

NATIONAL COUNCIL FOR THE
PROFESSIONAL DEVELOPMENT OF
NURSING & MIDWIFERY

newsletter
WINTER 2002

ISSUE

8



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“THE COUNCIL EXISTS TO PROMOTE AND DEVELOP THE PROFESSIONAL ROLE OF NURSES AND MIDWIVES IN ORDER TO ENSURE THE DELIVERY OF QUALITY NURSING AND MIDWIFERY CARE TO PATIENTS/CLIENTS IN A CHANGING HEALTHCARE ENVIRONMENT.”

editorial

The National Council's second annual conference was attended this year by over 1,000 nurses and midwives. An account of the contents of the conference is contained in this newsletter, including a message from the Secretary General of the Department of Health and Children on the progress made to date in implementing the Health Strategy. The Council is committed to ensuring that the annual conference will become one of the most important events of the year for nurses and midwives - affording as many as possible the opportunity to come together to discuss issues of central importance to the development of the profession and of the services.

In our last issue of the newsletter we celebrated the accreditation of the first ever Advanced Nurse Practitioner in Ireland at St James's Hospital in Dublin. In this issue, we are pleased to have an insight into the management perspective of preparing a hospital for ANP/AMP posts and of creating the conditions required to make it a success. Eilish Hardiman, Director of Nursing at St James's Hospital, speaks about her experience in this regard. Throughout the year, members of the staff of the Council organise a series of workshops in each of the health boards in co-operation with our colleagues in the Nursing and Midwifery Planning and Development Units (NMPDU). In these workshops, one of the topics discussed with the Directors of Nursing who attend is this question of preparation for ANP/AMP posts. This contribution therefore is a useful insight as a complement to the discussions at the workshops.

We continue our series on the Health Strategy. This time the focus is on the *people-centred* theme of the strategy, and in particular the use of information systems to achieve this in clinical settings. By way of practical example, we have an account of the nursing dependency system being used in Beaumont Hospital, Dublin, using an electronic patient record.

There is an active programme of co-operation between the NMPDUs and the National Council throughout the year. This takes many forms, such as the development of continuing education, the organisation of workshops for Directors of Nursing and others involved in the development of the profession and the monitoring of the needs of the service and the profession. We highlight in this issue of the newsletter the work being done by two of these NMPDUs - the North Eastern Health Board and the Southern Health Board. It is very encouraging to see how the work programme of these units becomes more and more varied.

The Council also continues its co-operation with An Bord Altranais on the Nurse and Midwife Prescribing Project, which is examining the issues surrounding the involvement of nurses and midwives in prescribing medications. A progress report on some of the ongoing activities in this project is provided in this issue of the newsletter.

In our Research Resource section, we continue the series aimed at providing practical information on the development of research competence within nursing and midwifery. This is an area of great interest to the Council and we will continue to provide this service in our newsletter, on our website (www.ncnm.ie) and in the workshops we organise in the regions throughout the year.

Finally, our clinical focus section looks at the work of Katrina Fogarty, an oncology nurse specialist at Cork University Hospital. To date over 1,400 CNS/CMS posts have been approved and work continues on the development of the role in a range of care settings.

As we approach the end of 2002, it is worth reminding ourselves of how much has been achieved over the last few years in implementing the vision for nursing and midwifery contained in the Report of the Commission on Nursing. There exist now in Ireland structures at national and regional level for the management and development of the profession of nursing and midwifery. These structures are emerging and beginning to develop a sense of their own identity and role. They are beginning also to have an impact on the development of services for the benefits of the clients of the health services and on the formulation of policy. It is important that these structures are allowed to continue to develop in an empowered way. It will take time for all of the benefits to filter through, but there can be no doubt that enormous progress has been made thanks to the work and efforts of all those involved. The National Council looks forward to progressing this agenda in the year ahead.

I would like to wish all our readers a happy and peaceful Christmas and New Year.

Yvonne O'Shea
Chief Executive Officer

SECOND NATIONAL CONFERENCE

BUILDING ON THE HEALTH STRATEGY: CHALLENGES FOR NURSES AND MIDWIVES

The Second National Conference of the National Council was opened by the Minister of State at the Department of Health & Children, Ivor Callely, TD, at Dublin Castle on 19 November 2002. As in 2001, the conference content was repeated over the two days (20-21 November), enabling as many participants as possible to attend, meet the presenters and network. Nurses and midwives attended from all over the country: they included clinical practitioners, managers and teachers from various practice settings. Such was the demand for places that unfortunately we were not able to accommodate everyone who applied.

Poster Presentations

Many thanks to everyone who responded to our call for posters for the conference. Almost 100 presentations were received from all around the country and from the different divisions of the register, and featured innovations in practice, service delivery, role development, and education for practitioners and patient/clients. Guest speakers Leda McKenry and Barbara Vaughan judged the posters, using the criteria of appropriateness of content, visual presentation and clarity of text.

Prizes for the best poster on each day were awarded to Lynda Hayes and Emily Adamson, Wellmount Park Health Centre, Dublin, and to Margaret Carton and Mary Mullins, Midland Regional Hospital, Tullamore, for the presentations entitled *Bug Busters* and *The Saturday Club - A Child/Parent-Friendly Initiative* respectively. The winners won book tokens for the sum of €300.

The standard of the entries was at least as high as in 2001, so ten runner-up prizes were awarded to the presenters of *Replacement of Gastrostomy Tubes - An Expansion of Nursing Practice*, Peamount Hospital, Newcastle; *I Have Disabilities and Behavioural Issues*, Damien House, Clonmel; *Essential Components of a Twenty-Four Hour Nurse-Led Hostel*, Bredagh House, West Galway Mental Health Services; *Assessment of Anxiety and Depression in Cardiac Rehabilitation Patients Over One Year*, AMNCH, Dublin; *Sexuality and Disability - A New Service*, National Rehabilitation Hospital, Dun Laoghaire; *Nurse-Led Peripherally Inserted Central Catheter*, St James's Hospital, Dublin; *The Whisper That Became a Shout*, Daughters of Charity, St Vincent's Centre, Dublin; *Empowerment Competency*, AMNCH, Dublin; *The Expectations and Experiences of Philippino Nurses Working in an Intellectual Disability Service in Ireland*, Dublin City University; and *Developing a Nurse-Led Epilepsy Phone Line*, Beaumont Hospital, Dublin. Congratulations to everyone who participated and we hope that many more of you are already preparing next year's entries!



Ivor Callely, TD, Minister of State at the Department of Health & Children (centre), with Liam Dunbar, Executive Chairperson and Yvonne O'Shea, Chief Executive Officer, National Council, at the opening of the Second National Conference.



