

Profiles of Advanced Nurse/Midwife Practitioners and Clinical Nurse/Midwife Specialists In Ireland



A showcase of the work of CNS/CMS and ANP/AMPs, highlighting how the expansion on nursing and midwifery practice can meet patient/client needs in flexible and innovative ways.

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National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais

Mission Statement of the National Council

The purpose of the Council is to promote and develop the professional roles of nurses and midwives in partnership with stakeholders in order to support the delivery of quality nursing and midwifery care to patients/clients in a changing healthcare environment.

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Introduction

It is over ten years since the *Commission on Nursing* recommended in 1998 the development of a clinical career pathway for nurses and midwives in Ireland. The National Council for the Professional Development of Nursing and Midwifery established the first Irish frameworks for role development for clinical nurse and midwife specialists (CNS/CMSs) and advanced nurse and midwife practitioners (ANP/AMPs) in 2001. Over two thousand clinical nurse and midwife specialist and almost one hundred and forty advanced nurse and midwife practitioner posts have been developed to date. These posts have been developed in line with service needs and in the interest of quality, integrated patient/client care. A multi disciplinary approach to role development based on service needs analysis was utilised. These roles have received strong medical, multi disciplinary and management support which has been essential in their successful development and implementation. Experienced, highly qualified nurses and midwives now have the opportunity to remain in clinical practice providing expert care within a clinical career pathway. This means that nursing and midwifery skills and competencies are being used appropriately within the health care system to provide high quality, patient focused care.

Standards and frameworks developed and implemented by the National Council for the Professional Development of Nursing and Midwifery ensure that nursing and midwifery practice in Ireland develops in a safe and co-ordinated manner in the interests of patient/client care and in line with international best practice.

A CNS/CMS practices in a defined area of nursing or midwifery practice that requires application of specially focused knowledge and skills, which are in demand and required to improve the quality of patient/client care. This specialist practice encompasses a major clinical focus, which comprises assessment, planning, delivery and evaluation of care given to patients/clients and their families in hospital, community and outpatient settings. The CNS/CMS works closely with medical and para-medical colleagues and may make alterations in prescribed clinical options along agreed protocol driven guidelines. They also participate in and disseminate nursing/midwifery research and audit and provide consultancy in education and clinical practice to nursing/midwifery colleagues and the wider interdisciplinary team. The core elements of specialist nursing and midwifery practice are clinical focus, patient/client advocacy, education and training, audit and research and consultancy.

ANP/AMP roles are developed in response to patient/client need and healthcare service requirements at local, national and international levels and are carried out by autonomous, experienced practitioners who are competent, accountable and responsible for their own practice. They are highly experienced in clinical practice and promote wellness, offer healthcare interventions and advocate healthy lifestyle choices for patients/clients, their families and carers in a wide variety of settings in collaboration with other healthcare professionals, according to agreed scope of practice guidelines. They utilise advanced clinical nursing/midwifery knowledge and critical thinking skills to independently provide optimum patient/client care through caseload management of acute and/or chronic illness. The core elements of advanced nursing and midwifery practice in Ireland are autonomy in clinical practice, expert practice, professional and clinical leadership and research.

Recent developments in health policy for cancer services have supported the development of advanced practice nursing roles. Colorectal cancer is the second most frequently diagnosed cancer in men and women in this country and a national population-based colorectal screening service for men and women was announced by the Minister for Health and Children in January 2010. A model for the implementation of the national colorectal screening programme, drawing on existing capacities in the health system, has been developed and described by the Health Information and Quality Authority (HIQA 2009). The role of ANP is specifically identified within the model and it is anticipated that designated sites will appoint ANP candidates to support the national colorectal

screening programme. Ireland already has two ANPs in gastroenterology who perform routine endoscopy procedures on adults as well as assessing patients and arranging follow-up care.

This document follows on from *Profiles of Advanced Nurse/Midwife Practitioners and Clinical Nurse/Midwife Specialists* (1st Edition) and showcases the work of a cross section of CNS/CMSs and ANP/AMPs, highlighting how the expansion of nursing and midwifery practice can meet patient/client needs in flexible and innovative ways. Examples of care for people with drug dependency, bone transplant, cancer, addiction, inflammatory bowel disease, cardiovascular disease, chronic illness and skin problems are outlined. Common to all of the roles described here is how services have placed the patient/client at the centre and built service around their need, enhancing and integrating their journey through the health system.

On a recent visit to Ireland where she facilitated a workshop for ANP/AMPs Denise Bryant Lukosius said:

“Ireland and the NCNM are leaders in the field in the use of very systematic, patient-focused and needs-based approaches for introducing advanced nurse practitioners in areas of health care where they will have the greatest impact and benefit. The NCNM’s framework document for the establishment of advanced nurse practitioner and advanced midwife posts is an extremely valuable and useful resource”.

(Denise Bryant-Lukosius, RN PhD., Assistant Professor, School of Nursing and Dept of Oncology and Senior Scientist, CHSRF/CIHR Chair Program in Advanced Practice Nursing, McMaster University, Director, Canadian Centre of Excellence in Oncology Advanced Practice Nursing).

