how nurse managers can shape healthcare at a national level by: Engaging with professional associations. Using data and evidence to drive decision-making. Participating actively in policy formulation.

4. Key Takeaways and Recommendations

The conference concluded that high-quality healthcare depends on financial literacy, digital competence, and emotional intelligence. Primary Recommendations Include:

- **Continuous Training:** Ongoing education in digital health and financial management.
- **Workplace Environment:** Institutionalizing a non-punitive, supportive work culture.
- **Leadership Development:** Strengthening formal programs for mentorship and policy advocacy.

Conclusion

The event successfully equipped managers with the practical tools necessary to improve patient safety and organizational efficiency, ensuring that nursing leadership remains a driving force in healthcare innovation.



Understanding Nursing Research

Research Made Simple for Everyday Nurses

By Mrs. Rita Odonkor, DCNO, PACU

Article

When many nurses hear the word *research*, they immediately think of statistics, university dissertations, or complicated academic writing. It can sound distant from bedside care.

But here is the truth:

Nursing research is simply a structured way of answering the questions we face every day in practice.

It is not abstract. It is practical. It is not distant. It begins right where you work—at the bedside.

So, What Is Nursing Research?

In simple terms, nursing research is the careful study of problems that affect patient care, nursing practice, education, leadership, and healthcare systems.

It asks practical questions like:

- Why do some patients recover faster than others?
- Why are pressure injuries still occurring despite routine turning?
- Which method controls post-operative pain most effectively?
- How can we reduce medication errors during handover?

Research helps us move from **“This is how we have always done it”** to **“This is what evidence shows works best.”**

That shift is what makes nursing a profession grounded in science, not just routine.

Why Research Matters in Nursing

Nursing is not based on tradition alone. It is based on evidence.

Research helps us to:

- Improve patient outcomes
- Reduce errors and prevent harm
- Make confident clinical decisions
- Strengthen professional autonomy

Scientifically justify our interventions

Without research, nursing care can become repetitive and unexamined. With research, our care becomes intentional, measurable, and defensible.

Research Begins at the Bedside

Research does not start in lecture halls. It starts when a nurse notices something is not right.

For example:

- A nurse observes frequent pressure injuries.
- A PACU nurse notices patients reporting uncontrolled pain.
- A ward nurse sees medication errors during shift handover.

Research begins the moment we ask:

“Why is this happening, and how can we improve it?”

That question is the foundation of professional growth.

The Basic Parts of Research-Made Easy

Research is not mysterious. It follows a simple structure:

1. The Problem

What is the issue?

Example: High medication errors during handover.

2. The Question

What exactly do we want to find out?

Example: Does using a structured handover tool reduce medication errors?

3. The Method

How will we collect information?

- Surveys
- Interviews
- Observation
- Reviewing patient records

4. The Findings

What did we discover?

5. The Conclusion

What does this mean for practice?

That is research. Clear. Organized. Practical.

What Is Evidence-Based Practice?

Evidence-based practice means combining:

- The best available research
- Clinical experience
- Patient preferences

It answers the question:

“What is the safest and most effective way to care for this patient?”

Research generates knowledge.
Evidence-based practice applies it.

Research Does Not Replace Experience

Experience remains vital.

Your experience tells you what seems to work.
Research explains why it works and when it works best.

When experience and research work together,
nursing practice becomes stronger, safer, and more consistent.

Research Is Not Only for student Nurses

You do not need a certificate to benefit from research.

If you:

- Participate in audits
- Help collect data
- Implement new protocols
- Reflect on patient outcomes
- Suggest improvements

You are already engaging in research thinking.

Understanding research allows you to:

- Read journal articles confidently
- Contribute meaningfully in meetings
- Defend your clinical decisions
- Grow into leadership roles

Knowledge builds confidence. Confidence strengthens practice.

Final Thoughts

Nursing research is not complicated when broken down into simple steps. It is a tool for improving care, protecting patients, and advancing our profession.

At its heart, nursing research is about one thing:

Finding better ways to care-safely, compassionately, and professionally.