From left: Mary Cooke and Anne Gallen



From left: Margaret Codd, Lynda Hayes, Antoinette Malone and Deirdre Hyland

SECOND NATIONAL CONFERENCE

BUILDING ON THE HEALTH STRATEGY:
CHALLENGES FOR NURSES AND MIDWIVES



Pictured at the National Conference from left: Kathleen Mac Lellan, Barbara Vaughan, Debby Gould, Jim Brown, Leda McKenry, Sarah Condell



From left: Mary Doherty, Kay Beggan, Jackie O'Toole and Edel Kelly



Lynda Hayes. Winner of a First Prize for a Poster Presentation



From left: Barbara Vaughan, Laraine Joyce, Michael Kelly, Antoinette Doocey, Mary McCarthy, Yvonne O'Shea, Leda McKenry

The speakers' abstracts and more photographs of the conference can be seen on our website (www.ncnm.ie).

message from MICHAEL KELLY

Chairpersons

- **Ruth Barrington, Chief Executive Officer, Health Research Board**
- **Eugene Donoghue, Chief Executive Officer, An Bord Altranais**
- **Laraine Joyce, Deputy Director, Office for Health Management**
- **Yvonne O'Shea, Chief Executive Officer, National Council**

Speakers

- **Yvonne O'Shea**, Chief Executive Officer, National Council: *Welcome Address*
- **Michael Kelly**, Secretary General, Department of Health and Children: *The Health Strategy 2001: Moving Forward*
- **Antoinette Doocoy**, Member of the Primary Care Task Force, Department of Health & Children: *Primary Care - A Strategy in Action*
- **Leda McKenry**, Associate Professor, University of Massachusetts: *Advancing Nursing & Midwifery Practice in the Community*
- **Barbara Vaughan**, Visiting Professor, University of Bournemouth: *The Older Person - Needs Based Services Near Home*
- **Debby Gould**, Consultant Midwife, Queen Charlotte's and Chelsea Hospitals, London: *Role of the Consultant Midwife in Practice*
- **Frank Ahern**, Assistant Secretary, Department of Health and Children: *The Health Strategy: Organisational Accountability*
- **Jim Brown**, Director of Nursing and Midwifery Planning and Development Unit, NWHB: *Innovation in Nursing Development*
- **Kathleen Walsh**, Project Officer, and Denise Carroll, Project Assistant, An Bord Altranais: *Review of the Role of Nurses and Midwives in Prescribing and Administration of Medical Products: Project Update*
- **Sarah Condell**, Research Development Officer, National Council: *Supporting Nursing and Midwifery Developments: The Role of Research*
- **Kathleen Mac Lellan**, Head of Professional Development and Continuing Education, National Council: *Enhancing Quality Care: The National Council's Role*
- **Mary McCarthy**, Chief Nursing Officer, Department of Health and Children: *Close*

Michael Kelly, Secretary General, Department of Health and Children, spoke at the National Council's conference in 2002. The theme of his address was the Health Strategy, *Quality and Fairness - A Health System for You*.

After the very successful National Conference in 2001 I was delighted to see that the 2002 National Conference had as its theme *Building on the Health Strategy: Challenges for Nurses and Midwives*.

The Strategy was one year old at the time of the conference, so I took the opportunity to bring the conference up to date on what had been happening.

In reviewing the progress so far I am certainly quite proud of all the initiatives which have taken place in 2002, and which in turn improved services to patients and clients. I welcomed the opportunity to bring the delegates up to date on the various initiatives.

The Strategy has a seven to ten year life and I would hope that it will be implemented during this time frame. It is important, however, that some priorities are established for the coming twelve to eighteen months. Some of our priorities for 2002 have focused on putting the patient at the centre of the health service and I would hope that this will continue into 2003. I would also hope that we shall continue to strengthen the initiatives taken in the Primary Care Area, the Treatment Purchase Fund and lead the implementation of the *Action Plan for People Management*. We will also build on the very valuable work of the Nursing and Midwifery Resource to ensure an adequate supply of professionally trained nurses and midwives over future years.

Quality and Fairness presents us all with a challenge and we must, as individuals, apply the principles of the strategy to our everyday workplace. It must become the way we do our job and should help us to bring a focus to our work in the health service.

I look forward to another very successful conference again in 2003.

Michael Kelly

PREPARING FOR ADVANCED NURSING PRACTICE: THE MANAGEMENT AND LEADERSHIP PERSPECTIVE

Eilish Hardiman is Director of Nursing at St James's Hospital (SJH), Dublin. Over the last year she has assisted in the site preparation for the first Advanced Nurse Practitioner (ANP) posts in Ireland. In this interview she describes what was involved in the site preparation for these posts and her vision of how these posts can be developed in the future.

You now have four approved ANPs in SJH. What are the benefits to the service?

First of all I'd like to say on behalf of SJH how proud we are of our first four ANPs. SJH provides a comprehensive and complex service, and it is important to focus this service around the patients' journey through the service. This approach facilitates looking at new roles to meet patients' needs. Emergency care, sexual health and cardiothoracic surgery have been identified as appropriate areas for ANP roles to develop. The main benefits of the ANP role has to be the service provided to patients. In our site preparation and hospital's service plan submissions we had to justify how this new role would benefit the patient.

There are benefits for the individual ANP. They have been educated to master's degree level and have been given due recognition for their expertise and clinical skills.

I believe the posts are beneficial for nurse retention and recruitment. Experienced staff nurses can have a clinical career pathway, whereby they can stay by the bedside, maintain patient contact and be recognised, valued and remunerated up to Assistant Director of Nursing level.

For the profession, these posts are evidence of the vision for nursing and midwifery put forward by the Commission on Nursing, in that nurses can expand their scope of practice and reach this level of nursing expertise and are not just "taking on other's roles or tasks."

How have other health care professionals reacted to the ANPs?

In terms of interdisciplinary co-operation, setting up these posts in SJH has been most encouraging. Our consultants in Emergency Medicine, Genito-Urinary Medicine and Infectious Diseases,

radiologists, radiographers, health advisors and counsellors have been highly supportive and have signed off on agreed protocols and referral criteria. Our consultants audit the work of ANPs, so keep in touch with how the role is developing.

The National Council has stated requirements for the site preparation for ANP posts. What was involved in meeting these?

We followed the National Council's framework for ANPs/AMPs. Certain support structures are required. These include secretarial support, clinical and office space, clinical equipment, and IT and library facilities. In an academic teaching hospital it is important to have teaching facilities, as well as opportunities to provide inter-professional education in their role as ANPs.

How can ANPs continue their professional development?

It is vital that ANPs continue their professional development and have opportunities to network. We have been quite fortunate in that the International Council of Nurses have a subgroup for nurse practitioners. Through this subgroup one of our ANPs recently presented in Australia. Such opportunities allow us to inform our international colleagues of how we are developing the ANP post in Ireland and to see how other countries are developing this role.

Another way continuing professional development is facilitated is for the local nurse manager to sit down with the individual ANP and in collaboration with their consultant put together their professional development plan. Each ANP is accredited for five years and needs to resubmit her portfolio to the National Council for re-accreditation in 2007. Accredited ANPs need to use a portfolio to document their continuing development during these five years. Professional portfolio development is important for all nurses and ANPs will play a pivotal part in promoting this concept. ANPs can link with and help general nurses in developing *their* portfolios. The ANPs also act as key agents in changing nursing practice in their clinical area and as they have completed their master's degrees, they are all skilled in critiquing research and applying evidence to practice.

How do you see the role of the ANPs developing?