The National Council for the Professional Development of Nursing and Midwifery monitors and supports the development of CNS/CMS and ANP/AMP roles and believes that such roles will greatly improve the service offered to patients/clients. The National Council maintains the national database for these roles and provides guidance and support for role development. The National Council will continue to provide seminars; open days; telephone, web and email support; and site visits to progress CNS/CMS and ANP/AMP post development in the interests of high quality patient care.

The National Council has commissioned a research project to produce a focused evaluation of the clinical nurse/midwife specialist (CNS/CMS) and the advanced nurse/midwife practitioner (ANP/AMP) in Ireland. The deliverables will include measurement of clinical outcomes, service delivery (i.e. the service process) and economic implications in terms of efficiency (outputs relative to cost) and effectiveness (outcomes relative to inputs) of services.

The National Council would like to acknowledge the contribution of the Clinical Nurse/Midwife Specialists and the Advanced Nurse/Midwife Practitioners who took the time to share their work and experiences in this document.

For more information on the development of CNS/CMS and ANP/AMP and other roles refer to:

Health Information and Quality Authority (2009) *Report of the Evaluation of the Use of Resources in the National Population-Based Cancer Screening Programmes and Associated Services*. HIQA, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2004) *An Evaluation of the Effectiveness of the Role of the Clinical Nurse/Midwife Specialist*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2005) *An Evaluation of the Extent and Nature of Nurse-Led/Midwife-Led Services in Ireland*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2005) *A Preliminary Evaluation of the Role of the Advanced Nurse Practitioner*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2007) *Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts Intermediate Pathway*. (3rd edn.) NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2008) *Framework for Establishment of ANP/AMP Posts*. (4th edn.) NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2008) *Accreditation of Advanced Nurse Practitioners and Advanced Midwife Practitioners*. NCNM, Dublin

Advocates for Drug-Dependent Women in Pregnancy

Victoire Hurley

Linked to the National Maternity Hospital

Justin Gleeson

Linked to the Rotunda Hospital

Deirdre Carmody

Linked to the Coombe Women and Infants University Hospital

Clinical Midwife Specialists, Drug Liaison Midwives (DLMs), HSE Addiction Services.



As the only three Drug Liaison Midwives (DLMs) in Ireland, their specialised skills provide a great resource for the maternity and addiction services, as well as the women themselves.

In 2008 alone, 236 women were referred to the three DLMs linked to the three main maternity hospitals in Dublin and 180 babies were born to opiate-dependent women.

The DLMs primary responsibility is to case manage all pregnant drug dependent women, providing education and support during their pregnancy. They move between the obstetric service and the drug treatment service to ensure that the women are followed comprehensively in both services and that good communication exists between both teams. This involves the coordinated efforts of a multidisciplinary team.

"Research shows that the majority of women in this vulnerable group are reluctant to engage with health services for fear of encountering judgmental staff or having their baby or other children taken into care," Victoire says.

"Women had tended to book late and under-report their drug use. The ability of the DLM to establish a relationship with this group of women in their drug treatment setting early in their pregnancy has not only improved attendance to drug treatment and antenatal care, but has also led to a more positive pregnancy outcome," Deirdre says.

They also provide information on the possible effects of drug use in pregnancy and give on-going support in accessing priority drug treatment and admission to residential inpatient drug treatment centres.

"Our main objective is to encourage women to attend treatment for their drug use, attend antenatal and postnatal visits, to encourage women to look at family planning post-delivery and support women around social issues," Justin says.

Their commitment to continuing education is evident as the DLMs are proactive in providing education to staff and students in hospitals, universities, drug clinics and the community regarding treatment and overall care of pregnant drug dependent women. They are involved in research around drug use in pregnancy and actively audit their own practice each year.

The DLMs say that advocacy for this vulnerable group of women is seen as one of the most important functions of their role, empowering women to be involved in their treatment and in making real life choices.

"Caring for drug dependant women during and after their pregnancies can be stressful and at times frustrating; however, the enormous scope for improvement can make it rewarding for all concerned," Justin says.

"We provide a flexible and user-friendly service which aims to give women a more positive birth experience and improve the health of the women and their babies," Victoire says.

The drug liaison midwife has not only improved attendance to drug treatment and antenatal care, but has also led to a more positive pregnancy outcome.

"Pregnancy can be a great motivator and offers a window of opportunity for women to engage in services and stabilise their drug use. As DLMs we get the opportunity to assist these women with life-changing choices and help them to address the problems associated with their substance abuse," Deirdre says.

The three DLMs hope to undergo a combined research project involving the three main Dublin maternity hospitals, examining the incidence and outcome of drug using pregnant women, to get an overall picture of the extent of drug use in pregnancy in Dublin.

They hope that with drug use becoming an increasing problem outside Dublin that the DLM service would be extended nationally.

It is their intention to progress their role to Advanced Midwife Practitioner (AMP). In preparation for the AMP post, Victoire and Deirdre have completed a MSc Nursing in Addiction and Substance Related Difficulties. The DLMs continue to be committed to ongoing education and development.