When nurses understand research,

they do not feel intimidated.
They feel empowered to deliver better care.



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Strengthening Nursing Leadership: Bridging Skill Gaps Through Integrated Clinical and Managerial Training

By Ms. Gifty Atampugbire (Clinical Nursing Auditor)

It was one of those nights. The kind every nurse at the University of Ghana Medical Centre knows too well; monitors beeping in uneven rhythms, relatives anxiously pacing the corridors, and a critically ill patient whose condition could change in seconds.

At the center of it all stood a nurse. Not just administering medications. Not just documenting care. But deciding. Coordinating. Leading. In that moment, the difference between routine care and life-saving intervention was not just clinical skill, it was leadership. And that is where our story begins.

Beyond the Bedside

In today's rapidly evolving healthcare environment, the role of the nurse extends far beyond bedside care. Nurses are no longer only caregivers, they are clinicians, coordinators, advocates, and leaders navigating complex systems of care. At the University of Ghana Medical Centre (UGMC), a critical realization has emerged: **Clinical excellence alone is no longer enough. Leadership must rise alongside it.** Through routine clinical audits, a pattern has become clear; there are gaps. Not in dedication. Not in competence. But in the integration of clinical expertise with managerial confidence. And those gaps matter.

The Silent Weight of Leadership

Every nurse-manager and every shift in-charge carries a silent weight, expected to coordinate patient care seamlessly, supervise and mentor junior staff, enforce clinical standards, resolve conflicts, and serve as the critical link bridging communication between frontline staff and management. Yet, in the midst of administrative demands, a critical question arises: Are we unintentionally pulling our leaders away from the bedside, where their clinical leadership is needed most? Because true nursing leadership is not found behind desks. It is found at the patient's bedside especially when the stakes are highest.

Where Leadership Meets Patient Survival

Strong unit leadership is not theoretical; it is practical, visible, and urgent. It is the nurse-manager who steps in to guide care for a deteriorating patient. It is the shift leader who ensures a care plan is not just written but truly implemented. It is the leader who checks, not assumes that documentation reflects reality. Because when leadership is present: Care in coordinated decisions are timely and patients are safer. And when it is absent? The system feels it!

The Reality We Must Confront

Clinical audits at UGMC have revealed uncomfortable, but necessary truths:

- Hesitation in decision-making at critical moments
- Communication breakdowns within teams
- Unresolved conflicts affecting workflow
- Inconsistencies in enforcing standards
- Weak accountability in staffing and planning

These are not just operational issues. They are leadership gaps and they ripple directly into patient outcomes. When Systems Strain, Leadership Must Rise. One recurring challenge stands out: staffing. Last-minute requests. Emergency replacements. Unplanned gaps. While unforeseen situations are inevitable, routine dependence on reactive staffing places strain on the entire system.

Leadership at the unit level must become proactive:

- Anticipating staffing needs
- Managing duty rosters strategically
- Ensuring fairness and balance
- Reducing last-minute disruptions

Because every staffing gap is more than a number, it is a potential compromise in care. However, beyond systems and structure lies something even more powerful: **People!** A ward does not function on protocols alone; it thrives on relationships. And leadership sets the tone.

A strong nurse leader: Listens before reacting, resolves conflict without division, recognizes effort without favoritism and builds teams, not tension. Because when respect is present, teamwork follows. And when teamwork thrives, patient care improves.

A Critical Moment We Must Address: Transitions of Care

There is another moment; less visible, but equally critical where leadership is tested daily: The transfer of patients from Emergency to the wards. Across units such as Internal Medicine A & B, Allied Ward, Orthopedics, and Cardiology, a growing strain has been felt, not from lack of commitment, but from differences in pace, pressure, and expectations. In Emergency, urgency defines every action. Patients must move quickly. Space must be created. Lives depend on speed. On the wards, preparedness defines safety.

Teams need a few moments to organize, receive, and ensure continuity of care. Somewhere between urgency and preparedness, communication begins to fracture.