The existing ANP roles will further expand their scope of practice. We will continue to audit and evaluate existing roles and in collaboration with our medical colleagues expand their scope of practice. We need to prevent ANPs from entering a career *cul de sac* wherein they become highly expert in a very narrow aspect of their specialised clinical area. Finally, new service developments must be constantly reviewed so that possible new ANPs posts can be identified.

How can ANPs be facilitated to carry out nursing research as part of their role?

We should be looking creatively at how we can facilitate both nursing and interdisciplinary research. Enabling the ANPs to dedicate time to the nursing research component of their job is important. Where there are several ANPs practising in the same specialist area, it is possible to rotate the responsibility for initiating and co-ordinating nursing research among them.

Was the specific mention of ANP (Emergency) posts in the Health Strategy document *Quality and Fairness* a boost to the role?

Absolutely. The ANP/AMP role was a recommendation of the *Report of the Commission on Nursing* in 1998, but it takes time to get to the stage of getting an ANP accredited by the National Council. Furthermore we have to consider other areas outside of emergency nursing where advanced nursing practice can emerge. In *Quality and Fairness* and related strategy documents on primary care, many future services will focus on primary care and short-stay hospital services, so we should encourage the development of ANP posts in care of the older person, in primary care or family care.

What have been and will be the challenges for setting up ANP posts?

Having been through the process of site preparation, I would encourage colleagues to follow the National Council's framework. Clear articulation of the nursing framework used to underpin the



Eilish Hardiman, Director of Nursing, St James's Hospital, Dublin

role is vital. The amount of time site preparation takes should not be underestimated and collaboration with consultants, other health care professionals and hospital management is vital in creating the environment possible for these posts to function effectively. The next step is to go through the service plan and push for funding. Nurse managers need to identify nurses coming up through the system, with good clinical experience and who are interested in following a clinical career pathway. At the same time, you do not want to create a situation where a nurse thinks, "I've done my master's, now I want to be an ANP." Nurses need to be aware that even though they may meet the National Council's criteria, they will not get the job until a post has been funded and site preparation approved by the National Council.

We have some major challenges ahead of us, such as the reduction of the junior doctors' working hours, but there is an opportunity for nursing and midwifery to create pathways for the profession that will ultimately benefit the service we provide to patients. After all, that's what it is all about.

QUALITY AND FAIRNESS – A HEALTH SYSTEM FOR YOU: AN OVERVIEW OF THE HEALTH STRATEGY 2001

In the previous issue of the National Council's newsletter, we presented an overview of the current health strategy document, *Quality and Fairness – A Health System for You* (Department of Health and Children, 2001). We continue the series in this issue and focus on the theme of **people-centredness** within the document, in particular looking at how information systems can help nurses and midwives to deliver responsive, planned and co-ordinated care.

One of the four guiding principles of the health strategy is **people-centredness**. A people-centred health system:

- Identifies and responds to the needs of individuals
- Is planned and delivered in a co-ordinated way
- Helps individuals to participate in decision-making to improve their health (p18)

This guiding principle requires that health and social services be delivered in a personalised way, in acknowledgement of individual service users' differences. Services must adapt to these differences in a number of ways, including accommodation of differences in patient/consumer preference, shared decision-making, provision of accessible, high-quality information on health, and increased involvement of consumers as partners in planning and evaluation (p18).

Quality and Fairness describes the health service workforce, of which nurses and midwives make up almost 36%, as "highly committed and dedicated" (p41) and as having enabled "very significant developments" to be undertaken (p48). It suggests that this same workforce can overcome obstacles to a more integrated or "seamless" service through the development and implementation of information technology systems, data and information sharing, and the reduction of the professional and structural barriers (p49). Advances in information technology are viewed as "likely to revolutionise care" (p55). These advances include patient care databases and opportunities to work to standardised evidence-based protocols and decision-support systems.

A national goal of the health strategy is **responsive and appropriate care delivery**. This goal aims to "gear the health system to respond appropriately and adequately to the needs of individuals and families. It is also concerned with ensuring that the various parts of the system are being utilised to their maximum effectiveness and efficiency" (p79). Objectives related to this goal include ensuring that the system has the capacity to deliver timely and appropriate services and that the patient is at the centre in the delivery of care (pp79-80). In order to achieve this, the strategy states that "an integrated approach to care planning for individuals will become a consistent feature of the system" (p81).

A further goal is **high performance**, which relates to quality of care, planning and decision-making, the efficiency and effectiveness of the system, commitment to continuous improvement and full accountability. The principles of **quality** and **accountability** are embraced by the objectives identified under this goal (p87). These objectives are concerned with standardised quality systems to support best patient care and safety, and evidence and strategic objectives to underpin all planning/decision-making. An evidence-based approach to decision-making requires research findings, qualitative and quantitative data, and other documented trends and behaviours.

The frameworks for the change required in the health system include an information framework aimed at improving performance by supporting quality, planning and evidence-based decision-making in the health system. Good information systems are seen to support equity of access to the health system (p93). The key elements of this framework are:

- Appropriate, comprehensive, high-quality, accessible and timely information on which to plan and organise the health system
- Investment in national health information systems as set out in the forthcoming National Health Information Strategy

- Development of electronic health records to enhance the quality and safety of care (p94)



All developments in the health system have a direct and major influence on the environment in which nurses and midwives practise. The Final Report of the Nursing and Midwifery Resource, *Towards Workforce Planning* (Nursing Policy Division, Department of Health and Children, 2002), states that among the principal drivers for demand for service is the rising importance of the internet and the greater expectation from the public of health providers (p198). Technology has democratised information and in the process shifted the points of access and control from the professional to the educated public. The development of software that makes it easy to browse, search and download information has led to this change.

Medical and technological advances will impact greatly on the environment in which nurses and midwives practise and also on the knowledge base and skills required to provide care in new ways. Information technology (IT) advances are also likely to revolutionise nursing and midwifery care. Massive growth in individual IT access and the greater integration of health care IT systems will provide many more options for care delivery modes. The concept of health telematics has given rise to tele-medicine, tele-education and tele-nursing. These advances include access to a variety of patient care databases; opportunities to share and work to standardised evidence-based protocols and decision-support systems, and the possibility of remote consultations/care through telematics. Consideration of such developments must be built into any system devised for the projection of future nursing and midwifery requirements (*Towards Workforce Planning*, p199). While technology is an important tool for guiding nurses and midwives in the delivery of care, the patient is the focus of care and a key source of information on how this care should be delivered.

THE NURSING DEPENDENCY SYSTEM AT BEAUMONT HOSPITAL - USING AN ELECTRONIC PATIENT RECORD

The electronic *Nursing Dependency System (NDS)*, developed by Beaumont Hospital in 2000 and based on the *Criteria for Care* assessment model, is used to capture and record the nursing workload of each ward. The information on the system is available throughout the hospital, but *password protection* ensures only authorised nursing personnel can access it.