The DLMs have written an information booklet 'Substance Misuse in Pregnancy' giving advice and information to women regarding drug use in pregnancy and methadone treatment.

Providing a Service You Can Bank On

Caroline Power & Fiona Clarke
Clinical Nurse Specialists (Bone Bank Co-ordinators)
Cappagh National Orthopaedic Hospital, Dublin



Bone graft is a scarce resource which is now more readily available to those in need thanks to the hard work of two Clinical Nurse Specialists who devote their working lives to obtaining and managing the maximum number of donations.

Based at the Bone Bank at Cappagh National Orthopaedic Hospital, CNSs Fiona Clarke and Caroline Power actively recruit donors from the elective surgery admission list for planned hip arthroplasty.

They then work closely with other members of the multidisciplinary team to ensure that the supply of grafts is managed properly to avoid wastage.

Fiona and Caroline say they enjoy the diversity of their role, which is patient-centred on two fronts: the donor and the recipient.

"Everything we do is to facilitate suitable donors to give bone to benefit other patients," they say.

"We work hard to maximise the number of completed donations so as to provide graft as soon as possible, and we appreciate that each graft is an altruistic gift from one person to another and treat each graft with the respect it deserves."

"The increase in referrals to the Bone Bank would indicate that the service we provide is of practical benefit to patients and orthopaedic surgeons throughout Ireland."

"The value of our service is also demonstrated by the positive feedback from patients who have donated bone."

The Bone Bank aids orthopaedic surgeons requiring bone allograft for orthopaedic surgery nationally.

Fiona and Caroline screen potential donors, nearly three-quarters of whom are over 65 years of age, through history taking, serology and microbiology testing.

They also offer advice and assist in selecting the appropriate graft for application.

Grafts not retrieved in Cappagh are sourced from International Tissue Banks on a 'named patient' basis.

In preparation for the CNS role, both women undertook orthopaedic and theatre nursing training, as well as achieving certification through the American Association of Tissue Banks Tissue Bank Specialist Course. They achieve their three-yearly recertification by attending conferences, workshops, and seminars on Tissue Banking.

Fiona and Caroline say that one of the keys to the success of their service is the collaborative working relationships they have formed with other members of the multidisciplinary team.

"The role of the CNS flows across different areas of the hospital and services," they say.

"We work closely with the nursing staff in the pre-assessment unit to ensure that all potential donors are seen before admission in order to maximise the number of donations."

"We also work closely with the admission administration staff, the nursing and secretarial staff in the joint register and outpatient clinics, the Central Sterile Supplies Department and Theatre staff, the orthopaedic teams and nurses, and the pathology and microbiology departments."

The increase in referrals to the Bone Bank would indicate that the service we provide is of practical benefit to patients and orthopaedic surgeons throughout Ireland.

"In addition, we train the Non-Consultant Hospital Doctor teams on retrieval procedures and methods for requesting and using the graft."

"It is through this team effort, and our work to ensure compliance with the Standards for Tissue Banking, that we are able to maximise the number of grafts and protect the health of recipients."

Fiona and Caroline participate in a range of audits to ensure the service is run properly in line with the Quality Management System to ensure the service retains its Irish Medicines Board licensing under Irish & EU Legislation. They also evaluate feedback and comments returned by graft users to gauge satisfaction with the service.

They also participate in the education programme within the hospital through journal club meetings, formal lectures and ward based teaching sessions.

Both women say they have been surprised by how pleased donors are to be involved in the process and how open they are about their lives.

"The way patients open up about their lives has been a big surprise to us," they say.

"Donors are asked very intimate questions and, perhaps it is the air of confidentiality that is present, but patients can be very forthcoming with information."

"Although the donor and recipient are anonymous to each other, we do tell them where in the county their bone was used and this means a lot to people. We find that overall people are happy to donate and are delighted to hear that their bone was used to help someone."

In the future, Fiona and Caroline intend to continue to monitor the trends of bone donation and graft use to ensure that Cappagh can supply its needs, and if the demand is there, would look at further extending the service's procurement capacity.

Improving the Care Journey for Children with Cancer

Lorna Storey and Frieda Clinton

Advanced Nurse Practitioners
(Haematology/Oncology)

Our Lady's Children's Hospital, Crumin, Dublin.



As the first children's Advanced Nurse Practitioners in Haematology/Oncology in Ireland, Frieda Clinton and Lorna Storey provide much needed supportive care to hundreds of children with cancer and their families.

Frieda alone assisted 589 child Haematology-Oncology patients within the inpatient and day care setting in 2008, providing timely and expert clinical assessment and holistic nursing care for children requiring treatment such as chemotherapy, radiotherapy or supportive care.

Frieda and Lorna say the ANP role not only facilitates a significant improvement in the accessibility of services, but also assists and reassures families during a difficult time in their lives.

"The ANP role in Haematology/Oncology has been found to reduce the waiting times for assessment for chemotherapy, improve the clinical assessment of patients prior to receiving chemotherapy and highlight those patients who are at risk from side effects from treatment," she says.