At times:

- Requests to “hold on” are perceived as delays
- Urgency is interpreted as impatience
- Responses become tense instead of collaborative

Layered onto this, delays in medical reviews when expected clinicians are unavailable or late create uncertainty. And in that uncertainty, frustration builds, not only among staff, but also among patients and their families, who may feel neglected or anxious, sometimes reacting in distress. This is not a failure of individuals: it is a system gap in communication, coordination, and shared understanding.

Bridging the Gap: From Tension to Teamwork

To move forward, we must shift from reaction to alignment:

- **Pre-Transfer Notification:** Early communication to wards to allow preparation time without compromising emergency flow
- **Structured Communication Protocols:** Standardized handover communication (clear SBAR-style exchanges) before transfers
- **Defined Response Windows:** Agreed timelines for receiving patients to balance urgency with readiness
- **Strengthening Interdisciplinary Coordination:** Ensuring timely medical reviews to reduce bottlenecks and tension between staff, patient and relatives.
- **Joint Unit Dialogues:** Periodic meetings between Emergency and ward teams to openly discuss challenges and co-create solutions
- **Emotional Intelligence in Leadership:** Choosing patience, clarity, and respect even under pressure

Because at the heart of every transfer is not just a process: It is a patient whose life depends on how well we work together.

A Turning Point: Investing in Our Leaders

Recognizing these realities, the Nursing Directorate through the able leadership of the Director of Nurses and Midwifery Services, Mrs. Judith Asiamah has taken bold and commendable steps. For the first time, UGMC hosted a Nurse Managers Conference; a landmark initiative that created space for reflection, learning, and growth in leadership. Beyond that, the Directorate has sustained yearly mentorship programs that equip nurses across all levels with both clinical insight and leadership competence. These are not just trainings: they are investments in the future of nursing leadership at UGMC.

The Call to Diligence and Leadership in Nursing

Rooted in the wisdom of Ecclesiastes 9:10, this message serves as both an inspiration and a challenge to nurses and midwives at UGMC. It frames healthcare not merely as a job, but as a deeply human calling that demands excellence in every action.

The Pillars of Diligent Care

The Power of Small Tasks: Excellence is found in "routine" accurate documentation, careful monitoring, and timely responses. In healthcare, there are no small tasks; every detail is a potential lifesaver.

Presence and Compassion: Beyond clinical skill, diligence requires being emotionally present. While patients may forget names, they never forget the dignity and comfort provided during their most vulnerable moments.

Resilience in Service: Whether facing the heartbreak of loss or the joy of a new birth, a commitment to giving one's "all" provides the peace of mind that comes from knowing no effort was spared.

The Evolution of Nursing Leadership

The future of healthcare at UGMC depends on Integrated Training. Modern nurse leaders must be "solution-driven" and "system-aware," balancing two critical strengths:

Clinical Excellence: The ability to manage complex medical crises and patient deterioration.

Managerial Strength: The ability to inspire teams, enforce standards, and manage resources with integrity.

A Call to Action: The Golden Rule

This reflection concludes with a powerful perspective shift: every provider is a potential patient. Nurses are urged to treat every individual with the fairness and compassion they would desire for themselves. By protecting the resource



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UGMC Anthem

Hail! Hail!! Hail!!
University of Ghana Medical
Centre
You have set the pace for Africa,
And distinguished yourself for
world - class health care, training
and research.
We adore you and are proud of you.

Chorus

Floreat UGMC 2x
Excellence and Innovation are our
key values
We'll strive and strive to provide
premium health care.
So help us God.

UGMC Nurses Anthem

Verse One

In the quiet hours, when hope feels lost.
You carry the weight, no matter the cost.
With every heartbeat, with every tear,
You stand with courage, year after year

Chorus

Hands that heal, hearts so pure,
In your care, we find our cure.
Through the darkest night,
You light the way,
Nurses of UGMC, we honor you today.

Verse Two

Your strength unshaken, your spirit bright,
A guiding star through the longest night.
With love and grace, you ease our pain,
In every struggle, you remain.

Verse Three

With every step, you lift the weak,
In every word, it's peace you speak.
No task too small, no load too great,
In your hands, we trust our fate.



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