A recent innovation of the system is the addition of the *nurse specialist module*. While mainly nurse specialists enter information, ward-level nursing staff initiate the patient-centred referral process. Each referral *menu* is broken down into various categories, such as advice on diagnosis, education, and lifestyle issues. The initial patient referral is highlighted for the nurse specialist, and flagged as a *new* referral until such time as the nurse specialist has reviewed the patient. He/she then records patient notes electronically on the system. In cases where care is given over a number of days, the referral is flagged as an *open* referral. When the nurse specialist has completed his/her care the referral is flagged as *closed*. The recorded notes are available for all nursing staff to view. Information recorded on the system can be printed out and placed in the chart.

Benefits of the Nurse Specialist Module

- Improvements in information sharing amongst nursing staff (reducing duplication of effort)
- Smoother discharge planning process and continuity of care following discharge
- Presentation of information (accurate and in *real-time*, use of graphs, concise format and legibility)
- Facilitation of audit of workload and analysis of statistical data

Current developments

- Incorporation of requirements of the different nursing specialities
- External access to the system by community liaison nurses

NORTH eastern Health Board NMPDU

Mission Statement

To promote the strategic planning and continued development of nursing and midwifery services in the region in accordance with national frameworks and corporate goals.

Aims and Strategies

The NMPDU in the North Eastern Health Board (NEHB) was established to oversee the strategic planning and quality assurance of nursing and midwifery services in the northeastern region. Its sphere of activity extends to nurses and midwives in the public, private and voluntary sectors, encompassing general practitioners' practices and nursing homes. The philosophy of the unit focuses on creating an environment that supports the delivery of responsive health care in the context of current and anticipated service requirements. This is achieved by working with the region's nurses and midwives, other health professionals and managerial staff.

The strategic objectives of the unit are to:

- Develop an accurate, accessible, and real-time database of nurses and midwives working within the region so as to assist and facilitate current and future service planning
- Develop Clinical Nurse Specialist/Clinical Midwife Specialist and Advanced Nurse Practitioner/Advanced Midwife Practitioner posts in accordance with service need and professional developments
- Develop postgraduate educational programmes
- Support the development of the regional midwifery-led units
- Establish a regionalised integrated approach to continuing education and training, practice development and quality improvement
- Support the development of the role of the practice nurse
- Promote evidence-based standards of care

The unit's objectives are consistent with the *Report of the Commission on Nursing* (Government of Ireland, 1998), *The Scope of Nursing and Midwifery Practice Framework* (An Bord Altranais, 2000), *Quality and Fairness - A Health System for You* (Department of Health & Children, 2001), *Primary Care - A New*

Direction (Department of Health & Children, 2001), and *The Nursing and Midwifery Resource Final Report of the Steering Group: Towards Workforce Planning* (Nursing Policy Division, Department of Health & Children, 2002).

Current Activities

Workforce Planning

- Collection of data for the Nursing/Midwifery Minimum Data Set is in keeping with the recommendations of the report *Towards Workforce Planning*
- Ongoing review of recommendations resulting from a small scale study of exit interviews carried out by the NMPDU and Human Resources Department of the NEHB
- Continued monitoring of nurse/midwife turnover rates within the NEHB and encouraging the involvement of the independent sector in this activity

Professional Development

- Continuing commitment to the creation of a meaningful and rewarding clinical career pathway in relation to service and professional need
- Provision of support for the preparation for Advanced Nurse Practitioner posts in the NEHB region
- Support for the development of regional midwife-led units as recommended by the Report of the Maternity Services Review Group (North Eastern Health Board, 2001)
- Establishment of a Practice Development Facilitator post in the Services for Older People in the North Eastern Health Board (supported by the National Council)
- Establishment of a Clinical Audit Facilitator in the Louth-Meath Hospital Group (supported by the National Council)

Continuing Education

- Support for the identified training needs and developments in line with both service plans and national and regional strategies
- Sourcing, co-ordination and evaluation of education and training programmes
- Management and administration of the allocation of funds for formal academic study, local education initiatives and practice development initiatives

QUESTIONNAIRE

Dear Colleague,

In order to gain a snapshot of the current research activity of nurses and midwives in the **Republic of Ireland**, I would ask you to take 5-10 minutes to complete the following short questionnaire and return it in the envelope supplied. The information you give is strictly confidential and you do not need to supply your name.

The information will be used as a baseline to inform future developments in Irish nursing and midwifery research.

Thank you for taking the time to complete this questionnaire. Please detach from the Newsletter and return in the FREEPOST envelope provided to

Sarah Condell, Research Development Officer
National Council for the Professional Development of
Nursing and Midwifery
6/7 Manor St Business Park
Manor Street
FREEPOST
Dublin 7.

QUESTIONNAIRE

Section 1. Biographical Details

1.1 What age are you?

- | | | | |
|------------------|--------------------------|------------------|--------------------------|
| From 21 up to 25 | <input type="checkbox"/> | From 26 up to 30 | <input type="checkbox"/> |
| From 31 up to 35 | <input type="checkbox"/> | From 36 up to 40 | <input type="checkbox"/> |
| From 41 up to 45 | <input type="checkbox"/> | From 46 up to 50 | <input type="checkbox"/> |
| From 51 up to 55 | <input type="checkbox"/> | From 56 up to 60 | <input type="checkbox"/> |
| From 61 up to 65 | <input type="checkbox"/> | | |

1.2 What sex are you?

- Male Female

Section 2. Professional/Academic Qualifications and Practice

2.1 In what division(s) of the live register is your name held?

- RGN RM RSCN RPN
RMHN PHN RNT

2.2 In what division of the live register do you currently practice?

- RGN RM RSCN RPN
RMHN PHN RNT

practising as a student in another division
not practising/working
other (please specify) _____

2.3 Please indicate the academic qualifications you hold and the year of completion.

- | | | |
|------------------------------|--------------------------|------------|
| Bachelor's degree | <input type="checkbox"/> | Year |
| Higher/Post-graduate diploma | <input type="checkbox"/> | Year |
| Master's | <input type="checkbox"/> | Year |
| MPhil | <input type="checkbox"/> | Year |
| PhD | <input type="checkbox"/> | Year |

Section 3. Conducting Research

NB. The term research used in this questionnaire does not include audit or product evaluation.

3.1 Are you currently conducting nursing/midwifery research that involves data collection?
Yes No

If No, go to question 3.2.
If Yes, please answer the following...

3.1 (a) What is the working title of the study?

3.1 (b) How would you describe the methodology and methods that you are using?

3.1 (c) At what academic level is the research being conducted?

- | | | | |
|---------------|--------------------------|---------------|--------------------------|
| Undergraduate | <input type="checkbox"/> | PhD | <input type="checkbox"/> |
| Master's | <input type="checkbox"/> | Post-doctoral | <input type="checkbox"/> |
| MPhil | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | | |
- (please specify)

3.1 (d) What sources of funding have you successfully accessed for this research?

3.1 (e) What sources of funding have you been unsuccessful in accessing for this research?

- 3.1 (f) Are you conducting this research...
 By yourself on a fulltime basis
 By yourself on a part-time basis
 As part of a team

- 3.2 Have you previously conducted nursing/midwifery research that involved data collection at master's level or above?
 Yes No

If No, go to Section 4. If Yes, please answer the following with reference to the study with the highest academic award.

- 3.2 (a) What was the title of your research study?

- 3.2 (b) What methodology and methods did you use?