"The role is also an important link in the care chain, facilitating the ongoing communication between the child, family and the multidisciplinary team regarding care and the interpretation of investigation results."

"Other nurses and members of the multidisciplinary team also benefit from having experienced practitioners within the unit to use as a resource – and it is the support of these other staff members who help to make this role such a success."

"The most rewarding aspect of the role is that it allows us to focus on clinical practice, and develop skills that enhance our nursing knowledge, and ultimately the patient journey."

Frieda and Lorna work as part of a multidisciplinary team and participate in ongoing communication between all disciplines regarding the most appropriate care for each individual patient.

During their workday, each ANP gets referrals from the relevant consultant on duty and cares for these patients throughout the day, reporting back any clinical concerns.

Both ANPs have Master's Degrees in Nursing (Advanced Practice) and Frieda is currently President of the Irish Association for Nurses in Oncology and was a founding member of the Haematology Association Ireland Nurses Group. Lorna is also a founding member of the Haematology Association Ireland Nurses Group and is currently its secretary.

They say one of the key aspects of the ANP role is ongoing education with all health care professionals and family members regarding patient care.

"Teaching and education are an integral component of the ANP role, from informal education to the child and family, to formal education locally, nationally and internationally regarding the ANP role, changes in clinical practice, late effects of cancer treatment and the impact this may have on a child's quality of life," they say.

"Networking is also a huge component of the role since we are the first ANPs of our kind in Ireland."

The most rewarding aspect of the role is that it allows us to focus on clinical practice, and develop skills that enhance our nursing knowledge and ultimately the patient journey.

"To this end, we have made formal links with St Jude's in the United States and Sick Children's in Toronto, Canada, and work closely with other units in the United States and the United Kingdom."

Frieda and Lorna are currently involved in auditing the ANP role and work practice.

Frieda also audits her nurse prescribing role and is currently undertaking an audit of the anti-emetics used with children who require chemotherapy in the inpatient setting.

Addressing the Challenges of Dual Diagnosis – Mental Health/Addictions

Hanora Byrne

Clinical Nurse Specialist (Addiction Forensic Mental Health)

National Forensic Mental Health Service, Dundrum, Dublin



Hanora Byrne felt that Ireland's changing drug culture and alarming statistics on alcohol misuse indicated a need for an additional role to care for patients with dual diagnosis within the National Forensic Mental Health Service.

So in 2005 she developed a Clinical Nurse Specialist role in Addictions to meet this need and took up the position herself in a full-time capacity in January 2006.

The National Forensic Mental Health Service, the Central Mental Hospital, Dublin, is the only forensic hospital in Ireland. It was built in 1850 and was the first forensic hospital in Europe. The patient population has majority diagnosis of schizophrenia followed by schizo-affective and major depressive disorder. A small number of patients have a diagnosis of personality disorder along with other major psychosis. However, the majority (85%) of the patient population has a drug and alcohol problem.

Hanora says it was widely recognised that the contribution the CNS role made to patient care in this area was extremely valuable.

"It is too early to formally evaluate the effectiveness of my role, but international research has shown, and my own experience would concur, that a CNS in Addictions is an essential element in the treatment of patients with dual diagnosis," she says.

"I personally find my specialist role very important, very fulfilling and I feel it meets an essential need in the hospital."

As the CNS, Hanora assesses all the patients who are admitted to the hospital by taking a history and then determining their level of dependency by using two assessment tools: the Alcohol Dependency Scale and the Drug Abuse Screening Test (DAST-20).

She engages with patients in group work or one-on-one counselling, teaching, providing training programs for multidisciplinary mental health workers, research, preparing reports and liaising with other disciplines within the hospital, especially the psychology department.

She says patient education is a vital component of her role.

"Patient education is vital, so I run several education programmes about the effects of substance abuse incorporating mental health," she says.

"I have also developed a pathway of care for patients with dual diagnosis from delivering a basic four-week information programme, including an education and relapse prevention programme, to an aftercare programme for dual diagnosis service users."

Relapse prevention is an evidence-based programme that is widely used in substance use disorder as well as in mental illness which teaches patients' strategies to:

- Understand relapse as a chain process
- Identify high-risk situations
- Identify triggers and cues for cravings
- Learn strategies for coping with cues, triggers and cravings

I find my specialist role very important, very fulfilling and I feel it meets an essential need in the hospital.

- Learn to minimize negative effects of a lapse
- Stay engaged in treatment after relapse
- Build a healthy balanced lifestyles.

"In addition, I have collaborated with a Lecturer in Nursing at Trinity College Dublin on the development of a five-day training programme on dual diagnosis group treatment programs for professionals who come into contact with these individuals."

Hanora has been conducting an ongoing study to ascertain the effectiveness of the programmes she delivers.

"I have been evaluating the outcomes of my programmes using the inventory of drug taking situations and the drug taking confidence questionnaire," she says.

"This study has been ongoing, with the first set of results presented at the international forensic mental health conference in Montreal, Canada in 2007, and the second set in Vienna in 2008.

"This year I will be presenting the final set of analysis in Scotland."

In preparation for the CNS role, Hanora – a registered psychiatric nurse – undertook a M.A. in addictions. She also has a Diploma in Counselling and a BSc (Hons) in Psychology and is an accredited member of the Irish Association of Alcohol and Addiction Counsellors.

ANP in Oncology: A Valued Role

Janice Richmond

Advanced Nurse Practitioner (Oncology)

Letterkenny General Hospital, Donegal



The ANP Oncology role at Letterkenny General Hospital has produced many significant service benefits, but for Janice Richmond, the true measure of her role's success is evidenced by the 119 expressions of thanks she has received from patients and their families since the role was commenced.

As part of her role, Janice provides a range of services for cancer patients such as clinical examination, surveillance and follow-up; education, support and advice; and referrals to other professionals as needed.

She also inserts PICC (peripherally inserted central catheters) for haematology/oncology patients and on an occasional basis reviews and commences the work-up of new in-patient referrals to the oncology team.

Her role has been found to help to reduce waiting lists, prevent unnecessary patient travel to other institutions for PICC insertions, and through education of community nurses has helped to reduce patients having to travel to the treating unit for central line flushing/dressing or disconnection of ambulatory chemotherapy.

Janice said she finds her role an interesting, challenging and varied job that impacted positively on patients on a daily basis.

"It is very rewarding to help people cope with psychological distress, understand a myriad of information, and deal with grief and other issues that arise when faced with cancer," she says.

"I find that being able to work autonomously with patients on a one-to-one basis and include psychosocial assessment and interventions as part of their review visit helps to address the whole range of issues affecting the individual and their family."

"The ANP role also provides for increased continuity of care and a high level of support. Patients have direct access to me by telephone for concerns or issues and can attend a monthly education and support group that I co-lead called Living Beyond Cancer".

"These initiatives provide security and relieve distress for patients, and provide me with a high degree of job satisfaction."

Two audits have been conducted into the ANP role: one in 2007 relating to breast cancer patients and one in 2008 relating to colorectal patients. Both audits showed that the role was effective in caring for these individuals and that the ANP role was adhering to established guidelines.

The audits also demonstrated that the ANP role helped to increase the focus placed on health promotion education.

An additional audit examining PICC insertion service results is currently underway.

Janice prepared for her ANP role by upskilling in areas such as venepuncture, cannulation, administration of blood/intravenous therapy/ chemotherapy, and the insertion of PICC lines.

She participated in ongoing academic study and found the MSc stand alone modules in 'Physical Examination' and 'Working with People Affected by Cancer' particularly helpful. She also holds a Phd.

Janice is heavily involved in teaching and has facilitated the commencement of a clinical trial, which has subsequently resulted in a clinical trial nurse being placed in the post who is trying to establish a clinical trial unit at the hospital.

The role is continually developing to adapt to the needs of the patients and service, which also helps to keep the job interesting.

Janice says one of her role's most notable benefits was its ability to ease and facilitate the treatment journey for patients.

"Also, the ANP role enables more review patients to be reviewed, which helps to effectively reduce the waiting lists," she said.

"The time each week devoted to PICC insertions means that many patients no longer have to travel to Sligo for this procedure, which could be up to a three-hour journey one-way."

"In addition, the ANP-led initiative to train more than 100 community nurses in the care of central lines in the community has resulted in fewer patients having to travel back to the treating unit for central line flushing/dressing or disconnection of ambulatory chemotherapy."

"Patients appreciate these service improvements, as they relieve a lot of stress and discomfort."

Janice says the ANP role is appreciated and accepted across the board.

"I was pleasantly surprised as to how positively the role was accepted by patients and relatives, and how well other members of the oncology team and the wider multidisciplinary team have accepted the role," she says.

"Patient satisfaction is high, as demonstrated by the number of expressions of thanks received, and from my perspective, the role is continually developing to adapt to the needs of the patients and service, which keeps the job interesting."

Janice plans to grow the ANP role further in the future by undertaking training for the prescription of ionising radiation and education for nurse medication prescribing.

I was pleasantly surprised as to how positively the role was accepted by patients and relatives, and how well other members of the oncology team and the wider multidisciplinary team have accepted the role.

Making Life a Little Easier for People with Inflammatory Bowel Disease

Niamh Hogan

Clinical Nurse Specialist (Gastroenterology)

Mid-Western Regional Hospital, Nenagh, Tipperary



Without Niamh Hogan's support, Sinead – who was diagnosed with Crohn's disease in her 20s – would have spent much of the past four years as a hospital in-patient to manage her severe symptoms.

However, Sinead has only been admitted to hospital twice and her difficult illness has – for the most part - been able to be treated in the community.

Sinead's quality of life today would have been unimaginable prior to the establishment of Niamh's role as Gastroenterology Clinical Nurse Specialist at the Mid-Western Regional Hospital in Nenagh in 2005.

The CNS role manages patients with ulcerative colitis and Crohn's disease to ensure rapid access to clinic appointments and the availability of outpatient services and wards to meet the unpredictability of these diseases, and provides timely advice and support in the event of a relapse.