- 3.2 (c) At what academic level was the research conducted?
 Master's PhD
 MPhil Post-doctoral

- 3.2 (d) What sources of funding were successfully accessed for this research?

- 3.2 (e) What sources of funding were unsuccessfully accessed for this research?

- 3.2 (f) Did you conduct this research...
 By yourself on a fulltime basis
 By yourself on a part-time basis
 As part of a team

Section 4. Other Research Activity

- 4.1 Do you currently supervise registered nurses or midwives undertaking research involving data collection?
 Yes No
- 4.2 In the past have you supervised registered nurses or midwives undertaking research involving data collection?
 Yes No
- 4.3 Have you ever conducted a literature review at Postgraduate or Higher Diploma level or above?
 Yes No
- 4.4 Have you had any piece of research work published?
 No
 Yes, in a professional magazine
 or newsletter
 Yes, in a peer-reviewed journal
 Yes, in conference proceedings
 Yes, as a book chapter
 Yes, as a book
- 4.5 Do you currently collect data for non-nursing/midwifery research?
 Yes No
- 4.6 In the past have you collected data for non-nursing/midwifery research?
 Yes No

QUESTIONNAIRE

thank you for all your assistance

CONTINUED FROM PAGE 10

- Analysis of the Training Needs Assessment being carried out by the Unit of all midwives in the region in order to inform staff training requirements and education needs in 2003
- Establishment of a project to develop Graduate/Higher Diploma Programmes in Specialist Nursing/Midwifery Practice (supported by the National Council)
- Development of postgraduate programmes in specialist practice under the direction of a project team and a steering group

Practice Nurse Development

- Establishment of a database of Practice Nurses in the region
- A needs analysis of training, professional development and practice development requirements
- Provision of formal links for Practice Nurses in relation to professional issues

Communication

- Facilitation of a high level of communication and information dissemination among nurses and midwives within the region
- Establishment of a two-way communication system for all nurses and midwives. This will be achieved through the circulation of information leaflets, road shows, and the development of an NMPDU intranet site and links with the NEHB internet site

NEHB NMPDU Staff

Colum Bracken	Director
Bernie Mc Ardle	Co-ordinator for Continuing Nurse Education
Bernie Reilly	Nurse Development Officer - Practice Development & Research
Mary Buckley	Nurse Development Officer - Workforce Planning
Rose Lorenz	Midwife Development Officer
Bridget Clarke	Professional Development Co-ordinator for Practice Nurses
Brid O' Neill	Project Manager - Transition of Preregistration Nurse Education into Dundalk Institute of Technology
Mary Mc Carthy	Project Manager - Development & Implementation of Postgraduate Nursing Programme
Margaret Brennan	Assistant Project Manager Development/ Implementation of Postgraduate Nursing Programme
Tanya Casey Lorraine Murtagh	Administrative Assistants

Address	St Brigid's Hospital, Kells Road, Ardee, Co Louth
Telephone	(041) 6853206
Fax	(041) 6853460
E-mail	nmpdu@nehb.ie
NEHB website	www.nehb.ie

Staff of the NEHB NMPDU:

Back row: Mary Buckley, Brid O'Neill, Colum Bracken, Mary Mc Carthy, Bernie Reilly
Front row: Rose Lorenz, Bernie Mc Ardle, Bridget Clarke, Margaret Brennan



Southern Health BOARD NMPDU

Mission Statement

Our mission is to strategically plan, develop and facilitate a quality-driven nursing and midwifery service to meet evolving health service needs in the Southern Health Board (SHB) region.

Aims and Strategies

The Nursing and Midwifery Planning and Development Unit's (NMPDU) role broadly reflects the functions recommended by the Commission on Nursing (Government of Ireland, 1998).

The NMPDU will aim to:

- Promote and support excellence in practice
- Work in collaboration with directors of nursing/midwifery and other key stakeholders
- Foster a culture of research and best practice
- Facilitate the development of systems that support, strengthen and quality assure nursing and midwifery services
- Develop reliable and accurate human resource planning processes in line with national strategies
- Encourage and facilitate interdisciplinary nursing and interagency co-operation
- In collaboration with the Directors of the Centres of Nurse Education, plan and implement continuing professional development and education programmes that are responsive to local service and professional development needs
- Contribute to the development of nursing and midwifery initiatives and policies at national level and facilitate their implementation at regional level

Current Projects

The following projects were funded by the National Council in 2001 and were facilitated by the SHB NMPDU.

- **Advanced Life Support in Obstetrics (ALSO)**
Programme for midwives to enable the effective and efficient response to obstetric emergencies in a well-planned and co-ordinated way
- **Parenthood Facilitators Programme**
A programme to enable participants to facilitate antenatal and parenthood programmes for clients

- **Developing Change Facilitators in the Workplace**
A programme to address the competencies required by individuals who will be facilitators and champions of change in their own workplace
- **Link Nurse Continence Promotion Programme**
A project to address the competencies required by participants to initiate, develop, manage and change practices towards a continence promotion culture
- **Certificate in Behaviour Therapy**
Funding of nurses working in the intellectual disabilities and mental health setting
- **Promotion of Evidence-Based Practice and Research Awareness**
Project to improve research awareness and information access skills among nurses who have not yet pursued a third level education programme
- **Teaching, Learning and Assessing in Clinical Practice**
This six-day programme for registered nurses also incorporates preceptorship and library and information retrieval skills
- **Higher Diploma in Community Nursing (Practice Nursing); Higher Diploma in Neonatal Intensive Care Nursing; Advanced Practice Module in Accident and Emergency Nursing as Part of a Master's Degree Programme**
Seed funding for the curriculum development and site preparation of these three programmes

Other Continuing Professional Development Activities

- Funding and support of monthly Cork and Kerry Nurse Education Committee Study Days and Annual Conference for all nurses and midwives in the region
- Identification of further post-registration specialist higher diplomas and master's level programmes in collaboration with the third level institutes in the Cork and Kerry region. Programme development is in line with professional development and service need in the region

Staff of the SHB NMPDU:
Christine Grandon, Margaret Buckley,
Catherine Killilea, Camille Cronin



Other Activities in 2002

The initial key focus of the NMPDU in the SHB is workforce planning, practice development and focused continuing nurse education and development.

Workforce Planning

- Development of effective systems for nursing and midwifery workforce planning in line with recommendations arising from *Towards Workforce Planning* (Nursing Policy Division, Department of Health & Children, 2002)
- Creation of an interim database pending the introduction of Personnel, Payroll, Attendance and Related Systems (PPARS) to the SHB
- Collection of nurse/midwife turnover data in all health care settings in the region
- Initiation of exit interview questionnaire for all the healthcare settings
- A retrospective analysis of *Return to Nursing Practice Programmes* in the region

Practice Development

- Recruitment of a Practice Development Facilitator for Gerontological Nursing
- Recruitment of a Professional Development Co-ordinator for Practice Nurses
- Identification of and development of CNS/CMS posts in line with service needs and in collaboration with Directors of Nursing/Midwifery

Other Activities

- Implementation and audit of a nurse documentation policy in the SHB's community hospitals
- Development of a prospectus of planned education and development programmes for nurses and midwives
- Frontline management programme for CNMIs using a National Nurse Management Competency Framework

The following programmes will be facilitated in the near future:

- *Leading an Empowered Organisation* (LEO) Programme. Two nurses have now been trained to deliver a programme for all agencies in the region
- *Training in Electronic Resources for Senior Nurses*. A project funded by the Department of Health & Children aimed at providing senior nurses with the skills necessary to access nursing and other relevant databases

- Service Planning Workshop for Senior Nurses in Kerry
- In-service Programmes for Public Health Nurses
- Developing the Skills of Clinical Supervision for Psychiatric Nurses
- *Patient-Centred Dementia Care*. Four one-day programmes focusing on the challenges in the organisation of dementia care in acute, community and residential care settings
- *Assessing and Managing Risk*. A programme for Registered Psychiatric Nurses in the introduction and development of an appropriate assessment tool for risk
- *Philosophy at Work in Community Nursing*. A part-time programme for Public Health Nurses, community RGNs and practice nurses
- *Patient-Centred Communication*. A programme for all staff working in an elderly care community hospital setting which aims to enhance their knowledge, skills and awareness in relation to effective communication

SHB NMPDU Staff

Catherine Killilea	Director (formerly Director of Nursing, St Finbarr's Hospital, Cork)
Christine Grandon	Regional Co-ordinator for Continuing Nurse Education & Development
Camille Cronin	Regional Nursing & Midwifery Workforce Planner
Margaret Buckley	Regional Practice Development Facilitator for Gerontological Nursing
Helen Walsh	Staff Officer
Mary Sexton	Secretary to Director Catherine O'Connell
Anne Marie O'Neill	Clerical Officers

Address	1 Holbar House, East Douglas Village, Cork
Telephone	(021) 4361137
Fax	(021) 4361543
E-mail	nmpdu@shb.ie
SHB website	www.shb.ie

On-Line Database of Courses

The National Council has launched its on-line database of courses with a view to facilitating nurses and midwives in the achievement of their career goals. This database contains details of courses offered by third level institutions and/or their partner organisations in the Republic of Ireland and Northern Ireland. The courses listed can be broadly categorised as specific to nursing and midwifery (generic and specialised), generally related to health and the health services, and other courses of possible professional interest to nurses and midwives. The database will be updated annually, usually during the late spring.

Intending applicants are advised to check with the relevant department of the third level institution or partner organisation regarding full details of the course, admission procedures, accreditation of prior learning, etc. If you wish to amend or correct any information given on the database, or to suggest other courses for inclusion, please contact the Third Level Courses Database Manager at admin@ncnm.ie.

Advanced Nurse Practitioners Accredited

Three more Advanced Nurse Practitioners (ANPs) have now been accredited by the National Council. Olivia Smith and Gabrielle Dunne are ANPs (Emergency) and Sandra Delamere is the first ANP (Sexual Health). These three nurses are based at St James's Hospital, Dublin. An interview with their Director of Nursing, Eilish Hardiman, concerning the preparation for the establishment of the posts appears on pages 6 and 7 of this newsletter.

Annual Report

The *Annual Report and Accounts 2001* (National Council for the Professional Development of Nursing and Midwifery, 2002) was published in September. This document contains a brief history of the establishment of the National Council and the developments that occurred in 2000 and 2001. The *Annual Report* is available on request from our office and can be downloaded from the website.

Final Report of the Nursing and Midwifery Resource

Two important documents concerning workforce planning in nursing and midwifery were launched by the Department of

Health & Children in September, namely *The Nursing and Midwifery Resource: Final Report of the Steering Group - Towards Workforce Planning* (Nursing Policy Division, DoHC, July 2002) and *National Study of Turnover in Nursing and Midwifery* (McCarthy, Tyrrell & Cronin, University College Cork, & DoHC, July 2002). *Towards Workforce Planning* is the first large-scale Irish study on this subject. It identifies a comprehensive approach to workforce planning and its recommendations with 118 attributable actions (Chapter 7) provide a framework not only for future planning, but also for the continued supply of the nursing and midwifery resource. The accompanying document, *National Study of Turnover in Nursing and Midwifery*, was commissioned by the DoHC to estimate turnover rates among registered nurses from employment in Ireland and to identify the underlying reasons for this loss to the health service. Pdf versions of these documents can be downloaded from the DoHC website (www.doh.ie/publications/nmfr.html).

Northern Ireland Practice and Education Council for Nursing and Midwifery

The Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) was established in shadow form in Northern Ireland earlier this year. Its overall aim is to support the professional development of nurses and midwives in order to enable them to play a proactive and responsive role in the delivery of high quality health and social care. Three main factors have influenced this development: the Northern Ireland policy context, legislative changes to the regulation of the profession within the United Kingdom, and the emerging clinical and social governance environment. Further details of the specific functions will be available as the Council develops its business plan.

Contact details:

NIPEC, Centre House, 79 Chichester Street, Belfast, BT1 4JE,
Northern Ireland
T: (028) 9023 8152
F: (028) 9033 3298
E: enquiries@nipec.n-i.nhs.uk
W: www.n-i.nhs.uk/nipec

RESEARCH RESOURCE

The information published in *The Research Resource* covers aspects of all levels of research activity with a view to providing something for everyone. Any comments or suggestions are welcomed and should be emailed to scondell@ncnm.ie. Alternatively, you might wish to visit the research corner on our website - www.ncnm.ie

In 2001, and following a consultation process the Health Research Board (HRB) produced *Making Knowledge Work for Health - A Strategy for Health Research* which was published in June 2001 by the Department of Health and Children. This document is available to download from the Corporate Information/Strategy page of the HRB website (www.hrb.ie). It provides a framework that envisages a key role for the HRB in the development of research for health. Two pillars of support for a research culture are identified. These are *Science for Health* and *Research and Development for Health*. Research for the practice of nursing and midwifery would fall under the latter category.

The framework includes new structures to support research development, including the establishment of research and development (R and D) roles at national policy and regional levels and the creation of a Forum for Health and Social Care Research to advise on agreed research agendas. It also envisages the development of research strategies linked to service objectives by health boards and specialist healthcare agencies. The framework has been endorsed in the 2001 health strategy *Quality and Fairness* (DoHC, 2001). Some additional funding was made available in 2002 and the HRB has been reorganised to meet the challenges of the framework. However, there are still a number of key actions that need to occur in order for the strategy to move forward ... Watch this space!

REMINDER: Closing date for the HRB Clinical Research Fellowships in Nursing and Midwifery is 9 January 2003.



Training Tip * Getting Started

Research is about answering a question or addressing a problem but finding that research topic that you will have to live with for a number of months or years can be a struggle.

Use the Three Brass Monkeys to help...

- See no evil:- Look at what you're doing in practice and ask why?
- Hear no evil:- Listen and read what others (patients/clients and colleagues) are saying.
- Talk no evil:- Use colleagues and friends to bounce ideas off.
And keep a pen and paper handy as ideas can arrive at all times of the day and night!

Surfing and Sourcing

Successfully finished your research? Looking for an appropriate international conference at which to present?