It also provides patients with a contact for discussion, explanation or counselling and information and education material.

Niamh says the CNS role is extremely satisfying and brings her in contact with many amazing and inspiring people, such as Sinead.

"This may sound like a cliché, but what I enjoy most about this job is the people I meet with Inflammatory Bowel Disease," she says.

"I am very fortunate to encounter some amazing and often very young individuals who challenge these diseases everyday and remain focused and determined to get on with their lives the best they can."

"I believe the CNS role in Gastroenterology is invaluable in supporting people with Inflammatory Bowel Disease and providing them with the specialist support that they require to attain the best quality of life possible."

Niamh operates a telephone-led service for patients providing immediate access to specialist support and prompt intervention, as well as a 'drop in' service for patients to have their disease monitored at a time convenient for them.

She first meets patients in the outpatient setting, endoscopy unit or in the inpatient setting in Nenagh or Limerick where she explains practical tips on how to manage symptoms and what to expect if flare up occurs.

Patients are then given contact details to phone, text or email her at any time.

When a patient makes contact she assesses their condition and, following a discussion with the medical team, either faxes a prescription to their pharmacy or GP, or arranges an urgent outpatient appointment or admission to the hospital.

Niamh says the ability of the service to be flexible and accommodate patient needs in a manner that suited them is key to the service's success.

I believe the role of the CNS in Gastroenterology is invaluable in supporting people with Inflammatory Bowel Disease and providing them with the specialist support they require to attain the best quality of life possible.

"Providing immediate access to support as needed is reassuring for patients when their symptoms become unmanageable, they develop a flare or just need to have a chat or cry," she says.

"In the case of Sinead in particular, we were able to keep her out of hospital through regular, sometimes even daily, telephone contact to provide practical support and supplementary medication if required."

"Other patients are too uncomfortable to discuss their symptoms over the phone or face-to-face, so email gives them an opportunity to openly discuss their concerns without fear of being embarrassed."

"In addition, as many of our patients are in the formative years of schooling, college, starting families or starting out in their careers, they do not always have time to attend scheduled clinics for follow-up, which is why the 'drop in' service was developed."

"This service has proven useful in ensuring patients are compliant, supervised and supported as they adapt and develop coping strategies to deal with these life-long, unpredictable diseases."

Other services provided by the CNS include coordination and monitoring of patients receiving Infliximab infusions and immunosuppressive treatments, and education of both patients and their families and other medical personnel.

In preparation for her role, Niamh completed a Higher Diploma in Nursing Studies in Gastroenterology.

To date no formal evaluation of the role has been conducted but patients have expressed high levels of satisfaction with the service and the support available to them.

The Heart of the Team

Mella Buckley, Mary Kinston and Niamh Kiely

Advanced Nurse Practitioners (Cardiothoracic)

Emer Lodge

Advanced Nurse Practitioner Candidate

St James Hospital, Dublin



The Advanced Nurse Practitioner role has been a valued and accepted part of the Cardiothoracic Unit at St James's Hospital since its inception. The integration of ANPs within the multidisciplinary team at St James's was helped by the fact that the role was introduced in 2000 when the unit and many of the team members were new.

Niamh Kiely, one of four ANPs in the unit, said the role has been found to improve the efficiency and effectiveness of the service and had contributed to a more coordinated approach to patient care.

Today, the ANPs provide a wide range of services and care for patients at all points of the care journey, from pre-admission through to follow-up post discharge home.

"Our work practices, as well as our ability to assess, diagnose and treat patients contributes to a more holistic approach to patient care."

The Cardiothoracic Unit at St James's Hospital provides elective and emergency care for patients with cardiac and thoracic conditions. Surgery for elective cases is conducted five-days-a-week and an emergency service is available at all times. In 2008, approximately 400 cardiac surgery operations and 250 thoracic surgery cases were performed.

The ANP-led pre-admission clinic, is used to assess and prepare patients approximately six to twelve weeks prior to their operation. This has been found to minimise unexpected surgical cancellations on clinical grounds and ensure maximum usage of the theatre. More than three-quarters of the patients who underwent elective cardiothoracic surgery in 2006 attended this clinic and it was found that more than half of the patients who attended the clinic required further testing prior to their operation.

The assessment carried out by the ANPs includes; history taking, psychosocial assessment, physical examination of patients, and prescribing X-rays, blood tests, and other diagnostic tests.

The ANPs also admit patients, provide pre-operative care, conduct conduit harvesting and assist the surgeon at the chest in theatre. Niamh says the ANPs are seen as competent, efficient practitioners in theatre, their expertise has been acknowledged by the Unit's surgeons, with ANPs now teaching new or junior members of the surgical team conduit harvesting techniques.

In addition, they provide discharge information and post discharge follow-up care. In 2008 alone, ANPs spent approximately 100 hours caring for 274 outpatient referrals.

The ANP team divide the workload and rotate duties to provide variety within the role, a continuity of care for patients and a reliable support service for staff.