Log on to www.man.ac.uk/rcn/conference

CLINICAL focus: THE ONCOLOGY NURSE SPECIALIST

Katrina Fogarty is an oncology nurse specialist at Cork University Hospital (CUH). Since qualifying as a general nurse in Dublin in 1987, she has gained broad experience in oncology nursing at home, in England, and more recently in the United States of America. Her qualifications include a certificate in oncology nursing and a Bachelor of Science (Nursing) degree. She is a member of an American Oncology Nursing Society and of Sigma Theta Tau, the international Honour Society of Nursing.

She took up her post at CUH in February of this year. Her caseload includes people ranging in age from fifteen years to their eighties. Approximately 75% of this caseload comprises patients with melanoma, who are referred via the Oncology Service. She also sees people with sarcoma and lung cancer. She holds two out-patient clinics every week: one for people with melanoma and one for people with a diagnosis of either melanoma or sarcoma. Referrals to these clinics come from general practitioners and other hospitals. Katrina reviews the referral letters and assesses the patients' needs, making a decision about whether they need to be admitted for tests or surgery, or to come in for a consultation. She follows up on these patients, visiting them prior to and after surgery. She also deals with patients who come for wide local excisions, central lymph node mapping and biopsies, block dissections and systemic treatment such as interferon or Interleukin-2 immunotherapies.

Apart from time spent in her clinics, Katrina works on the wards for two to three hours in the mornings and at outpatient clinics in the afternoons. Following up on her patients after surgery is another part of her clinical work: she makes a point of telephoning them at home to find out how they are managing. She also carries out administrative tasks, such as collecting reports, taking telephone calls, organising patient admissions and ensuring that orders for treatment are written up.

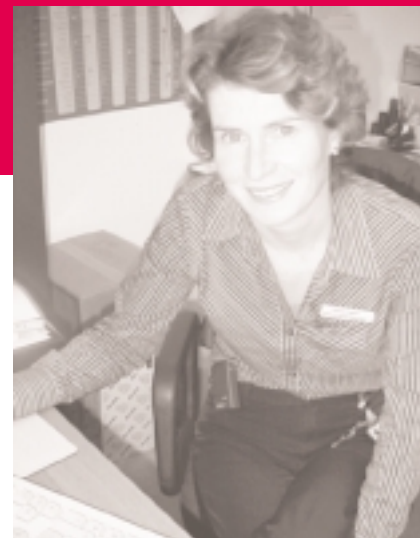
Katrina has found that for the most part her non-nursing colleagues are accepting of her role. "The multidisciplinary team are wonderful," she says. "Every Friday morning, we have a team meeting which includes the Clinical Nurse Specialists in breast care and coloproctology, the medical oncologist, the surgeons, vascular surgeons (if necessary), radiotherapists, radiologists, and social workers. Everybody has an input into the patients' care. On Monday mornings we have a chemotherapy ward meeting, which includes the medical oncologist, the CNS in oncology, the breast care nurse specialist and the nurses in the

chemotherapy day unit. We discuss the patients who come in for chemotherapy (both in- and out-patient) for the week. Everybody's opinion is valued."

She believes that good communication has helped staff nurses and clinical nurse managers to accept her role. She meets the CNSs on a monthly basis, and finds that they give each other mutual support. In addition to this personal contact, she describes the role played by information technology and electronic patient records in enhancing communication between nurses and other health care professionals. "I have my own PC [personal computer] with internet access and e-mail, which is great. We use the PIMS [Patient Information Management System] here at the hospital. I keep a database of the melanoma patients I have seen so far this year and for tracking patients' names, their diagnosis, their staging, prognostic factors, and whether the patient has received treatment for their melanoma. The files are kept up-to-date by adding demographic information, staging details, dates of diagnosis, and details of the types of treatment received.

"This is really useful for auditing purposes. Some of the packages let you keep track of your patient numbers, and you can illustrate reports with spreadsheets, pie charts, graphs, and so on. All the data is there and you don't have to look through charts all the time. It also gives you a clearer picture of your patient population."

The Health Strategy, *Quality and Fairness*, describes how advances in information technology (IT) will revolutionise care and how electronic health records will enhance the quality and safety of care. Katrina illustrates how IT benefits her and her patients. "In my experience both here and in the US, patients ring up and ask about accessing information on the Internet. The more information they have, the more informed and aware they are and better able to make their own decisions about their care. Sometimes, however, they may not find credible sources for their information, so we need to set up a good system whereby patients can have accurate, reliable information. As for health care professionals, the worldwide web and e-mails lets us keep



NURSE AND MIDWIFE PRESCRIBING PROJECT

The Project Team of *The Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products Project* (a project funded jointly by the National Council and An Bord Altranais) held a series of medication management seminars around the country in November and early December. The purpose of these seminars was to inform nurses and midwives of the issues surrounding the expansion of medication management practice. The seminars were of particular interest and benefit to those providing direct patient/client care.

Seminar topics included:

- Project overview
- Concept of medication management
- Prescribing process
- Prescribing models and international experiences
- Research studies on nurse prescribing
- Current and future concerns with medication management

Committee Meetings

A Steering Committee meeting was held on 19 September with a presentation given by Ms Anita Glenn, Project Development Officer.

Nurse Prescribing, Department of Health, Social Services and Public Safety, Northern Ireland. Ms Glenn spoke about the development and experiences of nurse prescribing in Northern Ireland. The project plan for pilot sites was reviewed and discussed by the Committee members. This plan will be shared with the Chief Executives of each Health Board and Directors of the Nursing and Midwifery Planning and Development Units to facilitate the selection of pilot sites. Competencies for collaborative prescribing for nurses and midwives have been developed as the foundation for the education and evaluation programmes. A further meeting of the Steering Committee was held on the 28 November. Further details of this meeting will be published in the next newsletter.

Sub-Committee Meetings

The Sub-Committee continues to work on the revision of the An Bord Altranais document *Guidance to Nurses and Midwives on the Administration of Medical Preparations 2000*. This revised document will reflect the scope of practice for the nursing and midwifery framework in relation to medication management. It is planned that this document will be finalised in the near future with publication in the spring of 2003. The Sub-Committee last met on 19 November.

Comments

The Project Team welcomes any comments or suggestions and can be contacted at An Bord Altranais (telephone - 01 6398500; e-mail - kwalsh@nursingboard.ie and dcarroll@nursingboard.ie).

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up-to-date with whatever is going on in the rest of the world. They are great tools for networking - nurse practitioners in America have e-mailed me articles on melanoma, which have been really helpful.

"I use the web a lot for accessing oncology nursing websites, journals and research articles, and in particular for getting up-to-date information on melanoma treatments. Recently I have set up some multidisciplinary teleconferences on cancer care from the USA. The topics were peripheral neuropathy, treatment of early stage breast cancer and evidence-based practice in melanoma."

In spite of the demands of her caseload and her other commitments, Katrina still finds time to get to the library and reads every evening when she gets home. Keeping abreast of developments is particularly important to her education functions (she is involved in educating patients, nurses and students nurses about melanoma and oncology), but the patients remain at the centre of her work.

Katrina acknowledges the tremendous support she has received from the Director of Nursing and the medical and surgical teams.

NEW WEBSITES HOSTED BY THE NATIONAL COUNCIL

Psychiatry of Old Age Nurse Education and Development Group

The Psychiatry of Old Age Nurse Education and Development Group (POANEDG) have launched their website with the National Council.

POANEDG is a national group and was founded in November 1998 by Michael Shasby, Assistant Director of Nursing, North Dublin Psychiatry of Old Age Service. Its membership currently stands at 33 nurses and the group meets three to four times a year.

The group aims to:

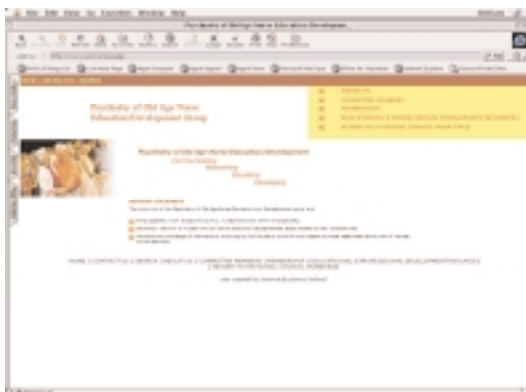
- Bring together nurses from across the country who work within this speciality;
- Develop a network of nurses who can share ideas and discuss/debate issues related to their practice area; and
- Develop the knowledge of members by encouraging individuals to examine and present to those assembled some area of interest to the speciality.

The website provides information on the activities of the group and also provides valuable information on the psychiatry of old age nursing, including reference to relevant articles and books on the subject.

For further information and membership queries contact:

The Secretary
Psychiatry of Old Age Nurse Education and Development Group
Department of Old Age Psychiatry
61 Eccles Street
Dublin 7

T: (01) 8600488
F: (01) 8600483
E: oapsych@mater.ie
W: www.ncnm.ie/poanedg



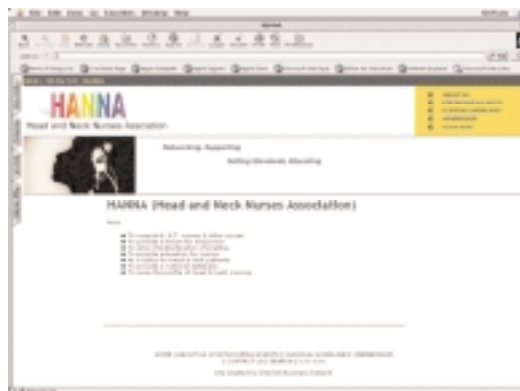
Head and Neck Nurses Association

The Head and Neck Nurses Association (HANNA) was founded in May 2000 with the following aims:

- To support Ear, Nose and Throat (ENT) nurses and other nurses
- To provide a forum for discussion
- To allow standardisation of practice
- To provide education for nurses
- To lobby for head and neck patients
- To provide a national database
- To raise the profile of head and neck nursing

Meetings take place four times a year and the membership currently stands at over forty. All nurses working with ENT, maxillo-facial or head and neck cancer patients are eligible to join. For further information contact:

Theresa Frawley
Clinical Nurse Specialist (ENT)
Tullamore General Hospital
Tullamore
Co Offaly



specialist NURSING/midwifery groups

Amalgamation of Nursing Informatics Groups

The Nursing Interest Group of the Healthcare Informatics Society of Ireland (HISI) and Computers and Nursing (CAN) group have now merged to form a single group with mutual aims and a shared vision for the future of nursing informatics in Ireland. The new group held its first meeting on 14 November 2002 at the HISI Annual Conference in Dublin. Members of the new group will take up activities according to their area of interest. As a result of coming under the umbrella of HISI, nurse members will continue to represent Ireland on the European Federation of Medical Informatics (EFMI) group and on the International Medical Informatics Association-Nursing Informatics (IMIA-NI) group.

This new group will operate via the HISI website (www.hisi.ie). The plan will be to maintain a more comprehensive website that will reflect the developing and changing specialty of nursing informatics in Ireland.

We welcome all nurses who have an interest in computers in nursing and nursing informatics at any level, to attend the meeting in November. Further information will be available on the HISI website in the coming weeks. Any queries regarding this new group can be directed to:

Rosaleen Murnane, HISI, 58 Eccles Street, Dublin 1
T: (01) 8032448 E: rmurnane@mater.ie

Irish Practice Nurses Association

The Irish Practice Nurses Association (IPNA) was set up in 1991 and has 518 members. There are 14 branches throughout the country. Some of the aims of the association are:

- To provide professional support and guidance to nurses working in general practice
- To foster the highest professional standards
- To encourage postregistration education
- To act as a resource base
- To provide opportunity for discussion, debate and decision making on issues relating to practice nursing nationally and regionally.

All nurses employed in general practice are eligible to become members of the association. Members meet regularly in their local branches. The national committee meets quarterly, and the AGM takes place at an annual weekend conference which is always well attended.

For further information and membership enquiries contact:
Lisa Nolan at (01) 8226886 (up to 7pm)

Irish Anaesthetic and Recovery Nurses Association

The committee of the Irish Anaesthetic and Recovery Nurses Association (IARNA) has been formed within hospitals in the Southern Health Board. The members are in the process of highlighting and promoting the association nationally. A line network has been established with all the acute hospitals in the country. The mission of the IARNA is to:

- Promote the development of the appropriate skills within the anaesthetic and recovery area for all members/nurses
- To foster a co-operative principle by encouraging all members to participate in the association providing information, ideas and feedback.

For further information and membership enquiries contact:
Sheila Murphy at (021) 4546400 ext 22237 or
Triona Allen at (021) 4546400 ext 22247

Nurses in Colposcopy Clinics in Ireland Group

The Nurses in Colposcopy Clinics in Ireland Group (NICCI) was set up in December 2001. Its aim is to provide an opportunity for nurses working in colposcopy to meet, share ideas and develop a network for interaction and professional development. The group meets regularly to facilitate this and to offer the opportunity for visits to colposcopy clinics around the country.

For further information and membership enquiries contact:
Karen Farrer at (01) 4143109 ext 2287 or
Maureen Madden at (061) 483113

season's greetings from aLL at the NATIONAL COUNCIL

members of the NATIONAL COUNCIL

Liam Dunbar	Executive Chairperson
Valerie Small	General Nursing
Maura Nash	Mental Handicap Nursing
Pearse Finegan	Psychiatric Nursing
Antoinette Doocey	Public Health Nursing
Aveen Murray	Sick Children's Nursing
Patrick Hume	Care of the Elderly
Anne Marie Moran	Nurse Tutor
Kathryn Mc Quillan	Midwifery
Jim Hough	An Bord Altranais
Eileen Kelly	An Bord Altranais
Colum Bracken	Senior Nurse Manager
Marie Keane	Health Services Employers Agency
Hazel Daniels	Health Services Employers Agency
Mary Mc Carthy	Dept of Health and Children
Teresa Cody	Dept of Health and Children
Michael Boland	Medical Practitioner
Pearl Treacy	Third Level Institutions
Cecily Begley	Third Level Institutions
Gerry McTaggart	Third Level Institutions

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