The ANPs are heavily involved in educating and supporting nurses in the clinical area, maintaining standards and teaching about cardiac and thoracic issues.

Our work practices, as well as our ability to assess, diagnose and treat patients, has contributed to a more coordinated and holistic approach to patient care.

"We also educate new staff nurses, student nurses and surgical team members, to help clarify our role, function and responsibilities."

A new facet of the role was introduced in July 2009. Following completion of the Post Registration Nurse Prescribing programme in RCSI two of the ANPs have begun prescribing.

Helping Adolescents Overcome Drug and Alcohol Addiction

Philip James

Clinical Nurse Specialist (Adolescent Addiction)

Youth Drug & Alcohol Service (YoDA), HSE,
Tallaght, Dublin



Philip James admits that working with adolescents suffering harm due to drugs and/or alcohol, brings certain challenges but feels that the proactive nature of his work and the opportunity to help a young person improve the direction of their life makes these challenges worthwhile.

As a CNS in Adolescent Addiction Services, Philip and his team provide a treatment and support service to people under 18 years of age who are suffering some form of harm due to drugs and/or alcohol.

The majority of patients (70%) are aged between 15 and 17 years and a significant proportion also have a dual diagnosis – meaning a concurrent diagnosis of substance abuse disorder and psychiatric disorder such as attention deficit hyperactivity disorder, oppositional defiant disorder, psychosis, mood disorder or anxiety disorder.

Philip's role at the service includes individual key working, cognitive behavioural therapy, motivational interviewing, family consultations, health education and advice, medical assessment, and referrals to psychiatrists or family therapists where appropriate.

Philip says the CNS position is a unique and important part of the Adolescent Addiction Service team.

"I believe my CNS role brings a broad range of skills to the team and by virtue of my psychiatric nurse training, I am well suited to providing assessments and key working," he says.

"My additional training in cognitive behavioural therapy gives me further skills to provide more in-depth individual counselling."

"And finally, as nurse, I am well positioned to provide a range of assessments and interventions in relation to other health issues including sexual health and health promotion."

"I believe my experience is useful to other members of the team, who are able to utilise my medical training in the implementation of care plans for their clients.

"I hope to develop the CNS role further to an Advanced Nurse Practitioner post, which would help to provide a more accessible and client-centred service."

A trained psychiatric nurse, Philip also completed training in venepuncture when he began the CNS role, enabling him to facilitate the taking of bloods for routine tests such as a liver function, and for virtual screening for conditions such as Hepatitis C and HIV.

His work day is typically 9am to 5pm, mostly based at the office in Tallaght and approximately 70 per cent of his work is clinical.

He also spends a considerable amount of time developing links with other services such as schools, youth service

The role has a proactive feel to it....

and offers a unique opportunity to be involved in other activities including research, writing, audit and teaching.

doctors, accident and emergency services, and child and mental health services; and has taught cognitive behavioural therapy courses and a number of addiction studies courses.

In addition to Philip's CNS role, the addiction services team consists of a Consultant Child and Adolescent Psychiatrist, Psychiatric Registrar, Family Therapist and Counsellor.

Philip says the team has a fairly informal style of working together, with many roles overlapping.

"All members of the team do assessments and some level of key working and counselling. However we also have our own unique set of skills and competencies within the team," he says.

"We also interact formally on a number of occasions including a weekly team meeting discussing clinical cases, a monthly journal club where each member of the team presents an hour-long lecture, and a monthly Motivational Interviewing Peer Training and Supervision Group."

In addition to being a member of the YoDA team Philip is also a member of the nursing team working in the adult addiction services and is involved with numerous activities with them including the Nurses' Health Promotion Committee. The Health Promotion Committee is a group of nurses who meet regularly to promote positive health among clients attending the addiction services in South-West Dublin, through research, education and other activities.

"Overall I find my role very interesting. It has a proactive feel to it, as we try to help young people improve the direction their life is taking. It also offers a considerable challenge to try to engage with a client group that often does not believe there is anything wrong."

"I also enjoy that the role also offers a unique opportunity to be involved in other activities including research, writing, audit and teaching."

Philip's work at Addiction Services has enabled him to be involved range of research projects including an audit providing a profile of the service's clients; research into the health concerns of clients on methadone maintenance which guided the service to focus on psycho-social health promotion activities for this client base; and a study looking at the psychological symptoms of clients attending the service.

His team is in the process of completing a more in-depth audit of the work being undertaken by the service.

An Ongoing Therapeutic Relationship: ANP Primary Care

Ruth Morrow

Advanced Nurse Practitioner (Primary Care)

Carrigallen, Leitrim



The ultimate aim of an ANP in Primary Care is to keep people out of hospital through self-management and education, says Ruth Morrow – an ANP based in a General Practice at the Primary Care Centre in Carrigallen, Co Leitrim

And through her ongoing education and support for people living with long-term conditions such as diabetes, asthma, chronic obstructive pulmonary disease, hypertension and coronary heart disease, Ruth does just that, enabling and empowering people to live active and independent lifestyles.

She also plays a vital role in promoting pneumococcal and influenza vaccinations.

Her role has helped facilitate a decrease in acute exacerbations of asthma, an improvement in the glycaemic control of people with diabetes, and an uptake of influenza vaccine above the national average.

Ruth says the ongoing therapeutic relationship that she forms with her patients was what has made her role so valuable and rewarding.

"My role focuses on caring for patients with chronic illnesses, so the therapeutic relationship I develop with patients is important, as they are never 'discharged' from the practice and the relationship is with the family as well," she says.

"Simple things like helping a patient learn to do her own blood sugar monitoring when she didn't think she would be able to, and irrigating an 80-year-old man's ears so that he could hear the television and his phone ringing is what makes the job very worthwhile."

"Modifying lifestyle behaviours is also a huge part of my role, particularly smoking cessation, physical activity and dietary modifications."

She says another important benefit of her role is that patients can access her when they run into difficulty and are usually seen on the same day they made contact with the practice.

Ruth has worked in General Practice for the past 17 years, of which five years were as a CNS and four have been as an ANP.

Patients are usually referred to Ruth by the GP and other members of the South Leitrim Primary Care Team or self-referred.

She works closely with other members of the multidisciplinary team, including daily interaction with the General Practitioner, the Public Health Nurse, Community Registered Nurse and local day centre staff. She also attends monthly Primary Care Team meetings and clinical team meetings.

Ruth is also actively involved in teaching, running sessions on spirometry, asthma and COPD for practice nurses; teaching on the Post-Graduate Diploma in Respiratory Nursing in the RCSI; teaching sessions on Asthma and COPD for other services.

She has also developed a module on spirometry which has been accredited by An Bord Altranais, and which she delivered nationally in 2009.

She said the best preparation for the ANP role was having the appropriate experience and the support of her

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employer, who has allowed and enabled her to expand and develop her practice.

"No two days are ever the same," she says.

"My day usually starts off with a diabetes, hypertension or respiratory clinic; however, my employer gives me the flexibility to facilitate my teaching commitments."

"After each clinic, time is spent on returning telephone calls and administration. Research time is also allocated and currently this time is being used to review and update the clinical guidelines which support my role."

"In addition to the variety, I like the autonomous nature of the ANP role and the scope for further development of the service."

"I have always been fortunate to work in an environment which encourages and fosters role and service development."

In the future, Ruth plans to undertake the nurse prescribing program and the ionising radiation programme when it becomes available, as well as to undertake a number of new projects in areas such as type 2 diabetes, falls prevention and pulmonary rehabilitation.

Making a Visible Difference

Selene Farrell

Clinical Nurse Specialist (Dermatology)

Sligo General Hospital



Not many nurses can say their work has been instrumental in preparing a bride for her wedding day, but Selene Farrell's phototherapy treatment enabled a young psoriasis sufferer to get wedding photos she will enjoy for years to come.

As a CNS in dermatology at Sligo General Hospital, Selene's role gives her contact with a varied group of patients and allows her to provide a range of services such as eczema clinics for babies and children, phototherapy light for psoriasis sufferers and patch testing for people with contact allergy.

She also provides specialist education for patients who are seen in the dermatology outpatient department and need their diagnosis and treatment options explained.

Selene says one of the most rewarding aspects of her work is educating people about their dermatology condition and seeing the improvement when they came back for follow-up consultation.

"Fortunately my role has enabled me to have contact with a varied group of patients," she says.

"In one instance, I was able to help a young psoriasis sufferer to wear her dream wedding dress thanks to six weeks of phototherapy treatment. It was fantastic to see her after her honeymoon with her photographs of the big day.

"In another case, I was able to help a patient who had chronic eczema and underlying physical and mental disabilities which affected her ability to treat herself."

"My role allowed me to obtain resources within physiotherapy, occupational therapy and a disability coordinator for the HSE, and this lady's condition has improved greatly, directly because of being able to access one-to-one contact with a health professional."

Selene, who has a diploma in Dermatology Nursing and an honours degree in nursing studies, says she keeps up-to-date with changes in practice through constant contact with the dermatology nursing associations both in Ireland and the United Kingdom.

Her average work day ranges from running clinics to assisting in day surgery, carrying out phototherapy or patch testing, answering phone queries from clients and educating hospital staff or members of the general public on dermatology conditions.

Education is a large part of her role, as she regularly teaches patients about skin disorders and optimal treatment options, as well as plans specific education days with regard to the various skin conditions such as skin cancers, psoriasis, eczema and acne.

She works autonomously, but is also in constant contact with the dermatology consultant and registrar to collaboratively decide the best treatment options for patients.

Selene says recent audits had found that her service was a great benefit to patients.

"A clinical audit of the phototherapy service, which evaluated the physical and psychological profiles of the patients before and after treatment, found an 80% improvement in patients' conditions following participating in the service," she says."

"In addition, a nurse-led clinic treating common warts with a 60% salicylic acid solution has been found to be very successful and helpful to patients."

"I am currently undertaking a patient satisfaction survey into this service as well."

My role has enabled me to have contact with a varied group of patients.



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